Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2012 calendar year, or tax year beginning and ending Check if applicable: C Name of organization Earth Echo International, Inc. D Employer identification number X Address change Doing Business As 95-4789334 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initiai return 1401 South Joyce Street 1501 (703) 415-0075 Terminated City, town or post office, state, and ZIP code G Gross receipts \$ Amended return Arlington VA 22202 F Name and address of principal officer: Application pending H(a) is this a group return for affiliates? Yes X No Philippe Cousteau 1401 South Joyce Street, Apt. 510, Arlington, VA 222 H(b) Are all affiliates included? if "No," attach a list. (see instructions) X 501(c)(3) Tax-axempt status: 501(c) () < (insert no.) 4947(a)(1) or J Website: ► www.earthecho.org H(c) Group exemption number 🕨 X Corporation K Form of organization: Trust Association Other > L Year of formation: 2000 M State of legal domicile: CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: EarthEcho International's mission is to use media and experiences to empower people to use the resources that can restore and Activities & Governance protect Earth's ocean and freshwater systems. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b). 11 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 17 6 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year 7,987,530 Contributions and grants (Part VIII, line 1h) 2,058,316 Revenue 9 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,012 5,424 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,521 -12**9**,951 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 7,990,063 1,933,789 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 318,546 1,109,998 16a Professional fundraising fees (Part IX, column (A), line 11e) A CONTRACTOR Total fundraising expenses (Part IX, column (D), line 25) ► 164,418 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,433,109 6,591,165 1,751,655 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25). . . 7,701,163 Revenue less expenses. Subtract line 18 from line 12. 6,238,408 19 -5,767,374 Beginning of Current Year End of Year 1,091,451 20 Total assets (Part X, line 16). . 6,825,469 21 87,998 85,070 22 6,737,471 1,006,381 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, corrept, and scannellef. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Philippe Cousteau President Type or print name and title Print/Type preparer's name Date PTIN parer's signature Check X Paid self-employed Scott A. Webb, CPA, CFP 11/14/2013 Preparer Firm's name > Webb Financial Services, PLLC Firm's EIN > 30-0126548 Use Only Firm's address ► 12844 Parapet Way, Oak Hill, VA 20171 Phone no. (703) 620-2600

No

|X | Yes

0)(Revenue \$

Other program services. (Describe in Schedule O.)

Total program service expenses

12,689 including grants of \$

7,445,299

4d

(Expenses \$

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1 1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	}		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	2011	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	2 175 din 15 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	18	
	VII, VIII, IX, or X as applicable.	Mis	1951	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a	Х	
b	- 12 th - 13 game - 1 th - 1 t			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
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	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
L	It "Voo" to line 70e, did the exceptionation attack a convertity and financial statements to this extrem?	1706		

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rai	Checkist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	20		v
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
240	employees? It "Yes," complete Schedule J	23	-^ -	
24 a	\$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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-1.00	Х
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):		\$6.1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		V
_	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	20-		_
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If the respective more than \$25,000 in non-cash contributions? If the respective scripted scripted in the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
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</i> ,	-00		
٠.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
~-	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	27		
	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	Χ	l

Part V

Editif Collo International, mo:	 1 age t
Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response to any question in this Part V.	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	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			All modern
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			in.
	Statements, filed for the calendar year ending with or within the year covered by this return			1477
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	Sales in Anna
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	х	
b	If "Veg " enter the name of the foreign country.	Patriole Caracite		42.
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	增数		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			A)
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		yari)	
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-	,	v
	required to file Form 8282?	7c	164 (E. 1941)	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
e f	Did the organization receive any funds, directly of indirectly, to pay premiums 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	ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	gra liž ens.	\$3.49	<u> </u>
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Miles III Tuu	7.4	
а	Did the organization make any taxable distributions under section 4966?	9a		<u></u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		in.	
a	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		Gian.	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			Mr.
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	140.7	3-7 C
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			14 y
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.	121134		TO: 1
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	711 540		philips:
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Part VI	G

Sect	ion A. Governing Body and Management										
10	Enter the number of voting members of the governing body at the end of the tax year	10	10	Yes	No						
ıa	If there are material differences in voting rights among members of the governing body, or	_1a	12								
	if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O.				1831- 1831-						
h	Enter the number of voting members included in line 1a, above, who are independent	1h	44								
b			11								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations			*************	MACHEN.						
2	any other officer, director, trustee, or key employee?		2	X							
3					V						
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		5		X						
5											
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 elect or										
	one or more members of the governing body?		7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members										
	stockholders, or persons other than the governing body?		7b		_X_						
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	150000. 12000.								
	the year by the following:		Alb		Ţĸ.						
а	The governing body?		8a	X							
þ	Each committee with authority to act on behalf of the governing body?		8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-										
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.				Χ						
Sect	tion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue</u>	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 such										
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	. 10b								
11a											
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		587F								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes,"									
	describe in Schedule O how this was done		12c	Х							
13	Did the organization have a written whistleblower policy?		13	Х							
14	Did the organization have a written document retention and destruction policy?		14	Х							
15	Did the process for determining compensation of the following persons include a review and appro	val by	(1232)	164	7						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			wat.						
а	The organization's CEO, Executive Director, or top management official.		15a		Х						
b	Other officers or key employees of the organization		. 15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		15.0								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ement	Yim		No.						
	with a taxable entity during the year?		16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		115-12F 25-25-15 25-25-16-1		4851.T						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		100	Ť.	11-11						
	the organization's exempt status with respect to such arrangements?		16b	0,							
Sect	ion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed CA, DC, FL, LA,	SC, VA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99		(3)s only	y)							
	available for public inspection. Indicate how you made these available. Check all that apply.	. ,									
		plain in Schedule (D)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	•	-								
	policy, and financial statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the									
	organization: ► Scott A. Webb	(702) 620	-2600								
	12844 Parapet Way, Oak Hill, VA 20171										

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	n oth st han both Highest compensated this of 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) Philippe Cousteau	20.00									
Director/President	0.00	_	_	X				121,500	-	
(2) Janice Cousteau	18.00	1								
Director	0.00							4,500		
(3) Tomi Youngblood	1.00	1								
Director	0.00						<u> </u>			
(4) Wolcott Henry	1.00									
Chairman	0.00		Х	<u> </u>	<u>L</u>					
(5) Heiko Henning	1.00	l .								
Director	0.00	X					_			
(6) Susan DiMarco	1.00									
Director/Secretary	0.00	X		X	ļ					
(7) J. Robert Cox	1.00									
Director	0.00	Х	<u> </u>		ļ		_			
(8) David Vennett	1.00									
Director	0.00		L	ļ			_			
(9) Jill Belasco	1.00									
Director/Treas.	0.00			X						
(10) Amb. Sharon Wilkinson	1.00									
Director	0.00	Х	_							
(11) Alexandra Cousteau	1.00									
Director	0.00	Х	<u> </u>	ļ		ļ	ļ			
(12) Lyndon Haviland	1.00		1				1			
Director (42)	0.00	X	-			<u> </u>				
(13) Scott A. Webb	6.00							24 222		
CFO	0.00	-	\vdash	Х				31,626		
(14) Mia DeMezza	40.00	1						77 407		
Exec. V,P,	0.00	l	<u> </u>	Х				77,167		

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Pa	Section A. Officers, Direct	tors, Trustees, Key Em	ploye	es,			ghes	t C	ompensated Em	ployees (conti	nued) T		
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	erson lirecte	e than o is both or/trust	n an tee)	(D) Reportable compensation	(E) Reportable compensation	portable Es		
		week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr orga	other pensation om the anization direlated anization anization	on n I
	Andrew Snowhite ident USAP	40.00					x		227,500				
(16)													
(17)													
(18)								81					
(19)													
(20)													
(21)													
(22)											<u> </u>		
(23)	*****												
(24)													
(25)											<u> </u>		
1b	Sub-total				L		· .	>	462,293	(0
C	Total from continuation sheets to Pa	rt VII, Section A						•	0				0
d	Total (add lines 1b and 1c). Total number of individuals (including b								462,293		<u> </u>		0
	reportable compensation from the orga		neu a	ibov	2	WITO	16061	veu	more than \$100	,000 01			
3	Did the organization list any former off	icer, director, or trustee,	key e	empl	oye	e, o	r higl	h e s	t compensated			Yes	No
	employee on line 1a? If "Yes," complet	e Schedule J for such in	divid	ual .							3		Χ
4	For any individual listed on line 1a, is the organization and related organization individual									ר	- 1504 - 1504 - 4	X	
5	Did any person listed on line 1a receive											Maria.	in a second
Sect	for services rendered to the organization B. Independent Contractors	on? If "Yes," complete So	chedi	ile J	tor	suc	ch pei	rsor	<u>) </u>		5		X
1	Complete this table for your five highes compensation from the organization. R year.										s tax		
	(4	A) siness address							(B) Description of ser	vices	(C)		
None													0
								<u> </u>					0
								\vdash					<u>0</u> 0
													0
2	Total number of independent contracto more than \$100,000 of compensation f		ted to	tho	se l	liste	d abo	ove)	who received				

