(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 Inspection

A F	or th	e 2019	calendar year, or tax year beginning		, 2019,	and en	ding	_			, 20		
_			C Name of organization					DE	mployer ide	ntifica	ation numb	er	
В	Check if a	applicable:	ETHEREUM CLASSIC COOP	ERATIVE INC					32-055	115	8		
	Addr chan		Doing business as					1					
	7	e change	Number and street (or P.O. box if mail is	not delivered to street addres	s)	Room/si	uite	ΕT	elephone nu	mber			
	Initia	l return	250 PARK AVENUE SOUTH	, 5TH FLOOR				(2	12) 66	8 – 6	5674		
		return/ inated	City or town, state or province, country, a	and ZIP or foreign postal code)								
		nded	NEW YORK, NY 10003					G G	ross receipts	s \$		363,	677.
		ication	F Name and address of principal officer:					H(a) Is this a gro		ırn for	Yes	X No
	peno	iiig						H(b	subordinates Are all subord		included?	Yes	No
$\overline{\Gamma}$	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or	527	1 `	If "No," at	tach a	list. (see instr	uctions)	_
J	Webs	ite: >	HTTPS://ETCCOOPERATIVE.	ORG/				H(c) Group exem	ption n	number >		
				Association Other		LY	ear of forma		2017 M			micile:	DE
	art I		ımmary			ı					<u> </u>		
	1	Briefly	y describe the organization's mission o	most significant activities	DIRECT	rly si	JPPORT	THE	E DEVEL	OPM	ENT OF	ı	
ė			EREUM CLASSIC-BASED TECH										
Governance			LABORATION BETWEEN THE V						 5				
ern	2	Check	k this box if the organization d	scontinued its operation	s or dispose	ed of moi	e than 25%	% of it	s net asset				
8	3		per of voting members of the governing	•						3			3.
<u>«</u>	4		per of independent voting members of t							4			3.
ijes	5		number of individuals employed in cale							5			0.
Activities &	6		number of volunteers (estimate if necess							6			5.
Aci	7a		unrelated business revenue from Part V							7a			0.
	1		nrelated business taxable income from							7b			0.
_		1101 41	moduce becomes taxable meetic from						ior Year		Curr	ent Yea	
	8	Contr	ibutions and grants (Part VIII, line 1h)						750,88	37.		337,6	
Revenue	9		am service revenue (Part VIII, line 2g)							0.		26,0	
, ve	10		tment income (Part VIII, column (A), line							0.		,	0.
å	11		revenue (Part VIII, column (A), lines 5,							0.			0.
	12		revenue - add lines 8 through 11 (must						750,88	37.		363,6	677.
_	13								105,96			98,6	
	14	Benefits paid to or for members (Part IX, column (A), line 4)								0.		,	0.
	4-							100,516.				326,1	131.
Expenses	16 a		ssional fundraising fees (Part IX, column					0.				,-	0.
ber	h		fundraising expenses (Part IX, column (I		0		• •						
Ж	17		expenses (Part IX, column (A), lines 11			-			374,27	78.		310,0	096.
	18		expenses. Add lines 13-17 (must equal						580,75			734,9	
	19		nue less expenses. Subtract line 18 from						170,13			371,2	
or es		IXCVCI	Tue 1633 experises. Gubiract line 10 from	TIMIC IZ				nnina	of Current			of Year	
ets (20	Total	assets (Part X, line 16)					9	691,68			334,	796.
Ass Bal	21		liabilities (Part X, line 26)						30,05			44,3	
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21				• •		661,63			290,4	
	rt II		gnature Block	Hom line 20	<u> </u>	<u></u>			,				
			of perjury, I declare that I have examined this	s return including accomp	anving schedu	ıles and s	statements	and to	the best o	f mv	knowledge	and beli	ef it is
true	e, corr	ect, and	complete. Declaration of preparer (other than	officer) is based on all infor	mation of which	ch prepa	er has any k	knowle	edge.				
Sig	ın	3	Signature of officer						Date				
He	re												
		Ī	Type or print name and title										
_			Type preparer's name	Preparer's signature		Date			Check	if I	PTIN		
Paid	t		HAEL R SALES	Mille		11/	13/202	0.	self-employ	J "	P017	70943	}
Pre	parer		. EDNIGE & MOINIG II G	. T.T.P		' ''	. 5, 202		n's EIN \triangleright 3				
Use	Only		s name ►ERNST & YOUNG U.S s address ►99 WOOD AVENUE SO		08830						-516-48		
Mar	v the		iscuss this return with the preparer						110 1101				NI.
_			Reduction Act Notice, see the separat		1511 40110115)							990	No (2019)
. 01	, apt	· W OI K	moderation Act Notice, See the Separat	uvuvii3.							FUIII		(2013)

