# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2017 ca	lendar year, or tax year	beginning		, and	ending	_		·		
В	Check if a	applicable:	C Name of organization	Earth Echo International,	Inc.			D Employ	er identi	fication numb	er	
$\square$	Address o	change	Doing business as			·		]				
二	<b>A</b> l		Number and street (or P.C	box if mail is not delivered to s	street address)	Room/suite		95-478933	34			
ᆜ	Name ch	ange	1600 S. Joyce Street			826		E Telephor	ne numb	er		
Ш	Initial retu	ım	City or town		State	ZIP code		(703) 620-	2600			
	Final return	/terminated	Arlington		VA	22202-51	118	(703) 020	2000			
	i iildi letuni	/(cilialated	Foreign country name	Foreign province/state	e/county	Foreign pos	tal code					
$\square$	Amended	l return						G Gross re	ceipts \$		7	<u>83,387</u>
$\prod_{i}$	Application	n pending	F Name and address of prin	cipal officer:			H(a) is	this a group return	n for subo	rdinates?	Yes	X No
_	• • •		Philippe Cousteau 140	1 South Joyce Street, Ap	ot. 510. Arlina	iton. VA 22		re all subordina		=	Yes	No
		-4 -4-4						f "No," attach a		-		
		pt status:		) ( ) ◀ (insert no.)	4947(a)(1	) or 52	҉ "	i ito, attacira	1136. (300	moduciono,		
<u>1</u>	Vebsite	: ► ww	w.earthecho.org				H(c) G	Froup exemption	number	<u>r ▶</u>		
KF	orm of o	rganization:	X Corporation Tr	rust Association C	Other 🕨	L	rear of form	nation: 2000	M C	State of legal d	omicile:	CA
P	art I	Su	mmary			<u> </u>						
	1			n's mission or most signi	ficant activitie	s: Fa	rthEcho	Internationa	al's mis	sion is to		
9	'		_	young people to take ac				THO THOU	1.0.1110			
ğ		environr		Journal Proprietor Control Co.	201111111111111111111111111111111111111	90						
Activities & Governance			<u></u>		:4a amanatiana			4b 050/	- 6 14			
્રે	2			ganization discontinued					1 .	net assets.		
ن ھ	3			ne governing body (Part					3			11
S	4			members of the governin					4			9
¥	5			loyed in calendar year 2					5			8
ਝ	6			mate if necessary)					6			
⋖	7a			e from Part VIII, column					7a			0
	<u> b</u>	Net unre	elated business taxable	income from Form 990-	<u>r, line 34</u>		<del></del>		7b		•	0
	_							Prior Year			nt Year	
ē	8			/III, line 1h)				78	34,278		7:	<u>55,555</u>
Revenue	9			VIII, line 2g)					0			0
\$	10			olumn (A), lines 3, 4, and					0			0
	11			n (A), lines 5, 6d, 8c, 9c,			<u> </u>		5,643			27,832
	12			h 11 (must equal Part VIII,				78	39,921		78	83,387
	13			d (Part IX, column (A), lir					0			0
	14			(Part IX, column (A), line					0			0
es	15			ployee benefits (Part IX, co	, , , .	,		42	23,737		4:	37,522
SE	16a	Professi	onal fundraising fees (F	Part IX, column (A), line 1	l1e)				0			0
Expenses	b	Total fun	idraising expenses (Par	t IX, column (D), line 25)	<b>▶</b>	74,09	5			100	對對應	<b>等第四</b>
ш	17			n (A), lines 11a–11d, 11f				27	75,027		3(	62,938
	18	Total exp	penses. Add lines 13–11	7 (must equal Part IX, co	olumn (A), line	25)		69	8,764		8	00,460
	19	Revenue	e less expenses. Subtra	ct line 18 from line 12.	<u> </u>				1,157			<u> 17,073</u>
Net Assets or Fund Balances							Begir	ning of Currer		End	of Year	
sset lalar	20	Total ass	sets (Part X, line 16) .					28	39,362		2	72,289
a B	21		•						0			0
		Net asse	ets or fund balances. Su	ubtract line 21 from line 2	20	<u></u>		28	39,362		2	72,289
	ırt II		nature Block									
				ed this return, including accompa						je		
and	Dellet, it is	s true, corre	Ct, and complete. Declaration	of preparer (other than officer) is	s based on all info	ormation of wi	nich prepar	er has any know	wledge.	7-		
Sig	ın			<u>*</u>					$\Gamma \nabla A$	/18		
He			Signature of officer			_		Date	•			
			Mia DeMezza			Ex	ecutive	Director				
			Type or print name and title	IA	2	72				<del></del>		
D-1	: _1	Print	/Type preparer's name	Preparer's si	gnature	111	_   Da	ate	Check	X # PTIN		
Pa		Sco	tt A Webb, CPA, CFP	Short	X////	KORA	11		self-emp		02596	8
	parer			ncial Services, PLLC	VI V			Firm's EIN				
US	e Only				171							
_				pet Way, Oak Hill, VA 20				Phone no.	(703	) 620-2600	-	
wa	y the IR	เช aiscus	s this return with the pre	eparer shown above? (se	ee instruction:	S)				X 1	es	No