Part VIII Statement of Revenue

Taracap	ALL CAUSANTS	Check if Schedule O contains							· · · L
			31000 31000			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns		1a	0				SASTING .
rant	b	Membership dues		1b	0		A CONTRACTOR OF THE SECOND		
s, G	С	Fundraising events		1c	45,293		3. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1d	0				
	е	Government grants (contributions	s)	1e	0			有种的人	
tior er S	f	All other contributions, gifts, grant	ts, and						Tax constitution
ribi.		similar amounts not included abo	ve	1f	2,013,023				EDE SERVICES
ont	g	Noncash contributions included in li	nes 1a-1f:	\$	0		A Company of the Comp	gedesena	
O B	h	Total. Add lines 1a-1f				2,058,316			Activities of the second secon
e					Business Code				
ven	2a					0			
&	b					0			
/ice	С					0			
Ser	d	,				0			
Program Service Revenue	е					0			
ogr	f	All other program service revenue			·	0			
4	g	Total. Add lines 2a-2f				0			
	3	Investment income (including divi							
		other similar amounts)				5,424			5,424
	4	Income from investment of tax-ex	•	•		0			
	5	Royalties			<u> ▶</u>	535			535
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							n de de la companya d
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)		·	<u> ></u>	0			
	7a	Gross amount from sales of	(i) Securitie	s	(ii) Other				
		assets other than inventory		0	0				
	b	Less: cost or other basis							
ļ		and sales expenses	,	0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)			<u> </u>	0			
ïe	8a	Gross income from fundraising							5-11-7-2 1-1-1-8-0
Other Revenu		events (not including \$	45,293						
χ.		of contributions reported on line					ALLES CHARLES		
e		See Part IV, line 18		а	28,669	12 X 23 X X X X X X X X X X X X X X X X X			
듔	b	Less: direct expenses		b	50,991				
•	С	Net income or (loss) from fundrai	•		<u>,</u>	-22,322			-22,322
	9a	Gross income from gaming activi							
	_	See Part IV, line 19			0				
	b	Less: direct expenses		b	0	7 (LONG HILLING DEPOS DE 1907 (LE 1907)			
	С	Net income or (loss) from gaming	activities .		<u> ▶</u>	0	and the second of the second o	oral Salaria, Kilagarii ilik ee salaa	
	10a	······································							
		returns and allowances			254,003	THE PROPERTY OF THE PARTY OF TH			ncppercy (1905) Definished in Albeita II de 1905 Gall Court (1905) Death (1905)
	b	Less: cost of goods sold		b	372,585				
	С	Net income or (loss) from sales of	r inventory .	<u> </u>		-118,582	-118,582	Letter the special statement	r St. State de Photos St. St. St.
	44-	Miscellaneous Revenue			Business Code		10.110		Marchael (1995) (1995) (1995) Annah (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)
	11a				ļ	10,418	1		
	b					0	·	+	
	4	All other revenue		-		0	}		-
	d	Total. Add lines 11a-11d				10,418	COLUMN COLUMN DEPRESENTATION DE LA COLUMN DE		antine constitution
	12	Total revenue See instructions				1 933 789		Unit control of the c	-16 363

Page 10

Part IX Statement of Functional Expenses

Section 501(c	(3)	and	50	1(c)	(4)	orga	ınizatio	ns mus	t comp	olete al	l colun	ns. /	All oti	her	r organizations must complete column (A).	
														_		

	Check if Schedule O contains a response to any q	uestion in this Part	IX		
	not include amounts reported on lines 6b, 8b, 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 governments and				in with the part of States of Colors
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22				A Company Comment
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			min the first of the second	A Anna Callina Company of the Compan
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				Marie (1910) (1911)
5	Compensation of current officers, directors,				
	trustees, and key employees	462,293	445,157	8,568	8,568
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	515,099	508,279	3,410	3,410
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	75,408	73,097	797	1,514
10	Payroll taxes	57,198	55,362	918	918
11	Fees for services (non-employees):				
а	Management	o			
b	Legal	51,898	49,049	2,585	264
C	Accounting	139,700	131,120	5,802	2,778
d	Lobbying	0	1011112	5,000	
e	Professional fundraising services. See Part IV, line 17	0		Laine, ann an Laisean	
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	152,453	75,470	2,365	74,618
12	Advertising and promotion	10,933	10,681	2,000	252
13	Office expenses	9,835			80
14	Information technology	37,098	28,134	8,456	508
15	Royalties	24,704	24,704	0,430	300
16		42,865	40,914	822	1,129
17	Occupancy	311,343	289,385	9,520	12,438
18	Payments of travel or entertainment expenses	311,343	209,303	9,320	12,430
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings.	8,524	2,115	6.409	
20	Interest	8,920	443	8,477	
21	Payments to affiliates	0,920	443	0,477	
22	Depreciation, depletion, and amortization	5,875	0	5,875	0
23	Insurance	14,954	5,425		0
23 24	Other expenses. Itemize expenses not covered	14,304	ე,425 ე,425	3,029 2007 - Seephole Seephole Seephole	
∠→	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				opported to the second
	(A) amount, list line 24e expenses on Schedule O.)				ACT & Colors
•	Specialty Plate Costs	0		W-42.52P - 20 301124 135 100 100	
a b	Pavilion Project Costs	5,457,497	5,457,497		
C	Licenses and registrations	5,457,497	5,457,497	656	
d	Education Program Expenses	202,870	198,002	4,868	
u e	All other expenses Misc.	111,040			
	Total functional expenses. Add lines 1 through 24e	7,701,163			
25 26	Joint costs. Complete this line only if the	1,101,103	, 44 5,299	1 91, 44 0	104,410
20	·				
	organization reported in column (B) joint costs from a combined educational campaign and				
	<u> </u>				
	following SOP 98-2 (ASC 958-720)	L	l	<u> </u>	<u> </u>

95-4789334

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X		
	·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing 1,942,723	1	586,442
	2	Savings and temporary cash investments	2	417,473
	3	Pledges and grants receivable, net	3	0
	4	Accounts receivable, net	4	44,176
	5	Loans and other receivables from current and former officers, directors,	#44.45.7	
		trustees, key employees, and highest compensated employees.		
		Complete Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under section	145	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		Control of the Contro
Assets		organizations (see instructions). Complete Part II of Schedule L	6	
SS	7	Notes and loans receivable, net	 	0
4	8	Inventories for sale or use	 	12,000
	9	Prepaid expenses and deferred charges	9	737
	10a	Land, buildings, and equipment: cost or		
	_	other basis. Complete Part VI of Schedule D 10a 52,735		
	b	Less: accumulated depreciation	† ·	9,612
	11	Investments—publicly traded securities		0
	12	Investments—other securities. See Part IV, line 11	+	0
	13	Investments—program-related. See Part IV, line 11	+	0
	14	Intangible assets		20,923
	15	Other assets. See Part IV, line 11		88
	16	Total assets. Add lines 1 through 15 (must equal line 34) 6,825,469	1	1,091,451
	17	Accounts payable and accrued expenses		1,189
	18	Grants payable	18	
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities .	20	
ı,	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
Liabilities	22	Loans and other payables to current and former officers, directors,		
Ξ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		90.647
Lia	23	disqualified persons. Complete Part II of Schedule L		82,647 0
	24	Unsecured notes and loans payable to unrelated third parties		0
	25	Other liabilities (including federal income tax, payables to related third	2-	
	20	parties, and other liabilities not included on lines 17-24). Complete		
		Part X of Schedule D	25	1,234
	26	Total liabilities. Add lines 17 through 25	+	85,070
		Organizations that follow SFAS 117 (ASC 958), check here X and		
es		complete lines 27 through 29, and lines 33 and 34.		
Ë	27	Unrestricted net assets	37	195,094
ale	27 28	Temporarily restricted net assets		811,287
D E	29	Permanently restricted net assets	29	011,201
Ë	23			
F.		Organizations that do not follow SFAS 117 (ASC958), check here	149.34	
Net Assets or Fund Balances		complete lines 30 through 34.	220,5300	
se	30	Capital stock or trust principal, or current funds	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
Ket	32	Retained earnings, endowment, accumulated income, or other funds	32	4 000 004
_	33	Total net assets or fund balances	_	1,006,381
	34	Total liabilities and net assets/fund balances 6,825,469	34	1,091,451

orm !	990 (2012) Earth Echo International, Inc.	9	5-4789334	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			. [X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,933	3,789
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	7,701	,163
3	Revenue less expenses. Subtract line 2 from line 1	3	-5	5,767	,374
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	5,737	,471
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		36	5,284
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	1,006	3,381
art	column (B))				
	Check if Schedule O contains a response to any question in this Part XII			<u>. [</u>	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			T Ş	£
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			55 - 84 - 5	
	reviewed on a separate basis, consolidated basis, or both:				Ţ.:
	Separate basis Consolidated basis Both consolidated and separate basis		-31 Ms. 2 C C C		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	1.5 (4)	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Salar and		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				£1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				14 P
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	21.1.1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
2-			1,000		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				V
h			. 3a	-	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2012)

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Internal Revenue Service

See separate instructions.

Attach to your tax return.