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Pa	art III	Statement of Program Service A	Accomplishments esponse or note to any line in this F	Part III	х
1	•	describe the organization's mission:			
2	prior Fo	organization undertake any signifi orm 990 or 990-EZ? describe these new services on So			the Yes X No
3	Did the	e organization cease conducting, e?	or make significant changes in		
4	Describ expense	describe these changes on Schedule the organization's program series. Section 501(c)(3) and 501(c)(all expenses, and revenue, if any, for	vice accomplishments for each o 4) organizations are required to r		
) (Expenses \$6			26,000.
		TIONAL MATERIALS, ATTEND			
		NG A SUMMIT FOR ALL STAK OPMENT OF THE TECHNOLOGY		PPORT FURTHER	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(O - 1 -) (<u>F</u>) (D	
4C	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other p	rogram services (Describe on Sche ses \$ including gra	-	nue \$	
	<u> </u>	rogram service expenses ►	655,365.	. ,	
JSA 9E1	20 2.000 107	6PB 0114 11/12/2020 6:	51:15 PM V 19-7.5F		Form 990 (2019) PAGE

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Part	Checklist of Required Schedules		V	Na
	In the experiencian department in equation E01(a)(2) or 4047(a)(4) (athor then a private foundation)? If "Vec"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
2	complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4		3		21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		21
5	assessments, or 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	3		21
0	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,	0		21
′	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? <i>If</i> "Yes,"	-		21
0		8		Х
9	complete Schedule D, Part III	-		21
9	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	-		
10	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,	10		
• •	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,"			
u	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	ıια		
	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 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	110		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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	X	
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 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		X
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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 12 If "Ves." complete Schedule I, Parts Land II	21		X

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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		X
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	X	
24 a	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 Schedule K. If "No," go to line 25a	24a		X
b	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			
	, , , , , , , , , , , , , , , , , , , ,	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	, , , , , , , , , , , , , , , , , , , ,	25a		X
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?			
	, , , , , , , , , , , , , , , , , , , ,	25b		X
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			v
	, , , , , , , , , , , , , , , , , , , ,	28a		X
	, , , , , , , , , , , , , , , , , , ,	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	202		Х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete scriedule in	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	J.		
32	complete Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
-	or IV, and Part V, line 1	34		Х
35 a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	,		X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country \[\bigs\rightarrow \]			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		21
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	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			Х
	and services provided to the payor?	7a		Λ
	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	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			3.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> 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		Х
_	If "Yes," complete Form 4720, Schedule O.			