Form 9	90 (2017)	Earth Echo International, Inc.	95-4789334	Page 2
Ра	rt III	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III		X
1	EarthEd	lescribe the organization's mission: cho's mission statement is to inspire young people worldwide to act now for a ble future.		
2	the prio	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?	X Yes	☐ No
3	Did the services	organization cease conducting, or make significant changes in how it conducts, any program s?	Yes	X No
4	expense	e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a lexpenses, and revenue, if any, for each program service reported.		
4a	Expedit teacher designe This wa	) (Expenses \$ 219,421 including grants of \$ ) (Reversions - EarthEcho Expeditions was launched to encourage middle and high school students and s to explore a critical ocean-based issue, engage students through learning materials d from real-world data, and prompt them to act to solve the issue in their communities. s accomplished through a series of videos, virtual field trips, and lesson plans.		
4b	EarthEd	) (Expenses \$ 198,057 including grants of \$ ) (Rever the Water Challenge (formerly the World Water Monitoring Challenge) - EarthEcho ional became the official coordinator of the EarthEcho Water Challenge in January 2015,		
	assumi	ng responsibility from the Water Environment Federation. The EarthEcho Water Challenge is	•••••	
		al waterbodies, share their findings and protect our most precious resource. The program		
	runs an	nually from March 22 (the United Nations World Water Day) until December 31.		
4c	(Code:	) (Expenses \$ 141,521 including grants of \$ ) (Rever xplore - STEMExplore highlights relatable voices and exciting life experiences to make	nue \$	
	careers	in Science, Technology, Engineering, and Math (STEM) come alive. STEMExplore kindles youth		
	interest	in solving problems and becoming critical thinkers about the world around them. The		
	around	n features a series of interactive videos profiling STEM experts and thought leaders from the world meeting a critical need by fostering the next gerenration of STEM professionals.		
				•••••
4d	Othern	rogram services. (Describe in Schedule O.)		
-7U	(Expens	t in the second of the second	0)	
40		ogram service evnenses		

Form 990 (2017) Earth Echo International, Inc.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>~</b>	
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	-	<del>  ^  </del>	-
3	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)	<u>-</u>		^
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	·		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			<b>ALL</b>
	VII, VIII, IX, or X as applicable.			9.5
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
þ	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		X
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		X
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12d	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12-		
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	Х	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
	If "Yes," complete Schedule G, Part III	19		X

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	$\longrightarrow$	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ŀ	
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			7.7
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	是這		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
_	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		v
29	was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		<del>_^_</del>
30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29		<u> X</u>
50	conservation contributions? If "Yes," complete Schedule M	20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30		<u> </u>
<b>J</b> .	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		
<b>-</b>	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	32		
	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	ļ	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	_
		Form	990 (	2017)

Page 5

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V . . .

	and the state of t			닏
10	Enter the number repeated in Day 2 of Form 1000. Fator 0, if not emplicable		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	gaming (gambling) winnings to prize winners?	1c	X	à little
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	^	
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	N/CHECK
2	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20	TOTAL S	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ONE OFFICE	Х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	O.D		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	6000		
020	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	100		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		RINE
8		AND SOME	10.500	
9	sponsoring organization have excess business holdings at any time during the year?	8	55000	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	255029	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
111247	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			The second
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	I	1