Sequence No. 179

	me(s) snown on return		ess or activity to which this to	Jiiii i ciales		laentitying num	Dei	
Da	rth Echo International, Inc.	990	utu Undar Castian 17	70		95-4789334		·
Fa		•	erty Under Section 17					
			e Part V before you comple					
	Maximum amount (see instruction	•					1	500,000
	Total cost of section 179 propert						2	5,380
	Threshold cost of section 179 pr						3	2,000,000
	Reduction in limitation. Subtract						4	0
5	Dollar limitation for tax year. Sub						_	500.000
_	separately, see instructions						5	500,000
6	(a) Description	or property	(B) Co	st (business use	only)	(c) Elected cos	t	
							\longrightarrow	
_	Listed property Enter the emery	at from line 20			T -			
	Listed property. Enter the amount						8	
	Total elected cost of section 179						-	0
	Tentative deduction. Enter the s						9	0
	Carryover of disallowed deduction						10	
	Business income limitation. Ente						11	
	Section 179 expense deduction.					· · · · · · ·	12	0
	Carryover of disallowed deduction			· · · · · ·	13		0	機能性 / 1963年
	te: Do not use Part II or Part III b			/D = = = 1 :=				
			d Other Depreciation			property.) (See	Instri	uctions.)
14	Special depreciation allowance to						ا ا	
4-	during the tax year (see instructi	ions)					14	368
15	Property subject to section 168(r)(1) election					15	
16	Other depreciation (including AC	CRS)		<u> </u>			16	
ra	rt III MACRS Depreciati	ion (Do not includ	de listed property.) (Se	e instruction	าร.)			
	144000		Section A		-		1	····
	MACRS deductions for assets p						17	120
18	If you are electing to group any							
	general asset accounts, check h					<u>▶ </u>		4624 2524 pro 100 100 100 100 100 100 100 100 100 10
	Section B - Ass	sets Placed in Serv	ice During 2012 Tax Yea	r Using the C	General Depre	ciation System		
		(b) Month and	(c) Basis for depreciation	(d) Donnyani				
	(a) Classification of property	year placed	(business/investment use	(d) Recovery period	(e) Convention	(f) Method	(a) Do	
		in service	only-see instructions)	·	ŀ		1 (9) 5	epreciation deduction
19	a 3-year property						(9)	epreciation deduction
	b 5-year property						(9)	epreciation deduction
	- 7		4,645	5	HY	200DB	(9)	epreciation deduction
	c 7-year property		4,645 367	5 7	HY HY	200DB 200DB	(9)	
	d 10-year property						(9)	929
	d 10-year property e 15-year property							929
	d 10-year property							929
	d 10-year property e 15-year property						(9)	929
	d 10-year property e 15-year property f 20-year property			7		200DB		929
	d 10-year property e 15-year property f 20-year property g 25-year property			7 25 yrs.	HY	200DB S/L	(9)	929
	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental			7 25 yrs. 27.5 yrs. 27.5 yrs.	MM	200DB S/L S/L		929
	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property			7 25 yrs. 27.5 yrs.	MM MM	200DB S/L S/L S/L		929
	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	ets Placed in Service	367	7 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	200DB S/L S/L S/L S/L S/L		929
20	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	ets Placed in Service		7 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	200DB S/L S/L S/L S/L S/L		929
20	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asse	ets Placed in Service	367	7 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Al	MM MM MM MM	S/L		929
20	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asse	ets Placed in Service	367	7 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	S/L		929
	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asse a Class life b 12-year	The second secon	367	7 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Al	MM MM MM MM ternative Dep	S/L S/L S/L S/L S/L S/L S/L S/L S/L reciation System		929
Pa	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset a Class life b 12-year c 40-year	tructions.)	367	7 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Al	MM MM MM MM ternative Dep	S/L S/L S/L S/L S/L S/L S/L S/L S/L reciation System		929 53
Pa 21	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asse a Class life b 12-year c 40-year Int IV Summary (See inst	tructions.)	e During 2012 Tax Year	7 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Al 12 yrs. 40 yrs.	MM MM MM MM ternative Dep	S/L S/L S/L S/L S/L S/L S/L S/L S/L reciation System	n	929
Pa 21	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asse a Class life b 12-year c 40-year rt IV Summary (See instance) Listed property. Enter amount frotal. Add amounts from line 12	tructions.) rom line 28	e During 2012 Tax Year	7 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Al 12 yrs. 40 yrs.	MM MM MM MM ternative Dep	S/L S/L S/L S/L S/L S/L S/L S/L reciation System S/L S/L S/L	n 21	929 53 1,790
Pa 21 22	d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asse a Class life b 12-year c 40-year Int IV Summary (See inst	tructions.) rom line 28 2, lines 14 through 11 te lines of your return	e During 2012 Tax Year 7, lines 19 and 20 in column. Partnerships and S co	7 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Ali 12 yrs. 40 yrs. mn (g), and lir rporations - si	MM MM MM MM ternative Dep	S/L S/L S/L S/L S/L S/L S/L S/L reciation System S/L S/L S/L	n	929 53

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

			oution, or unit												
			for which you ai							-		ise, con	nplete		
			ns (a) through (c												
			n and Other Inf			ution: Se	e the in	structi	ons for I	imits foi	passe	nger au	tomobi	es.)	
24a	Do you have evidence	to support the I	business/investmen	nt use cla	imed?	Yes	No	2	2 4b If "	Yes," is t	he evid	ence wri	tten?	Yes	No
	(a)	(b)	(c)	(d)		(e)		(f)	(g)	(h)	(i)
	Type of property	Date placed	Business/ investment use	Cost or c	ther basis		r depreciatio s/ investmer		Recovery	Met	hod/	Depre	ciation	Elected se	ection 179
	(list vehicles first)	in service	percentage				e only)		period	Conv	ention	dedu	uction	co	st
25	Special depreciation													April Carrie	
	the tax year and us	sed more tha	n 50% in a quali	fied bus	siness u	ıse (see	instruction	ons).	· · ·		25				Transfer of the
26	Property used mor	e than 50% ii	n a qualified bus	iness u	se:										
			%							<u> </u>					
			%			ļ				ļ		ļ			
See s	statement		%							<u> </u>			1,790		
27	Property used 50%	or less in a	qualified busines	ss use:								·		1	,
			%							S/L -		ļ		CHOLDE A	
			%							S/L -		ļ			
			%			<u> </u>				S/L -					
28	Add amounts in co		-				e 21, pag	je 1			28	l	1,790	Produit	
29	Add amounts in co	lumn (i), line										<u> </u>	29		
						nation o									
	olete this section for ve												d vehicle	s to	
your e	employees, first answe	r the question	s in Section C to s	see if yo	u meet a	an except	ion to co	mpletir	ng this se	ction for	those v	ehicles.			
				1	a)		o)		(c)		d)	E .	e)		F)
30	Total business/investment miles driven during the year (do not include commuting miles)			Veh	icle 1	Vehi	cle 2	Ve	hicle 3	Veh	cie 4	de 4 Vehicle 5		Vehi	cle 6
	the year (do not incl	ude commutin	g miles)							ļ					
31	Total commuting mile	es driven durin	g the year .							ļ					
32	Total other personal	(noncommutin	g)]								:			
	miles driven									ļ					
33															
	Add lines 30 through						,						, <u>.</u>		
34				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours	?													
35															
	5% owner or related	person?								<u> </u>					
36	Is another vehicle av				<u> </u>										
			-Questions for I												
	ver these questions t					npleting	Section	B for	vehicles	used by	y emplo	oyees w	rho		
are n	ot more than 5% ow													_	
37	. ,													Yes	No
	by your employees?												-		
38	Do you maintain a w							•	•						
	See the instructions														
39	Do you treat all use of														
40	Do you provide more														
	the use of the vehicle														
41	Do you meet the req												•		
D4	Note: If your answer		40, or 41 is "Yes	," do no	t comple	ete Sectio	on B for ti	ne cov	ered veh	icles.				が開催させ	Yaliki.
Part	VI Amortiz			T							ı				
		(a)			(b)		(c)		(d)		(e) Amortizatio	'n	(F)
	Descrip	tion of costs		1	mortizatio	on Am	ortizable a	mount	Code	section		period or		Amortization	for this yea
40	Amanti	4 - 4b - 4			egins							percentage	-		
42	Amortization of cos	us that begin	s auring your 20	12 tax y	year (se	e instru	ctions):				Ι			1	
									+		ļ				
42	A		- h - f · · · · · · · · · · · · · · ·	10.5			<u>~</u>				<u> </u>				
43	Amortization of cos	_	•									•	43		2,615

Form **5471**

(Rev. December 2012)