Page 6 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

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the hamber of voting members of the governing body at the end of the tax year	1a 3			
	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	Enter the number of voting members included on line 1a, above, who are independent	1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relat	tionship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under	er the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other per	rson?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	d?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elec	ct or appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by				37
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	taken during			
	the year by the following:			v	
а	The governing body?		8a	Х	X
b	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O		9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Intern	nal Revenue	Code	_	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of su	ıch chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp	poses?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	ng the form?.	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40.	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	at could give	12b	Х	
	rise to conflicts?		120	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the poli	-	12c		X
4.0	describe in Schedule O how this was done		13	Х	
13	Did the organization have a written whistleblower policy?		14	X	
14	Did the organization have a written document retention and destruction policy?				
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation a				
а	The organization's CEO, Executive Director, or top management official		15a		X
a b	Other officers or key employees of the organization		15b		X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement			
	with a taxable entity during the year?	•	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	afeguard the			
	organization's exempt status with respect to such arrangements?		16b		<u> </u>
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 9		(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply				
	X Own website Another's website Upon request Other (explain on Sche	edule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of	inter	est p	olicy,
	and financial 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 box	oks and record	s >		

ALIZA GREENBLATT & EDWARD MCGE 250 PARK AVE SOUTH NEW YORK, NY 10003 212.668.6676 JSA Form **990** (2019)

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson	e than or trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)BOB SUMMERWILL	40.00									
EXEC DIR AS OF 2/19 & SEC 3/19	0.			Х				160,417.	0.	0 .
(2) YAZ KHOURY	40.00									
DIR. OF DEVELOPER RELATIONS	0.					Х		112,800.	0.	0 .
(3) ANTHONY LUSARDI	40.00									
SECRETARY, THRU 3/19	0.			Х				39,881.	0.	0 .
(4) JAMES WO	2.50									
DIRECTOR	0.	X						0.	0.	0 .
(5) CODY BURNS	2.50									
DIRECTOR	0.	X						0.	0.	0.
(6)BARRY SILBERT	2.50									
DIRECTOR	0.	X						0.	0.	0
(7) SAMANTHA MCDONALD	1.00									
TREASURER, THRU 3/19	0.			Х				0.	0.	0
(8) SIMCHA WURTZEL	1.00									
TREASURER, AS OF 3/19	0.			Х				0.	0.	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form **990** (2019)

JSA

	990 (2019)													age 8
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employe	es (co	ntinued	1)	
	(A) Name and title	(B) Average hours per week (list any hours for related	verage Position ours per (do not check more the list any ours for officer and a director,						(D) Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)		Estil amo ot compe fror	n the	on
		organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	nization related ization	t
			1											
1b	Sub-total							>	313,098.		0.			0.
С	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A							313,098.		0.			0.
	Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose					o re	·	\$100,000 of				
	reportable compensation from the organization											,	Yes	No
3	Did the organization list any former office	er, directo	or, or	tru	ıste	e, l	key e	emp	oloyee, or highes	t compensate	ed			
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	ual						•	3		X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	^l If	"Yes	5,"				4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	from	n any	un				5		X
Se	ction B. Independent Contractors	co, comple	.5 501		., 0	. 101	Judit	μοι		<u> </u>	•			
	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							(B)	ervices	Co	(C)	ntion	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright 0.

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Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to ar	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
សិស	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ည်ဋ	C	Fundraising events 1c					
its,	d	Related organizations 1d					
≣ੁਛ							
ıs,	e	Government grants (contributions) . 1e					
i Si	l t	All other contributions, gifts, grants,	225 655				
t pg		and similar amounts not included above . 1f	337,677.				
وَظَ	g	Noncash contributions included in					
20.5		lines 1a-1f <u>1g</u>		225 655			
	h	Total. Add lines 1a-1f		337,677.			
ø)			Business Code				
<u>Ş</u>	2a	ETC SUMMIT	900099	26,000.	26,000.		
je.	b						
m S	С						
Ze,	d						
Program Service Revenue	е						
Δ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		26,000.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts).		0.			
	4	Income from investment of tax-exempt bond	proceeds	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ē	b	Less: cost or other basis					
evenue		and sales expenses 7b					
é	С	Gain or (loss) 7c					
5	d	Net gain or (loss)		0.			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events	<u> </u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory.	<u> </u>	0.			
ns			Business Code				
ne ne	11a						
llar ⁄en	b						
Miscellaneous Revenue	С						
Ξ̈́	d	All other revenue					
		Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	🕨	363,677.	26,000.		