Form 9	90 (2017) Earth Echo International, Inc. 95-478	9334	Pa	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No'	'	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O	e insi	ructio	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
	one or more members of the governing body?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u>, ۳</u>		
~	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10	NEW ST	A STATE OF
•	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	05	^	
Ū	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (	_	l	
	ten 2.1 onotoo (Time econori 2 requeste information about pondice not required by the internal Nevertue V	<i>5000.</i>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIG	,	
12a		12a	Х	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120		
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			- T
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	-	Χ
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	NAME OF TAXABLE PARTY.	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
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		.wikipata	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	s only	·)	
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	cy, an	d	
	financial statements available to the public during the tax year.	177		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•		
	Scott A. Webb (703) 620-2600			
	12844 Parapet Way, Oak Hill, VA 20171			

Form 990 (2017)	Earth Echo International, Inc.	95-4789334	Page <b>7</b>
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII		. 🗆

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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,	unle: er an	Pos heck ss pe	erson lirect	than coth both is or/trust employee	an ee)	(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) Janice Cousteau	16.00									-
Director	0.00	Х						11,500	l о	0
(2) David Sontag	2.00									
Director	0.00	Х						О .	l o	0
(3) Heiko Henning	3.00									
Director/Chairman	0.00	Х			L			o	0	0
(4) Alexandra Cousteau	1.00									
Director	0.00	Х						0	0	0
(5) Lyndon Haviland	2.00									-
Director/Secretary	0.00	Х		Х				0	0	0
(6) Richard Nespola	2.00									
Director/Treasurer	0.00	X		X				0	0	0
(7) Philippe Cousteau	15.00									
Director	0.00	Х	L	X				82,106	0	4,774
(8) Julie Fukunaga	2.00									
Director	0.00	_	L.					0	0	0
(9) Stephen P. Kalish	2.00									
Director	0.00							0	0	0
(10) Sohil Shah	2.00			ŀ						
Director	0.00	_	<u> </u>					0	0	0
(11) Marie Royce	2.00									
Director	0.00	_	<u> </u>					0	0	0
(12) Mia DeMezza	40.00	1			1					_
Executive Director	0.00		<u> </u>	X	<u> </u>		<u> </u>	101,199	0	5,226
(13) Scott A. Webb	18.00				1					
CFO	0.00		ļ	X	_		<u> </u>	31,792	0	0
(14)							[			
	1									

	Section A. Officers, Directors, 1rt	stees, key Em	proye	es,	and	וח ג	gnes	t C	ompensated Em	ipioyees (contin	uea)		
(A) Name and title		(B) Average hours per	box,	unles	Pos neck ss pe	rson	than of is both	an ee)	(D) Reportable compensation	(E) Reportable compensation	Esti amo	(F) imated ount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	ther ensation m the nization related nizations	
(15)													_
(16)													
(17)													
(18)													
(19)										-1			
(20)													-
(21)													
(22)													
(23)													_
(24)													
(25)													
1b c	Sub-total								226,597 0	0		10,00	00
d	Total (add lines 1b and 1c).							•	226,597	0		10,00	_
2	Total number of individuals (including but not lir	nited to those lis	ted a	bov	e) v	vho	recei					10,00	,,,
	reportable compensation from the organization				1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
											١	es N	0
3	Did the organization list any former officer, dire												
	employee on line 1a? If "Yes," complete Sched										3	<u> </u>	<u>(</u>
4	For any individual listed on line 1a, is the sum of												
	the organization and related organizations greating individual.	iter than \$150,00	)0? <i>I1</i>	"Ye	es, "	con	iplete	Sc	hedule J for sucl	h			<u></u>
-					(**)			3003			4		<u> </u>
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye										5		
Sec	tion B. Independent Contractors	es, complete oc	nicua	10 0	101	Suc	ii pei	3011			3	×	<u>.                                    </u>
1	Complete this table for your five highest compe compensation from the organization. Report co year.										tax		
	(A) Name and business add	ress							(B) Description of sen	vices (	(C) Compensa	ation	
None	)												0
													0
													0
S-													0
2	Total number of independent contractors (include	ding but not limit	ed to	tho	se li	iste	d abo	ve)	who received	47-14-10			0
	more than \$100,000 of compensation from the		<b>&gt;</b>				1	-,					