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

For more information about Form 5471, see www.irs.gov/form5471

OMB No. 1545-0704

Information furnished for the foreign corporation's annual accounting period (tax year required by Department of the Treasury Attachment Internal Revenue Service section 898) (see instructions) beginning 1/1/2012 and ending 12/31/2012 121 Sequence No A Identifying number Name of person filing this return 95-4789334 Earth Echo International, Inc. Category of filer (See instructions. Check applicable box(es)) Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) (repealed) 2 3 1401 South Joyce Street, Room 1501 City or town, state, and ZIP code Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 22202 Arlington VA 12/31/2012 1/1/2012 Filer's tax year beginning and ending D Person(s) on whose behalf this information return is filed: (4) Check applicable box(es) (2) Address (3) Identifying number (1) Name Shareholder Officer Directo USA Pavilion 2012, LLC 1401 S. Joyce Street, Apt. 1501, Arlington, V 45-2933802 Х Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated. b(1) Employer identification number, if any 1a Name and address of foreign corporation Foreign US b(2) Reference ID number (see instructions) Name USA Pavilion 2012, LLC Address LS Yongsan Tower 191 Hangangno 2-ga Country under whose laws incorporated City Yongsan gu Seoul Zip 140 702 Korea, Republic of (South) Korea, Republic of (South) g Principal business activity h Functional currency f Principal business activity d Date of incorporation e Principal place of business code number 2/13/2012 Korea, Republic of (South) 611000 World Expo Pavilion South Korean Won 2 Provide the following information for the foreign corporation's accounting period stated above. a Name, address, and identifying number of branch office or agent (if b If a U.S. income tax return was filed, enter: any) in the United States (ii) U.S. income tax paid (i) Taxable income or (loss) (after all credits) Name None ID Num Address c Name and address of foreign corporation's statutory or resident d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign agent in country of incorporation corporation, and the location of such books and records, if different Name None Name Andrew Snowhite Address Address 354 Woodgrove Ct city Herndon State VA Zip 20170 ST Zip Country City Location of Books/Records if different Country Stock of the Foreign Corporation Schedule A (b) Number of shares issued and outstanding (a) Description of each class of stock (i) Beginning of annual (ii) End of annual accounting period accounting period No Stock Issued

Sche	dule B	U.S. Share	holders of Fo	preign Corporation (see instructions)			
		e, address, and identified the model of sharehold		(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
Name	USA Pavili	on 2012, LLC		No Stock Issued			
Str	1401 S. Jo	yce Street, Apt.	1501				
City	Arlington		st VA				
Zip	22202	ID Num	95-4789334				100.000000%
Name							
Str							
City			ST				
Zip		ID Num					
Name							
Str							
City			ST				
Zip		ID Num					
Name							
Str							
City			ST				
Zip		ID Num					
Name							
Str							
City			ST				
Zip	_	ID Num					

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

				Functional Currency	U.S. Dollars
	1 a	Gross receipts or sales	1a	281,162,082	250,800
	b	Returns and allowances	1b		
	С	Subtract line 1b from line 1a	1c	281,162,082	250,800
	2	Cost of goods sold	2	23,725,493	21,163
e e	3	Gross profit (subtract line 2 from line 1c)	3	257,436,589	229,637
Income	4	Dividends	4		
<u> </u>	5	Interest	5	124,144	111
	6 a	Gross rents	6a		
	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8	Other income (attach statement)	8	1,122,568	1,001
	9	Total income (add lines 3 through 8)	9	258,683,301	230,749
	10	Compensation not deducted elsewhere	10	172,468,650	153,844
	11 a	Rents	11a	229,429,521	204,654
	b	Royalties and license fees	11b	27,694,951	24,704
Deductions	12	Interest	12		
ctic	13	Depreciation not deducted elsewhere	13		
Ď	14	Depletion	14		
De	15	Taxes (exclude provision for income, war profits, and excess profits taxes)	15	62,500	56
	16	Other deductions (attach statement—exclude provision for income, war profits,			
]	and excess profits taxes)	16	534,819,271	477,065
	17	Total deductions (add lines 10 through 16)	17	964,474,893	860,323
•	18	Net income or (loss) before extraordinary items, prior period adjustments, and			Alanda 4 - Mederal e
Ĕ		the provision for income, war profits, and excess profits taxes (subtract line			
ည		17 from line 9)	18	-705,791,592	-629,574
Net Income	19	Extraordinary items and prior period adjustments (see instructions)	19		
ž	20	Provision for income, war profits, and excess profits taxes (see instructions)	20		
	21	Current year net income or (loss) per books (combine lines 18 through 20)	21	-705,791,592	-629,574

Schedule E										
	(a) Name of country or U.S. possession	(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars						
1 U.S.		roper to the second decision of	Cart College C							
2										
3										
4	William Control of the Control of th									
5										
6										
7										
8 Total				(

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1		
	Trade notes and accounts receivable	2a		
	Less allowance for bad debts	2b	() (
3	Inventories	3		
4	Other current assets (attach statement)	4		
5	Loans to shareholders and other related persons	5		
6	Investment in subsidiaries (attach statement)	6		
7	Other investments (attach statement)	7		
	Buildings and other depreciable assets	8a	Not In Business	Terminated
	Less accumulated depreciation	8b	()(
	Depletable assets	9a		
b	Less accumulated depletion	9b	()(
10	Land (net of any amortization)	10		
11	Intangible assets:			
	Goodwill	11a		
b	Organization costs	11b		
	Patents, trademarks, and other intangible assets	11c		
d	Less accumulated amortization for lines 11a, b, and c	11d	() (
12	Other assets (attach statement)	12		
13	Total assets	13	C	0
	Liabilities and Shareholders' Equity			
14	Accounts payable	14		
15	Other current liabilities (attach statement)	15		
16	Loans from shareholders and other related persons	16		
17	Other liabilities (attach statement)	17		
18	Capital stock:			
а	Preferred stock	18a		
b	Common stock	18b		
19	Paid-in or capital surplus (attach reconciliation)	19		
20	Retained earnings	20		
21	Less cost of treasury stock	21	() (
22	Total liabilities and shareholders' equity	22	C	0

Sche	dule G	Other Information					
1	During the	tax year, did the foreign corporation own at least a	10% interest directly	or indirectly in any for	nian	Yes	No
•			·		-		X
		ee the instructions for required statement.				ш	
2		tax year, did the foreign corporation own an intere	st in any trust?				X
3	-	tax year, did the foreign corporation own any forei					
	separate fi	rom their owners under Regulations sections 301.7	701-2 and 301.7701-3	(see instructions)? .			X
	If "Yes," yo	ou are generally required to attach Form 8858 for e	ach entity (see instruct	tions).			
4	During the	tax year, was the foreign corporation a participant	in any cost sharing an	angement?			X
5	During the	course of the tax year, did the foreign corporation	become a participant i	n any cost sharing arra	ingement?		X
6	During the	tax year, did the foreign corporation participate in	any reportable transac	tion as defined in Regu	ulations		
	section 1.6	6011-4?					X
		tach Form(s) 8886 if required by Regulations section					
7		tax year, did the foreign corporation pay or accrue					
	section 90	1(m)?					X
8		tax year, did the foreign corporation pay or accrue					[]
		tes that were previously suspended under section s		ended?	· · · · · ·		Х
	dule H	Current Earnings and Profits (see instru					
_		er the amounts on lines 1 through 5c in func					
1	Current ye	ar net income or (loss) per foreign books of accou	nt		1 Desirable of the East Assistation of the Control	enidilist tuk	0. 19
_	N1-4 44		<u> </u>				
2		ments made to line 1 to determine current	Net	Net			11
		and profits according to U.S. financial and tax g standards (see instructions):	Additions	Subtractions			
а	-	ins or losses			The gardinates		
		on and amortization					M.
		t or incentive allowance		. ,			
		statutory reserves					
f		adjustments					
g							
h	Other (atta	ach Statement)					
3		dditions				446,990	
4		ubtractions					
		arnings and profits (line 1 plus line 3 minus line 4)			5a		0
		ain or (loss) for foreign corporations that use DAST			5b		
		ines 5a and 5b			5c		0
a		urnings and profits in U.S. dollars (line 5c translated			_		
	Enter exch	section 989(b) and the related regulations (see instange rate used for line 5d ■	tructions))		5d		
Scho	dule I	Summary of Shareholder's Income From	m Foreign Corners	tion (see instruction) c)		
		1 is completed, a separate Schedule I must be file					
		 This schedule I is being completed for: 	d for each category 4	or 5 mer for whom repo	orung is runnish	.eu	
		The deficación le boning completed for.					
Name	of U.S. sha	areholder 🕨 USA Pavilion, LLC	Identifyina r	umber ▶ 45-2933802			
1		income (line 38b, Worksheet A in the instructions)			1		
2		nvested in U.S. property (line 17, Worksheet B in th			2		
3		xcluded subpart F income withdrawn from qualified investme			3		
4	Previously	excluded export trade income withdrawn from inve	estment in export trade	assets (line			
		heet D in the instructions)			4		
5		ncome			5		
6		es 1 through 5. Enter here and on your income tax			6		0
7		received (translated at spot rate on payment date			7		
8	∟xchange	gain or (loss) on a distribution of previously taxed	ncome		8		
	h ·					Yes	No
		ome of the foreign corporation blocked?					X
		income become unblocked during the tax year (se	ee Section 964(b))?				X
if the a	answer to e	ither question is "Yes," attach an explanation.					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Editi	EÇN	o mtemationa	II, ITIÇ.						<u> </u>	95-47	09334		
Par				narity Status (All org						nstructio	ns.		
The d	rgar		*	ition because it is: (For		•		•	•				
1	닏			ches, or association of			l in sectio	n 170(b)(1)(A)(i).				
2	Ш	A school des	cribed in sectio i	n 170(b)(1)(A)(ii). (Atta	ich Sched	ule E.)							
3	Ш	A hospital or	a cooperative ho	ospital service organiza	ation desc	ribed in s	ection 17	0(b)(1)(A)	(iii).				
4			search organizat me, city, and sta	tion operated in conjunte:	ction with	a hospital	describe	d in section	on 170(b)	(1)(A)(iii).	Enter t	he	
5				the benefit of a college Complete Part II.)	e or unive	sity owne	d or opera	ated by a	governme	ntal unit d	lescribe	d	
6		A federal, sta	ate, or local gove	ernment or government	al unit des	scribed in	section 1	70(b)(1)(A	4)(v).				
7	X	-		receives a substantial 1)(A)(vi). (Complete Pa		s support f	rom a gov	vernmenta	al unit or fr	om the ge	eneral p	ublic	
8				in section 170(b)(1)(A		mplete Pa	rt II.)						
9		An organizat receipts from support from	ion that normally activities relate gross investme	receives: (1) more that d to its exempt function nt income and unrelate after June 30, 1975. S	an 33 1/3% ns—subje ed busines	% of its sup ct to certa ss taxable	oport from in exception income (le	ons, and (ess sectio	(2) no mor in 511 tax)	e than 33	1/3% c	f its	5
10		An organizat	ion organized ar	nd operated exclusively	to test fo	r public sa	fety. See	section 5	509(a)(4).				
11 e		purposes of 509(a)(3). Cha Type	one or more pub neck the box tha I b T	nd operated exclusively blicly supported organized to describes the type of type II c Type or that the organization in	ations de supportin e III–Funct	scribed in g organiza tionally int	section 50 ation and o egrated	09(a)(1) o complete d T	r section s lines 11e t ype III–No	509(a)(2). through 1° on-functio	See se 1h. nally int		d
		persons other	·	n managers and other			-					ection	
f		If the organiz	ation received a	written determination	from the I	RS that it	is a Type	I. Type II.	or Type II	I supporti	na		
			check this box										
g				he organization accept	ted any gi	ft or contri	bution fro	m any of t	the				
		following per											
				or indirectly controls, ei		-						Yes	No
				erning body of the sup							11g(i)		
			•	person described in (i) y of a person described							11g(ii)		
h		• •		ation about the supporte	` ' '	,				•	11g(iii)		
		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S.?	(vii) Am	ount of mo	onetary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
				ZONIE ZENOM									