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must c	plete all columns. All other organizations must complete c	olumn (A).
---	--	------------

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0.							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	98,679.	98,679.						
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,								
	trustees, and key employees	200,298.	170,253.	30,045.					
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	125,833.	106,958.	18,875.					
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	0.							
9	Other employee benefits	0.							
10	Payroll taxes	0.							
11	Fees for services (nonemployees):								
а	Management	0.							
b	Legal	4,200.		4,200.					
C	Accounting	18,042.		18,042.					
d	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17.	0.							
1	Investment management fees	0.							
9	Other. (If line 11g amount exceeds 10% of line 25, column	0							
	(A) amount, list line 11g expenses on Schedule O.)	0.	41 001						
12	Advertising and promotion	41,071.	41,071.	1 000					
13	Office expenses	7,316.	5,487.	1,829.					
14	Information technology	22,471.	16,854.	5,617.					
15	Royalties	0.							
16	Occupancy	51,992.	51,992.						
17	Travel	31,992.	31,992.						
18	Payments of travel or entertainment expenses	0.							
4.0	for any federal, state, or local public officials	0.							
	Conferences, conventions, and meetings	0.							
	Interest	0.							
21	,	0.							
22		0.							
	Insurance Other expenses Itemize expenses not covered	J.							
24	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 O.)								
9	ETC SUMMIT CONFERENCE	164,071.	164,071.						
_	MISC. EXPENSES	933.	·	933.					
C									
d									
	All other expenses								
	Total functional expenses. Add lines 1 through 24e	734,906.	655,365.	79,541.					
	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)	0.							
					i				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> .	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	530,267.	1	146,318.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	7,058.	4	31,865.
	5	Loans and other receivables from 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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ä	9	Prepaid expenses and deferred charges	0.	9	2,250.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	154,363.	12	154,363.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	691,688.	16	334,796.
	17	Accounts payable and accrued expenses	30,056.	17	44,393.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
J	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	30,056.	26	44,393.
Section		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	170,130.	27	0.
Ä	28	Net assets with donor restrictions	491,502.	28	290,403.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	661,632.	32	290,403.
ž	33	Total liabilities and net assets/fund balances	691,688.	33	334,796.
_					Form 990 (2019)

Form **990** (2019)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			63,6	
2	- 724					
3	Revenue less expenses. Subtract line 2 from line 1	3		-3	71,2	229.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6	61,6	32.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2	90,4	103.
Part						
	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 cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_	I			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			7.7
	Single Audit Act and OMB Circular A-133?		· · ·	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ETHEREUM CLASSIC COOPERATIVE INC

Employer identification number 32-0551158

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•			•	,,,,,,,	
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·				
8		A community trust describe	-		-			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3% of its
11		An organization organized		•	•			
12		An organization organized	•	•				
		of one or more publicly su						
		Check the box in lines 12a t	•	• •			•	
а		Type I. A supporting orga	•		,		• • • • • • • • • • • • • • • • • • • •	,, , , , ,
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	•					and (a) the other design
b	L	Type II. A supporting org	-					
		control or management of		=	tne sam	ie persor	is that control or man	age the supported
_	Г	organization(s). You must	•		م ما اممد		n with and functional	lu into aroto d with
С	L	Type III functionally integ						iy integrated with,
		its supported organization		· ·				tad arganization(a)
d	_	Type III non-functionally that is not functionally interest.			-			- ' '
		requirement (see instruct			-			an altentiveness
е		Check this box if the orga	•	-				I Type III
C	_	functionally integrated, or						i, Type iii
f	En	ter the number of supported	• •			organizat		
a		ovide the following information	-					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	,	our governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	mstructions)
/A\								
(A) ——								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