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line in	this Part VIII			L
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1a	Federated campaigns				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
S, G	С	Fundraising events				
Gifts lar	d	Related organizations				
ns, (	е	Government grants (contributions) 1e 0				
utlo er S	f	All other contributions, gifts, grants, and				
를 돌		similar amounts not included above 1f 755,555				
Son	g	Noncash contributions included in lines 1a-1f: \$0				
	h	<b>Total.</b> Add lines 1a–1f	755,555			
ne		Business Code				
ven	2a		0			
Se .	b		0			
Program Service Revenue	С		0			
Ser	d		0			
am	е		0			
-go	f	All other program service revenue	0			
	g	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	0			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	25,659			25,659
	6a	Gross rents				
	b	Less: rental expenses				
	C	Rental income or (loss) 0 0	De la companya de la			
	_d	Net rental income or (loss)	0			
	7a	Grood arrivant from Gales of				
		assets other than inventory 0 0				
	b	Less: cost or other basis				
	_	and sales expenses 0 0 0 Gain or (loss) 0 0				
	C					
•	d	The game of (1886) is a second of the second	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c).				
ē		See Part IV, line 18				
돺	b	Less: direct expenses b				
0	С	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities.				
		See Part IV, line 19				
		Less: direct expenses b				
		Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less				
		returns and allowances a 0				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business Code				
		Expense reimbursements	2,173			-
	b		0			-
	C	All other revenue	0			
	d	All other revenue	0 2 472			
	12	Total revenue. See instructions	2,173 783 387			25 659
	1.4	TOTAL LEVELINE, DEE HISHIICHOUS	/0.5.38/1	111		וו לא האנו

# Form 990 (2017) Earth Echo International, Inc. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	rganizations must c	omplete column (A).	
	Check if Schedule O contains a response or note to	to any line in this Pa	art IX		
Do 8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
2	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	202 527			
•	trustees, and key employees	226,597	187,422	16,416	22,759
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	0	4.47.070		7.000
7 8	Other salaries and wages	154,138	147,076		7,062
٥	Pension plan accruals and contributions (include	0			
9	section 401(k) and 403(b) employer contributions) Other employee benefits	30,366	10.014	0.040	4.000
10		26,421	18,914	9,843	1,609
11	Payroll taxes	20,421	22,206	2,296	1,919
a	Management	0			
b	Legal	5,180	3,570	595	1,015
C	Accounting	10,000	3,370	10,000	1,015
d	Lobbying	0		10,000	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
J	(A) amount, list line 11g expenses on Schedule O.)	59,836	23,427	2,698	33,711
12	Advertising and promotion	0			00,1.1.
13	Office expenses	1,722	724	961	37
14	Information technology	32,162	27,445	2,910	1,807
15	Royalties	0			·
16	Occupancy	6,653	5,410	874	369
17	Travel	54,903	50,186	2,496	2,221
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,824	5,544	2,130	150
20	Interest	194		194	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,962	0	6,962	0
23	Insurance	5,674	475	5,199	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Madia davalanment	74,444	74,444		
b	Direct program evpenses	8,266	8,266		
C	Public relations	25,347	25,242	105	
d	Drawn marketing	38,219	37,259	382	578
e	All other expenses	25,552	1,669	23,025	858
25	Total functional expenses. Add lines 1 through 24e	800,460	639,279	87,086	74,095
26	Joint costs. Complete this line only if the	230,100	550,270	57,000	7 4,000
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 08 2 (ASC 058 720)				