0

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support	,			r'		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	304,281	448,351	1,123,661	432,530	486,985	2,795,808
2	Tax revenues levied for the organization's			1,720,007	.02,000	,	2,, 00,000
	benefit and either paid to or expended on						
	its behalf	0	l o	0	o	اه	0
3	The value of services or facilities				V		
•	furnished by a governmental unit to the						
	organization without charge	0	0				0
4	Total. Add lines 1 through 3	304,281	448,351	1,123,661	432,530	486,985	2,795,808
5	The portion of total contributions by each	304,281	440,331	1,123,001	432,330	400,900	2,795,606
3	person (other than a governmental unit			State of the State			
	and the second s						
	or publicly supported organization)		Forth Market			Print Fig.	
	included on line 1 that exceeds 2%	The Marie of					
	of the amount shown on line 11,			1000000			
	column (f)						1,266,544
6	Public support. Subtract line 5 from line 4.						1,529,264
	ion B. Total Support	Υ					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	304,281	448,351	1,123,661	432,530	486,985	2,795,808
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,766	384	34	2,533	5,959	10,676
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 IV.)						0
11	Total support. Add lines 7 through 10.	3254 530 46			Fair III i i i i i i i i i i i i i i i i i		2,806,484
12	Gross receipts from related activities, etc. (se	7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			HEATE STANFFERENCE INTO	12	
13	First five years. If the Form 990 is for the org						254,003
10							. \Box
	organization, check this box and stop here.						🟲 🔲
	ion C. Computation of Public Support						
14	Public support percentage for 2012 (line 6, co	olumn (f) divide	d by line 11, co	lumn (f))		14	54.49%
15	Public support percentage from 2011 Schedu	ıle A, Part II, lin	e 14			15	65.21%
16a	33 1/3% support test—2012. If the organiza	tion did not che	ck the box on li	ine 13, and line	14 is 33 1/3% (or more, check t	his box
	and stop here. The organization qualifies as						
b	33 1/3% support test—2011. If the organization						
	box and stop here. The organization qualifie	s as a publicly s	supported orga	nization			▶
17a	10%-facts-and-circumstances test—2012.	If the organizat	ion did not ched	ck a box on line	13. 16a. or 16t	o, and line 14	
	is 10% or more, and if the organization meets						n
	Part IV how the organization meets the "facts	s-and-circumsta	nces" test. The	organization o	ualifies as a pul	hlick supported	
	organization.						
b	10%-facts-and-circumstances test—2011.	If the organizati	on did not ched	ck a boy on line	13 16a 16b c	vr 17a, and line	
~	15 is 10% or more, and if the organization me	eets the "facte-	and-circumetan	cas" tast chack	this hovende	n 17a, and inte ton here. Evala	ain in
	Part IV how the organization meets the "facts	s-and-circumeta	inces" test. The	Organization o	ualifice se a sui	top nere. Expia	ant III
	supported organization						
40							•
18	Private foundation. If the organization did no			, 16b, 17a, or 1	/b, check this b	ox and see	
	instructions						▶ []

Part III Support Sche

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

(Complete only if you checked the box on line 9 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
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				<u>.</u>		0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0_
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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	0				-	0
8	Add lines 7a and 7b		0	0	0	0	0
Ü	line 6.)						0
Sec	tion B. Total Support	Loubschale, Million 1585.	# XEACHSTILTE DE LA LEXAMENT DE DESCRIPTION	THEIR HARD CORES, SELECTION OF SERVICE SERVICES.	Comparation of St. Act. Sci. 1804	September 1 19 19 19 19 19 19 19 19 19 19 19 19 1	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		, ,		(6) 2010	(4) 2011	(6) 2012	(i) iotai
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or		787771111				0
12	loss from the sale of capital assets						
	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	О	l ol	0	o	0
14	First five years. If the Form 990 is for the organization						
	organization, check this box and stop here						▶ □
Sect	ion C. Computation of Public Support	Percentage					
15	Public support percentage for 2012 (line 8, column		e 13. column (f))			15	0.00%
16	Public support percentage from 2011 Schedule A, F					16	0.00%
Sec	ion D. Computation of Investment Inco						
17	Investment income percentage for 2012 (line 10c, o			mn (f))		17	0.00%
18	Investment income percentage from 2011 Schedule					18	0.00%
19a	33 1/3% support tests—2012. If the organization	did not check the	e box on line 14,	and line 15 is mo	ore than 33 1/3%		
	not more than 33 1/3%, check this box and stop he						▶
b	33 1/3% support tests—2011. If the organization						
	line 18 is not more than 33 1/3%, check this box an	id stop here . Th	e organization q	ualifies as a publ	icly supported or	ganization	▶ 🗀
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	▶ □