JSA 9E1210 1.000 1076PB 0114 11/12/2020 6:51:15 PM V 19-7.5F

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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.")	0.	0.	0.	750,887.	337,677.	1,088,564.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3				750,887.	337,677.	1,088,564.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						901,454.
6	Public support. Subtract line 5 from line 4						187,110.
	tion B. Total Support	() 0045	41.0040	() 0047	(1) 0040	() 0040	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				750,887.	337,677.	1,088,564.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,088,564.
12	Gross receipts from related activities, etc. (s	see instructions)				12	26,000.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ► X
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (li		-			14	%
15	Public support percentage from 2018					15	%
16a	331/3% support test - 2019. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, ch	eck this
	box and stop here. The organization q	•		•			
b	331/3% support test - 2018. If the org						
	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			-	-		pported
	organization						▶ □
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati				_	=	
	supported organization						▶ □
18	Private foundation. If the organization						
	instructions					ahadula A (Farm 00	

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

Sec	tion A. Public Support						
	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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		. ,		. ,	.,	.,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	• [
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ution's first seco	nd third fourth	or fifth tax v	rear as a section	 n_501(c)(3)
	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			ımn (f))		15	%
16	Public support percentage from 2018 Sche		•			16	<u> </u>
	tion D. Computation of Investment					1 1	
17	Investment income percentage for 2019 (lin			13. column (f))		17	%
18	Investment income percentage from 2018 S						%
	331/3% support tests - 2019. If the or						
. . . a	17 is not more than 331/3%, check thi	-					
h	331/3% support tests - 2018. If the orga			•			<u> </u>
D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of			-			. —

Schedule A (Form 990 or 990-EZ) 2019 Page 4

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

- Are all of the organization's supported organizations listed by name in the organization's governi documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of star under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(2)(1) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the forei supported organization? If "Yes," describe in Part VI how the organization had such control and discreti despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinati under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2). purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E 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 acti 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 alrea designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribution (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ent with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whi 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 bene 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 secti 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A lamily member of a person described in (a) above? c 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 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 he Part VI how the supported organization's directory operands, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or entwo effectors or trustees est all times during the tax year. 2 Did the organization or restrictions, if any, applied to such powers during the tax year. 1 Did the directorial trustees of the supported organization of trustees were allocated among the supported organization what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization of the purposes of the supported organization(s) that operated. Supervised, or controlled the supporting organization or supported organization(s) that operated. You will not providing such benefit carried out the purposes of the supported organization(s) that operated. 2 Did the organization of the organization's supported organization(s)? If No, "discribe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supporting organization and support provided during the prior 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 field as of the detail or noticitions, and (iii) copies of the organization supported organization is more to asset stall litims durin	scneau	ie A (Form 990 or 990-EZ) 2019			age J
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or inferently controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 3 A 13% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 2 C 1.35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 3 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 organizations of effectively operated, supervised, or controlled the organization sachists. If the organizations describe the organization sachists. If the organizations and many organization sachists are organized to graphization and organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the 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 of such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organizations of the supported organizations? If Yes, Explain in Part VI how providing such benefit carried out the purposes of the supported organization? If Yes, Explain in Part VI how providing such benefit carried out the purposes of the supported organization of the supported organization and vice organizat	Part	Supporting Organizations (continued)			
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		32		
	h		Ja		
UI ILO SUDDULLEU VIUANIZALIVIO: II 170, UESCIDE III F ail VI IIIE TUIE DIAVEU DV IIIE VIUANIZALIVITIII IIIIS TEUATU.	D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
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 organization is resp	onsive	
	(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			
	Section 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			
	(reasonable 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			
е	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			
b	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:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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)

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

OMB No. 1545-0047

2019

Organization type (check one).						
Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		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 cover	ered by the General Rule or a Special Rule .				
Note: On instructio		8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General l	Rule					
X	-	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.				
Special F	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.					
	contributor, during the contributions totaled m during the year for an e General Rule applies to	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the orthis organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions the during the year				

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).