Schedule A (Form 990 or 990-EZ) 2012 Eart	h Echo International, Inc.	95-4789334	Page 4
Part IV Supplemental Infor Part II, line 17a or 17	mation. Complete this part to provide the explanations required b; and Part III, line 12. Also complete this part for any additional	by Part II, line 10 information. (Se	D;
instructions).			
Part II Line 1 2008 Unusual Grants - \$7	16,000		an and any old the second to
Part II Line 1 2009 Unusual Grants - \$1	16,000		
Part II Line 1 2011 Unusual Grants - \$7	555,000	,	
Part II Line 1 2012 Unusual Grants - \$1	,600,000		

		~~~~~~~~~~~~~~~~~~	
·			

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

2012

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Employer identification number

<u>Earth</u>	Echo International, Inc.		95-4789334
Part		or Advised Funds or Other Similar	Funds or Accounts. Complete if
	the organization answered "Yes" to	o Form 990, Part IV, line 6.	
1 2	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dono	ors, and donor advisors in writing that gra	nt funds can be
	used only for charitable purposes and not for		
	purpose conferring impermissible private ben	efit?	Yes No
Part	II Conservation Easements. Comp	olete if the organization answered "Ye	es" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	by the organization (check all that apply).	
	Preservation of land for public use (e.g., recre		ion of an historically important land area
	Protection of natural habitat	Preservati	ion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribu	tion in the form of a conservation
_	easement on the last day of the tax year.	Total di qualifica dolloci valloti dell'illoci	den in the form of a series radio.
	oddomoni on the last day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation ease	ements	2b
С	Number of conservation easements on a cert		
d	Number of conservation easements included		
	historic structure listed in the National Registe		
3	Number of conservation easements modified	, transferred, released, extinguished, or te	erminated by the organization
	during the tax year		
4	Number of states where property subject to c		on handling of
5	Does the organization have a written policy reviolations, and enforcement of the conservati		
6	Staff and volunteer hours devoted to monitori		
•	>	rig, mopeoning, and officioning concervation	mode daming the year
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation ea	sements during the year
	▶ \$		<b>.</b>
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	ts of section
	170(h)(4)(B)(i) and section $170(h)(4)(B)(ii)$ ?.		
9	In Part XIII, describe how the organization re		-
	balance sheet, and include, if applicable, the		financial statements that describes
Dow	the organization's accounting for conservatio		Oin-II A A A
Par	Complete if the organization answered	ns of Art, Historical Treasures, or Othe	r Similar Assets.
1a	If the organization elected, as permitted under	, , , , , , , , , , , , , , , , , , , ,	
	works of art, historical treasures, or other sim	•	
b	of public service, provide, in Part XIII, the tex If the organization elected, as permitted under		
D	works of art, historical treasures, or other sim		
	of public service, provide the following amount		sation, or research in tartificialise
			<b>▶ \$</b>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		
	following amounts required to be reported un		<del>-</del> · · · · · · · · · · · · · · · · · · ·
а			
b	Assets included in Form 990, Part X		<b>▶</b> \$

Julieu	ule D (FC	onii 990/2012 Earth Etho miemat	ionai, inc.					95-4769	334	Pag	e Z
Par	III	<b>Organizations Maintaining</b>	Collections of	Art, Hist	orical Tr	easures, o	r Othe	r Similar Asset	s (conti	nued)	
3	Using	g the organization's acquisition, ac	cession, and other	records, o	check any	of the follow	ing that	are a significant			
	use o	of its collection items (check all tha	it apply):								
а		Public exhibition		d	Loan	or exchange	program	ns			
b		Scholarly research		е	Other						
С		Preservation for future generation	ns								
4	Provi	de a description of the organization		explain h	ow they fu	ırther the org	anizatio	n's exempt purpos	se in		
5	Durin	our.  In the year, did the organization so  It to be sold to raise funds rather t							Yes		lo
Part	IV	Escrow and Custodial Arra					wered '	"Yes" to Form 9	90, Part	;	
		IV, line 9, or reported an amo	•								
1a		organization an agent, trustee, c							т.,	<del></del>	_
<b>h</b>		ded on Form 990, Part X?							Yes	□ <i>\</i>	lo
b	II TE	s," explain the arrangement in Pa	n Am and complete	the follow	wing table				mount		
С	Begir	nning balance					. 1c		mount		0
d		ions during the year									_
e		butions during the year									
f		ng balance									0
2a		ne organization include an amoun							Yes	X	lo
b		s," explain the arrangement in Pa								台"	••
Part		Endowment Funds. Comple								لـــا	
all	V	Endowment Funds. Comple	(a) Current year	(b) Pric		(c) Two years		(d) Three years back	(-) [		
1a	Rogin	nning of year balance	(a) Current year	(b) PII	oryear O	(c) Two years	Dack 0		<del>                                     </del>	years bad	
b	-	ributions					- 0	0	-		
C		nvestment earnings, gains,	· www.co						-		
·		osses									
d		ts or scholarships									
e		r expenditures for facilities									
		programs									
f		nistrative expenses									
g		of year balance	0		0		0	0			0
2		de the estimated percentage of th	e current year end	balance (l	line 1g, co	olumn (a)) he	ld as:				
а	Board	d designated or quasi-endowment	•	%							
b	Perm	anent endowment	%								
С	Temp	orarily restricted endowment	▶ %								
		percentages in lines 2a, 2b, and 2d									
3a		nere endowment funds not in the p	oossession of the o	rganizatio	n that are	held and ad	mi <b>n</b> ist <b>e</b> r	ed for the	_	,	
	_	nization by:								res N	lo_
	(i)	unrelated organizations							3a(i)		
	(ii)	related organizations							3a(ii)		
b		s" to 3a(ii), are the related organiz		•					3b		
4		ribe in Part XIII the intended uses									
Part	VI	Land, Buildings, and Equip					Υ				
		Description of property	(a) Cost or ot (investm			st or other s (other)	, , ,	Accumulated epreciation	( <b>d</b> ) Boo	k value	
1a	Land		. [	0		0					0
b	Buildi	ings		0		0		0			0
С		ehold improvements		0		0		0			0
d	Equip	oment		0		46,737		37,441		9,2	296
е	Other			0		5,998		5,682			316
Total	Add li	ines 1a through 1e. (Column (d) n	nust equal Form 00	1 Part Y	column (	R) line 10/a)	1	•		0.6	112

Part VII	Investments—Other Securi	ities. See Form 990, Part X	K, line 12.	
(4	Description of security or category     (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financia	I derivatives			
(2) Closely-I	held equity interests	C		
(3) Other				
(B)				
(D)				
(F) (G)				
(H)			<u> </u>	
(1)				
Total. (Column (b	,,,,,,,	<b>&gt;</b>	22 July 10 July 2007 200 200 200 200 200 200 200 200 20	
Part VIII	Investments—Program Rel	ated. See Form 990, Part 2	K, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year	
(1)				
(2)				men.
(3)				
_(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
	n) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX	Other Assets. See Form 990	D. Part X. line 15.		
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)		0
Part X	Other Liabilities. See Form			
1.	(a) Description of liability	(b) Book value		
	l income taxes	0		
	tax withholdings payable	1,234		
(3)			The state of the s	
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)	-			
(11)				
	n) must equal Form 990, Part X, col. (B) line 25.)	1,234		
	C 740) Footnote In Part XIII, provide the text	1,20	<del></del>	anization's liability

Sched	ule D (Form 990) 2012 Earth Echo International, Inc.	95-4789334	Page <b>4</b>
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	enue per Return	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
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	<b>2e</b>	0
3	Subtract line <b>2e</b> from line <b>1</b>		0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		_
С	Add lines 4a and 4b		0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		0
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Ex		
1	Total expenses and losses per audited financial statements	Sight zomi	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<u>                                   </u>	
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Cities (Becombe in Fair Amy).	20	0
e	Add lines 2a through 2d	2e 3	
3	Subtract line <b>2e</b> from line <b>1</b>	NORMAN AND AND AND AND AND AND AND AND AND A	
4_	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	
C	Add lines 4a and 4b.	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		0
	t XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV lines 1h and 2h	
	V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this		J,
	tional information.	part to provide any	
auui	ional injointation.		

Schedule D (Form	990) 2012	Earth Echo In	ternational, Inc.		 	95-4789334	Page <b>5</b>
Part XIII	Supple	emental infor	mation (conti	nued)			
					 	 AND AND AND AND AND AND AND AND AND AND	
		,			 	 	
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		 	 	
			AND MAK AND MAK AND MAK AND AND MAK AND AND MAK AND		 	 	
	<b></b>				 	 	
~~~					 	 	

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047
2012

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization 95-4789334 Earth Echo International, Inc. General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (e.g., a program service, expenditures for region agents, and fundraising, program describe specific type of and investments independent services, investments, service(s) in region in region contractors grants to recipients in region located in the region) East Asia and the (1) Pacific 12 Program Services See Sch. O 7.035.688 (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14) (15) (16) (17)

12

0 12

0

7,035,688

7,035,688

3a Sub-total

b Total from continuation sheets to Part I . . .

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2012 Earth Echo International, Inc. Part II

(1) (12) (13) (13)	to the first scale of the first	(1) Manner of Cash disbursement	Space is needed. (g) Amount of non-cash assistance	(h) Oescription of non-cash assistance of non
(b)				
(15)				

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

Schedule F (Form 990) 2012

Earth Echo International, Inc. Schedule F (Form 990) 2012

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2012 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance E 4 2 ପ (5) 9 9 8 9 (11) (13) 4 (17) (18) (10) (12) (15) (16)

Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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 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).	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)	X Yes	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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	□ Vas	X No	

Schedule F (Fo	pm 990) 2012 Earth Echo International, Inc.	95-4789334	Page 3
Part V	Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. A	rt I, line 3, column (f) inting method); Part III lso complete this part	to
	provide any additional information (see instructions).		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No. 1545-0047

Internal Revenue Service Employer identification number Name of the organization 95-4789334 Earth Echo International, Inc. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Solicitation of non-government grants Mail solicitations а Internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations C g d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of fundraiser listed in or entity (fundraiser) from activity contributions? organization col. (i) Yes No 1 0 0 0 2 0 0 0 3 0 0 0 0 0 0 5 0 0 6 0 0 0 7 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 Total 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Expedition NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 73,962 0 73,962 Less: Contributions . . . 45,293 2 45,293 Gross income (line 1 minus line 2) 28,669 0 28,669 Cash prizes 0 0 Noncash prizes 0 0 Direct Expenses Rent/facility costs 6 0 0 Food and beverages . . . 7 0 0 Entertainment 0_ 0 50,991 Other direct expenses . . 50,991 50,991) Net income summary. Combine line 3, column (d), and line 10. -22,322 Gaming. Complete if the organization answered "Yes" to Form 990. Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue. . 0 Direct Expenses Cash prizes 0 Noncash prizes 0 Rent/facility costs 0 Other direct expenses 0 Yes % Yes Yes Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) 0) Net gaming income summary. Combine line 1, column d, and line 7. 0 Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . b If "Yes," explain:

chedu	ule G (Form 990 or 990-EZ) 2012 Earth Echo International, Inc.	95-4	1789334	Page 3
11	Does the organization operate gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	_	` □ Yes [□ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶	* ** ** ** ** ** ** ** **		
	revenue?	[Yes [No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$0 and the			
	amount of gaming revenue retained by the third party > \$ 0			
С	If "Yes," enter name and address of the third party:			
	Name ▶		• •	
	Address ▶			
6	Gaming manager information:			
	Name ▶			. As we say # 12 mg to # 12 mg
	Gaming manager compensation ► \$ 0			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
7	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
		[Yes [No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
art	or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by F (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp provide any additional information (see instructions).	art I, li lete th	ne 2b, c is part to	columns
	provide any additional information (see instructions).			