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)

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

Name of organization ETHEREUM CLASSIC COOPERATIVE INC

Employer identification number 32-0551158

Part I	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	GRAYSCALE 250 PARK AVENUE SOUTH NEW YORK, NY 10003	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ETHEREUM CLASSIC COOPERATIVE INC

Employer identification number 32-0551158

Part II	Noncash Property	(see instructions). Use duplicate co	pies 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
		\$	
(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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization ETHEREUM CLASSIC COOPERATIVE INC **Employer identification number** 32-0551158 Part III 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 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 information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. 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 (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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

SCHEDULE D (Form 990)

Department of the Treasury

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

Internal Revenue Service

Name of the organization

Employer identification number

	le of the organization	Employer identification number
ETI	HEREUM CLASSIC COOPERATIVE INC	32-0551158
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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 advised
3	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
Do	conferring impermissible private benefit?	
Га	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1		
•	Purpose(s) of conservation easements held by the organization (check all that apply).	a little standard little and a second
		a historically important land area
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, 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 co	onservation easements during the year
	>	•
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
	▶ \$	5
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	` ' ' ' ' ' '
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	·
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue s	statement and halance sheet works
. u	of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state	
	art, historical treasures, or other similar assets held for public exhibition, education, or resear provide the following amounts relating to these items:	rch in furtherance of public service,
	· ·	▶ ₾
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	> *
a	Revenue included on Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	▶ \$

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections o	f Art, Histo	rical Tre	asures, o	r Other	Similar Assets (d	continued)	rage =
3	Using the organization's acquisition	on, accession, and	other reco	ds, check	any of th	e follow	ing that make sigr	nificant use	of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan	or exchang	e progran	n		
b	Scholarly research		e _	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collectior	ns and expl	ain how t	hey furthe	r the org	janization's exemp	t purpose i	n Part
	XIII.								
5	During the year, did the organization	on solicit or receive	donations	of art, histo	orical treas	ures, or c	other similar		
_	assets to be sold to raise funds rath		itained as pa	art of the o	organizatio	n's collec	tion?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ation answered "Y	es" on For	m 990, F	Part IV, line	e 9, or re	eported an amour	nt on Form	1
	990, Part X, line 21.								
1a	Is the organization an agent, truste								_
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and con	nplete the fo	llowing tab	ole:				
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance						4 11 1 1114 0	1,,	
	Did the organization include an am							Yes	_ No
	If "Yes," explain the arrangement i	n Part XIII. Check	nere if the e	xpianation	nas been p	provided (on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "V	/oc" on For	m 000 E	Part IV/ line	o 10			
	Complete if the organiza	(a) Current year	(b) Pric		(c) Two yea		(d) Three years back	(e) Four yea	re back
		.,		n year	(6) 1 110 yes	aro buok	(u) Tillee years back	(e) i oui yea	——
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	-f th		- /li 4		\			
2 a	Provide the estimated percentage Board designated or quasi-endown		end baland %	e (line 1g,	column (a)) neid as:			
b	Permanent endowment ▶								
c	Term endowment ▶								
_	The percentages on lines 2a, 2b, a	and 2c should equa	l 100%.						
3a	Are there endowment funds not in			ation that	are held ar	nd admin	istered for the		
	organization by:		J					Yes	s No
	(i) Unrelated organizations							3a(i)	1
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ted as requir	ed on Sch	edule R?.			3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.			D (D / . P .	. 44 . 6		4 X/ 11 4	
	Description of property	ation answered "	Yes" on Fo						0
	Description of property		or other basis estment)		or other basis ther)		umulated (deciation) Book value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990. Pari	X. columi	n (B). line 1	0c.)	•		

Page 3 Schedule D (Form 990) 2019

Part VII Investments - Other Securities. Complete if the organization answered	d "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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other	154 262	
(A) CRYPTO-CURRENCY INVESTMENT ETC	154,363.	COST
(B)		
(C)		
(D)		
(E)		
(F) (G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	154,363.	
Part VIII Investments - Program Related.	131/3031	
	d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		<u>. </u>
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
(a) De	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
_(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u> ▶
Part X Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	otion of liability	/h) Dook value
1. (a) Description (1) Federal income taxes	otion of hability	(b) Book value
(2) redefailincome taxes		
(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		
organization's liability for uncertain tax positions. In Part XIII, provide the		

Schedule D (Form 990) 2019 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	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:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	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 4a Other (Describe in Part XIII.)	_	
b C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		irn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses		
d	Other (Describe in Part XIII.)	0-	
	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ETH:	EREUM CLASSIC COOPERAT:	IVE INC				32-05511	58
Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the	organization a	nswered "Yes" or
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or		tion crite	ria used to	X Yes No
	For grantmakers. Describe in outside the United States.	_		_		-	d other assistance
3	Activities per Region. (The follow (a) Region	ving Part I, line (b) Number of offices in the region	3 table can be (c) Number of employees, agents, and independent contractors in the region	e duplicated if additional sp (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If acti a pro describe	eded.) vity listed in (d) is gram service, e specific type of (s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	0.	GRANTMAKING			67,179.
(2)	NORTH AMERICA	0.	0.	GRANTMAKING			31,500.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Subtotal						98,679.
b	Total from continuation sheets to Part I						

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

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2019

ETHEREUM CLASSIC COOPERATIVE INC 32-0551158

Schedule F (Form 990) 2019

Page 2

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(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, othe
				INCENTIVE					
(1)			EUROPE/ICELAND/GREENLAND	TESTNET	62,500.	WIRE			
				IMPLEMENT					
(2)			NORTH AMERICA	ETC FEATURES	24,500.	WIRE			
(3)			NORTH AMERICA	CONFERENCE SPONSORSHIP	7,000.	WIRE			
(-)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
			ove that are recognized as o						
by t	the IRS, or for which the gracer total number of other or	antee or counsel has pro	vided a section 501(c)(3) ed	quivalency letter			<u> </u>		3.

ETHEREUM CLASSIC COOPERATIVE INC 32-0551158

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12) (13) (14)(15)(16)(17)

Schedule F (Form 990) 2019

(18)

Schedule F (Form 990) 2019

Part IV Foreign Forms Page 4

rarı	roleigh 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

Schedule F (Form 990) 2019 Page **5**

Part V Supplen

Supplemental Information

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).

PROCEDURES FOR MONITORING USE OF GRANTS

FINAL DECISION-MAKING RESPONSIBILITIES LAY WITH BOB SUMMERWILL, ETCC'S EXECUTIVE DIRECTOR. FEEDBACK ON THE MERIT OF SPECIFIC FUNDRAISING PROPOSALS WAS GATHERED ON COMMUNITY FORUMS. PRIORITY WAS JUDGED AGAINST THE STATED GOALS OF ETCC, WITH ONLY A VERY SMALL NUMBER OF GRANTS BEING FUNDED IN 2019, DUE TO LIMITED RESOURCES.

SCHEDULE J (Form 990)

Compensation InformationFor 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

Department of the Treasury Internal Revenue Service Name of the organization

ETHEREUM CLASSIC COOPERATIVE INC

Inspection Employer identification number

32-0551158

Part	Questions Regarding Compensation			
			Yes	No
1a	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)			
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	4.		
•	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			
		2		
_	1a?			
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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	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			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
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		Х
	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:	-		v
a	The organization?	5a		X
b	Any related organization?	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
~	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
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2019