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

Open to Public Inspection

95-4789334

Name of the organization Earth Echo International, Inc.

Department of the Treasury

Internal Revenue Service

Employer identification number

				Yes	No
1a		provided any of the following to or for a person listed in Form to provide any relevant information regarding these items.			
	First-class or charter travel	X Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence	Andrija Elikar		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees		Amenin de la companya de la company Amenin de la companya	
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	or reimbursement or provision of all of the expense	organization follow a written policy regarding payment es described above? If "No," complete Part III to			Sin C
	explain		1b		X
2	Did the organization require substantiation prior to	reimbursing or allowing expenses incurred by all	1954HE1574141)	2.4
•		e Director, regarding the items checked in line 1a?	2	Х	
		3		yayat.	
3	Indicate which, if any, of the following the filing org-	anization used to establish the compensation of the		M.	
	organization's CEO/Executive Director. Check all t	hat apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of t	he CEO/Executive Director, but explain in Part III.	Parties Comment		
	Compensation committee	Written employment contract	1 1 1 1 1		
	Independent compensation consultant	X Compensation survey or study			
		Approval by the board or compensation committee			Ca Saline
	Form 990 of other organizations	Approval by the board of compensation committee		k i	
4		, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	ol payment?	4a	New No. 5	v
a b		ental nonqualified retirement plan?	4b	-	X
C		based compensation arrangement?	4c		X
•		rovide the applicable amounts for each item in Part III.		ja i sii	
	The to day, or miso it of not the personne and p				
	Only section 501(c)(3) and 501(c)(4) organization	ns must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:				
а	S .		5a		X
b			5b	je man	Х
^	If "Yes" to line 5a or 5b, describe in Part III.				SH.
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of:	i, line Ta, did the organization pay or accrue any	dife		
а	The organization?		6a	1795; A.,	X
b			6b		X
~	If "Yes" to line 6a or 6b, describe in Part III.		106.4.4	Wilder.	200a
7		, line 1a, did the organization provide any non-fixed	JH 129 in	200.00	
		describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII,				
	· · · · · · · · · · · · · · · · · · ·	n Regulations section 53.4958-4(a)(3)? If "Yes," describe			
			8		X
9	If "Yes" to line 8, did the organization also follow th	ne rebuttable presumption procedure described in	1		
	Regulations section 53.4958-6(c)?		9	1	

Earth Echo International, Inc. Schedule J (Form 990) 2012

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 in 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 are not 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 of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
Andrew Snowhite	€	210,000	17,500			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	227,500	
	€							
2	€							
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5	(ii)							
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16	⊞							

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 Earth Echo International, Inc.	95-4789334 Page 3
Complete this part for any additional information. Complete this part for any additional information.	i, 6b, 7, and 8, and for Part II.
Part I Line 1a During 2012 the Organization conducted a project in the Republic of Korea (South). The project required the project	
President to remain on-site in Yeosu, Korea for a four month period. During that time housing was provided in the facilities	
arranged by the World Expo Organizing Committee. The entire housing arrangement was for and during the travel requirements of the	
program.	
	Schedule J (Form 990) 2012

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions

Inspection
Employer identification number

Earth	Echo International, Inc) .						95	-4789	334			
Par						on 501(c)(4) orga							
	Complete if th	e organization	answered "Ye	s" on Fo	orm 990,	Part IV, line 25a	or 25b, or Form	990-E	Z, Parl	V, line	40b.		
1	(a) Name of disc	qualified person	(b) F			disqualified person	(c) Des	crintion (of transa	ction		(d) Cor	rrected
	(a) Hame of also			a	and organiza	ation	(6) 563	Chpton	Ji tiansa			Yes	No
(1)												├	<u> </u>
(2)												<u> </u>	ļ
(3)												<u></u>	ļ
(4)													<u> </u>
(5)		1.00											<u> </u>
<u>(6)</u>													<u> </u>
2	Enter the amount of		-		-					_	_		
•	under section 4958									•	\$ <u></u>		
3	Enter the amount of	rtax, if any, on	ine 2, above,	reimbur	sed by th	e organization .				▶	\$		
Par	t I Loans to and	/or From Inter	netad Darean										
rai					orm 000 I	EZ, Part V, line 38	Sa or Form 990	Dart I	V line	26. or	if the		
		eported an am					ba of Form 990,	raiti	v, III IC	20, 01	11 1116		
(2)	Name of interested person	(b) Relationship	1		to or from	1	(f) Balance due	(a) lo	default?	I		(3.14	/-:A4
(a)	Name of interested person	with organization	1 '''		anization?	(e) Original principal amount	(I) Balance due	(9) 111	uelauit?		proved pard or		/ritten ement?
											nittee?		
				То	From	1		Yes	No	Yes	No	Yes	No
(1)	Janice Cousteau	Director	To fund prior			87,647	82,647		X	X		X	
(2)						57,277	<u> </u>						
(3)			1			1		·				1	<u> </u>
(4)												1	<u> </u>
(5)								<u> </u>			1	1	
(6)										 	<u> </u>		
(7)								<u> </u>			<u> </u>	1	
(8)									†				
(9)									<u> </u>			<u> </u>	
(10)					1			l				<u> </u>	†
Total						\$	82,647			á GE	GOSE .	e a dollada d	
Par	Grants or As	sistance Bene				· · · · · · · · · · · · · · · · · · ·				V:-(1	
-			_			Part IV, line 27.							
	(a) Name of interested person		elationship betwee			mount of assistance	(d) Type of a	ssistano	e	(e) F	Purpose	of assist	ance
	(-,		erson and the org		(0)		(4) 1) po 0. 4	oorotano		(0)	arpood	J1 400100	41100
(1)							,						
(2)													
(3)													
(4)							····,						
(5)													-
(6)													
(7)													
(8)													

(9) (10)

Part IV	Business Transactions Invol Complete if the organization at		Part IV, line 28a, 28b	or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
					Yes	No
(1)						
(2) (3)						
(4)					-	
(5)						
(6)						
(7)					<u> </u>	
(8) (9)						
(10)						
Part V	Supplemental Information					
	Complete this part to provide a	dditional information for resp	oonses to questions or	n Schedule L (see instructions)		
		**-*				
		***************************************	**	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
		************	*******	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Earth Echo International, Inc.

Employer Identification number 95-4789334

Form 990, Part III, Line 4d: Program Service Expenses: 12,689, Grants and allocations: 0,
Revenue: 0 Workshops - This program is for providing instructional materials to teachers and
providing assistance in how to work with children on the environmental curriculum in the
classroom.
Form 990 Part III Line 3 The organization concluded the operations of the USA Pavilion to the
World Expo in Yeosu, Korea during 1012. Only minor operational clean up and reporting to the
Department of State remains to be performed and some minor activity will be performed in 2013.
Form 990 Part IV Line 14a Description of Services, Schedule F, Part 1, Line 3(1)(f) - The
Organization built, operated and removed the USA Pavilion for the 2012 World Expo in Yeosu,
Korea. This project was designed to teach citizens of East Asia about the United States
activities in preserving the oceans and coasts surrounding the United States. It contained
educational materials and audio-visual information to inform the attendees at the Pavilion
about the conditions of the oceans and shores and what the U.S. is doing to effect change in
this environmental area.
Form 990 Part VI Section A Line 2 Philippe and Alexandra Cousteau are brother and sister and
Janice Cousteau is their mother.
Form 990 Part VI Section B Line 11b The organization circulates the form 990 to the members of
the finance committee for their review and comment prior to filing the return. Once they have
approved the filing the return is then sent to all of the BOD for any final comment and then
is filed with the Internal Revenue Service.
Form 990 Part VI Section B Line 12c The organization will take an annual poll of the board and
officers to determine if there are any conflicts that may need to be addressed.
Form 990 Part VI Section C Line 19 The organization does not make these documents available to
the public.
Form 990 Part XI Line 9 The adjustment to the fund balance is for recognition of other
comprehensive income. This is income adjusted to the books for the gains on the currency

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
Earth Echo International, Inc.	95-4789334
conversions of assets during 2012.	