ETHEREUM CLASSIC COOPERATIVE INC 32-0551158

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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensati		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
BOB SUMMERWILL	(i)	160,417.	0.	0.	0.	0.	160,417.		
1 EXEC DIR AS OF 2/19 & SEC 3/19	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
_ 4	(ii)								
	(i)								
_ 5	(ii)								
	(i)								
6	(ii)								
	(i)								
_ 7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
_11	(ii)								
	(i)								
_12	(ii)								
	(i)								
_13	(ii)								
	(i)								
_14	(ii)								
	(i)								
_15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2019

ETHEREUM CLASSIC COOPERATIVE INC 32-0551158

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **Open to Public** Inspection

32-0551158

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

FORM 990, PART VI, LINE 3

ETHEREUM CLASSIC COOPERATIVE INC

DELEGATION OF CONTROL OF MANAGEMENT DUTIES

MANAGEMENT SERVICES, INCLUDING BOOKKEEPING AND MAINTENANCE OF FINANCIAL

RECORDS, WERE PROVIDED TO ETCC BY GRAYSCALE.

FORM 990, PART VI, LINE 8B

DOCUMENTATION OF MEETINGS OF COMMITTEES

THERE ARE CURRENTLY NO SUB-COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF

THE BOARD OF DIRECTORS AT THIS TIME.

FORM 990, PART VI, LINE 11B

PROCESS USED TO REVIEW THE FORM 990

THE FORM 990 WAS PREPARERD BY ETHEREUM CLASSIC COOPERATIVE INC'S

INDEPENDENT TAX ACCOUNTANT, WITH ASSISTANCE FROM THE ETCC'S CONSULTANTS.

THE FORM 990, AS WELL AS ALL SUPPORTING DOCUMENTS, WERE THEN EMAILED TO

THE GOVERNING BODY. THE GOVERNING BODY, ALONG WITH THE EXECUTIVE

DIRECTOR, APPROVED THE FORM PRIOR TO IT BEING FILED WITH THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, LINE 19

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

THE COOPERATIVE PUBLISHES A HALF YEAR REPORT DETAILING THE PROGRAMS AND

SPENDING UNDERTAKEN BY THE COOPERATIVE. IT IS WORKING TOWARDS PUBLISHING

MORE OF THE GOVERNANCE DOCUMENTS, FINANCIAL STATEMENTS, AND OTHER

PERTINENT DOCUMENTS ON THE COMPANY WEBSITE.

FORM 990, PART VII, SECTION A & PART V, LINE 2A

COMPENSATION OF EXECUTIVE DIRECTOR

ETCC DOES NOT HAVE ANY EMPLOYEES, AND THEREFORE DID NOT ISSUE ANY FORMS

ETCC DOES NOT HAVE ANY EMPLOYEES, AND THEREFORE DID NOT ISSUE ANY FORMS
W-2 FOR TAX YEAR 2019. HOWEVER, IN 2019 ETCC PAID ITS OFFICERS AND
DIRECTORS DIRECTLY AS INDEPENDENT CONTRACTORS FOR SERVICES PROVIDED BY
THESE INDIVIDUALS, AND HAS REPORTED THIS PAYMENT AS COMPENSATION ON PART
VII, SECTION A.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF THE ETHEREUM CLASSIC COOPERATIVE IS TO DIRECTLY SUPPORT THE DEVELOPMENT OF THE ETHEREUM CLASSIC PROTOCOL, INFRASTRUCTURE, AND ASSOCIATED APPLICATIONS, ACCELERATE THE DEPLOYMENT OF ETHEREUM CLASSIC-BASED TECHNOLOGIES FOR USE BY INDIVIDUALS, BUSINESS OPERATORS, AND ENTERPRISES THROUGH EFFECTIVE BRANDING, MARKETING, AND EDUCATION, FOSTER COMMUNITY AND COLLABORATION BETWEEN THE VARIOUS ETHEREUM CLASSIC CONSTITUENTS INCLUDING DEVELOPERS, MINERS, INVESTORS, AND BUSINESS OPERATORS.