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

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OMB No. 1545-0047

Inspection
Employer identification number

95-4789334

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Earth Echo International, Inc. Part I

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) USA Pe	(1) USA Pavilion 2012, LLC 45-2933802 354 Woodgrove Court Herndon, VA 20170	Program Operations	erations VA		2,098,938	708,863	708,863 Earth Echo Internat
(2)							
(3)							
(4)							
(5)		1 1 1 1 1 1					
(9)							
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ns (Complete if the tax year.)	e organization	answered "Yes" to	5 Form 990, P	art IV, line 34 be	scause it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) atus Direct controlling (3)) entity	(g) Section 512(b)(13) controlled entity? Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							

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

Schedule R (Form 990) 2012

95-4789334

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Earth Echo International, Inc. Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 (i) Section 512(b)(13) controlled Ŷ Percentage ownership 3 Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part (j) General or managing partner? ŝ (h) Percentage ownership Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g) Share of end-of-year assets Disproportionate allocations? ž (f) Share of total Ξ IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) (f) Share of total income (d)
| Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e (c)
Legal domicile
(state or foreign country) (d)
Direct controlling | entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III 0 € 9 9 3 9 Ξ 4 5 9 9 3 3

Earth Echo International, Inc.

Schedule R (Form 990) 2012

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Part V

Page 3

95-4789334

Not	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	:	•	Yes	2
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	anizations listed in Pa	arts II–IV?		
Ø				1 a	-
Ф	b Gift, grant, or capital contribution to related organization(s)			1b	
O	c Gift, grant, or capital contribution from related organization(s)			10	
ס				1d	
•				,	
Đ	e Loans of Ioan gualantees by related organization(s).			<u>ש</u>	
-	f Dividends from related organization(s)			1f	
0			•	10	
ב מ				, c	
:					
	Exchange of assets with related organization(\$)			= ;	İ
-	Lease of facilities, equipment, or other assets to related organization(s)				
*	k Lease of facilities, equipment, or other assets from related organization(s).			+	
-				=	
. 8			· .	: [=	
=				-	
: с		· · · · ·	•	Ç	
•					
٥	p. Reimbursement paid to related organization(s) for expenses			10	
2 6		· · · · ·	· · · · · ·	2	
5				2	
•	Other transfer of cash or property to related organization(s)				
. 0		· · · · · · ·		- 4	
" c		situlos posocios seijoni	reiten and transfer	n throughout a	
7	If the answer to any of the above is res, see the instructions for information on who must complete this line, including covered relationships and dansaction thresholds	iuding covered relation	onsnips and transaction	n thresholds.	
	(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining	D
		type (a-s)		amount involved	
Ξ					
(2)					
(2)					
2					
(4)					
ý					
(6)					
(9)					
			Schedul	Schedule R (Form 990) 2012	012

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or are related organization. See instructions regarding exclusion for certain investment partnerships.

ka) Name, address, and EIN of entity		2											
Name, address, and EIN of entity				-			(e)			(i)			
	Primary activity	Legal domicile (state or foreign	Predominant income (related,	Are all p	artners	Share of total income	Share of end-of-year	uisprop alloca	Disproportionate allocations?	Code V—UBI amount in box 20	General or managing		Percentage ownership
			unrelated, excluded from tax under section 512-514)	501(c)(3) organizations?	c)(3) ations?		assets			of Schedule K-1 (Form 1065)			•
				Yes	ž			Yes	õ		Yes	ę	
(1)													
(2)													
(3)													
(4)		:											
(5)													
(9)													
(7)										,			
(8)													
(6)													
(10)													:
(11)		;											
(12)													
(13)													
(14)				, ,									
(15)													
(16)													

Schedule R (Fo	rm 990) 2012	Earth Echo Internati	onal, Inc.				95-4789334	Page 5
Part VII	Complete	ental Information this part to provide		nation for resp	onses to quest	ions on Sche		
	instruction	ns).						

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Line 8, Sch C (5471) - Other Income		
U.S Dollars		
1 Currency Gain	1	949
2 Other Income	2	52
3	3	
4	_ 4	
5	5	
6	6	
7	7 <u>_</u> _	
8	8	
9	_ 9	
10 Total other income	<u> 10</u> _	1,001
Functional Currency 1 Currency Gain	1	1,063,965
2 Other Income	2	58,603
3	3	
4	4	
5	5	
6	6	
7	7 <u>_</u> _	
8	8	
9	. 9	
10 Total other income	10	1,122,568

Line 16, Sch C (5471) - Other Deductions		
U.S Dollars		
1 Insurance	1	11,117
2 Travel	2	124,664
3 Security	3	139,884
4 Consultants	4	59,257
Utilities	5	26,357
Uniforms	6	18,368
Donation	7	39,200
Telephone	8	7,128
Other Operating expenses	9	51,090
7 Total other deductions		477,065
unctional Currency Insurance	1	12,799,770
Travel	2	139,756,402
Security	3	156,818,000
Consultants	4	66,430,827
Utilities	5	29,547,816
Uniforms	6	20,592,204
Donation	7	43,945,647
Telephone	8	7,991,457
Other Operating expenses	9	56,937,148
Total other deductions		534.819.271

Elections

Election to NOT claim first-year special depreciation - 5 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 5-Year depreciable property placed in service during the current tax year.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1 Federated Campaigns	1		
2 Membership dues			
Fundraising events		45,293	
Related organizations			
Government grants (contributions)			
All other contributions, gifts, grants, and similar amount	s not included above:		
General Contributions		173,023	
Special Project Contributions		1,840,000	
Other contributions total	6	2,013,023	0
7 Total	7	2,058,316	0

Part VIII, Line 10 (990) - Gross Sales of Inventory

	otal:[254,003	372,585	-118,582
			Cost of	
Category		Gross Sales	Goods Sold	Net
1 Event Souveniers		254,003	372,585	-118,582

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

			(A)	(B)	(C)	(D)
			Total	Program services	Management and general	Fundraising
1	Depreciation	1	3,260		3,260	
2	Depletion	2	0			
3	Amortization	3	2,615		2,615	
4	Total	4	5,875	0	5,875	0

Part X, Line 4 (990) - Accounts Receivable

	Accounts rec	eivable	Allowance for do	ubtful accounts
	Beginning	End	Beginning	End
1 Misc. receivable 1	681			
2 VAT refund receivable 2		44,176		
3				
4				
5				
6				
7				
8				
9				
10 10				
11 Total accounts receivable	681	44,176	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

Total															
Category or Item Land Buildings ments Equipment Other Asset Cost/Other Accumulated Accu									Total:	52,735	39,863	43,123	0	7,492	9,612
Category or Item Land Buildings ments Equipment Other Asset Cost/Other Accumulated	<u> </u>				Leasehol			Check if	Check if		Beginning	Ending			
Category or Item Land Buildings ments Equipment Other Asset Disposed Basis Depreciation Depreciation Software X X X 771 771 771 Omputers X X X 6,659 6,524 6,561 Equipment X X X 11,367 11,367 11,367 Furniture & Fixtures X X 4,901 4,911 Idephone X X 2,227 4,490 4,911 Photo Equipment X X 2,327 4,490 4,911 Photo Equipment X X 2,351 1,147 2,083					Improve			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
Software X 771<		Category or Item	Land	Building	s ments	Equipment		Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Bafance
Computers X 22,805 15,258 15,258 15,258 15,248 15,24 6,659 6,524 6,659 6,524 11,367 11,367 11,367 4,490 11,367 4,490 12,277 4,490 13,67 14,490 13,67 14,490 13,67 14,490 13,67 14,490 13,67 14,60 14,70 <th>_</th> <th>Software</th> <th></th> <th></th> <th></th> <th></th> <th>×</th> <th></th> <th></th> <th>771</th> <th>1771</th> <th>771</th> <th></th> <th>0</th> <th>)</th>	_	Software					×			771	1771	771		0)
Office Machinery X 6,659 6,524 Equipment X 11,367 11,367 Furniture & Fixtures X 5,227 4,490 Telephone X 555 306 Photo Equipment X 5,351 1,147	7	Computers	American Colonia (Maria Maria	events major at last of photomogeneous procedure from the library.	(Whiteholds of the Control of the Co					22,805	15,258	17,074		2,902	5,73
Equipment X 11,367 11,367 11,367 Furniture & Fixtures X X 4,490 Telephone X 555 306 Photo Equipment X 5,351 1,147	m	Office Machinery	Annual Control of the	AND URDON TO THE PROPERTY OF T	unifooddod grynorae ma an eacharachtea , a still chaolor	×				69'9	6,524	6,561		135	}6
Furniture & Fixtures X X 4,490 Telephone X 555 306 Photo Equipment X 5,351 1,147	4	Equipment				×				11,367	11,367	11,367		0	
Telephone X 555 306 Photo Equipment X 5.351 1.147	5					_	×			5,227	4,490	4,911		2	316
X 5.351 1.147	9	Telephone				_				555	306	356		249	190
	7	Photo Equipment				×			Many congression of consumer o	5,351	1,147	2,083		4,204	3,268

Part X, Line 15 (990) - Other Assets

Total:	0	88
Description	Beginning	End
1 Refundable deposit		88

Part X, Line 25 (990) - Other Liabilities

	Total:	0	1,234
	Description	Beginning	End
1	Federal income taxes		0
2	Payroll tax withholdings payable		1,234