#### Part X **Balance Sheet**

		Check if Schedule O Contains a response of note to	any into in this rate X.	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		210,288	1	204,677
	2	Savings and temporary cash investments		0	2	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former of				
		trustees, key employees, and highest compensated em	ployees.			
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified persons (as de				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contril	The state of the s			
ts		sponsoring organizations of section 501(c)(9) voluntary employees				
		organizations (see instructions). Complete Part II of Schedule L	0	6		
Assets	7	Notes and loans receivable, net	-	0	7	0
As	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D 10a	55,440			
	b	Less: accumulated depreciation 10b	52,498	3,793	10c	2,942
	11	Investments—publicly traded securities		0,700	11	0
	12	Investments—other securities. See Part IV, line 11.	<b>—</b>	0	12	0
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		70,432	14	64,321
	15	Other assets. See Part IV, line 11		4,849	15	349
	16	Total assets. Add lines 1 through 15 (must equal line 3		289,362	16	272,289
	17	Accounts payable and accrued expenses		203,302	17	212,209
	18	Grants payable		0	18	
	19	Deferred revenue	<b></b>	0	19	
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability. Complete Part IV of		0	21	
s	22	Loans and other payables to current and former officers			21	
Liabilities		trustees, key employees, highest compensated employe			4 4	
Þ		disqualified persons. Complete Part II of Schedule L .		0	22	
Ë	23	Secured mortgages and notes payable to unrelated thir	<u> </u>	0	23	0
	24	Unsecured notes and loans payable to unrelated third p		0	24	0
	25	Other liabilities (including federal income tax, payables		0	-24	0
	20	parties, and other liabilities not included on lines 17-24)				
		Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		0	26	0
_					20	
S		Organizations that follow SFAS 117 (ASC 958), chec	k nere 🕨 🚶 and			
S		complete lines 27 through 29, and lines 33 and 34.				
ala	27	Unrestricted net assets	<b>)</b>	24,276	27	105,640
m	28	Temporarily restricted net assets	_	265,086	28	166,649
ם	29	Permanently restricted net assets	- 0	0	29	
正		Organizations that do not follow SFAS 117 (ASC958), check he	ere 🕨 🗌 and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		0	30	
<b>SS</b>	31	Paid-in or capital surplus, or land, building, or equipmer	nt fund	0	31	
€ ¥	32	Retained earnings, endowment, accumulated income, of		0	32	
Net Assets or Fund Balances	33	Total net assets or fund balances		289,362	33	272,289
	34	Total liabilities and net assets/fund balances		289,362	34	272,289

Form 9	990 (2017) Earth Echo International, Inc.	9	95-4789334	Pag	ge <b>12</b>
Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		783	3,387
2	Total expenses (must equal Part IX, column (A), line 25)	2		800	0,460
3	Revenue less expenses. Subtract line 2 from line 1	3		-17	7,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		289	9,362
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		272	2,289
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				$\sqcup$
				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.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	8			
- 5	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
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?		. 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** (2017)

**Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Sequence No. 179 Identifying number

ьa	rth Echo International, Inc.	990					95-4789334		
Pa	rt I Election To Expense	Certain Prope	erty Und	er Section 1	79				
	Note: If you have any listed	A DESCRIPTION OF THE PROPERTY							
1								1	
2	Total cost of section 179 property p	2선 - [111] - [12]						2	
3	Threshold cost of section 179 prop							3	
4	Reduction in limitation. Subtract lin							4	0
5	Dollar limitation for tax year. Subtra								
	separately, see instructions							5	0
6	(a) Description of				ost (business use		(c) Elected cos		
						.,			
					\			741.94	
7	Listed property. Enter the amount f	rom line 29				7			
8	Total elected cost of section 179 pr							8	0
	Tentative deduction. Enter the small							9	0
10	Carryover of disallowed deduction	from line 13 of vo	our 2016 F	Form 4562				10	
	Business income limitation. Enter t							11	
	Section 179 expense deduction. Ad							12	0
	Carryover of disallowed deduction							0	
_	te: Don't use Part II or Part III below							9	
	rt II Special Depreciation				n (Don't incl	ude listed pro	pperty ) (See in	structions	)
	Special depreciation allowance for						sporty.j (ccc ii	T	
• •	during the tax year (see instruction							14	
15	Property subject to section 168(f)(							15	
	Other depreciation (including ACR							16	
Pa	rt III MACRS Depreciation	(Don't include	e listed n	roperty) (See	instructions	: )	• • • • •	10	
	in torto poprodiation	1 (DOITE III oldat	Secti		inoti dotione	··)			
17	MACRS deductions for assets place	ed in service in t			2017			17	612
								mina in section	512
	If you are electing to group any ass	sets placed in ser	vice durin	g the tax year in	nto one or mo	re general			012
	If you are electing to group any assasset accounts, check here	sets placed in ser	vice durin	g the tax year i	nto one or mo	re general	▶		012
	If you are electing to group any ass	sets placed in ser	vice durin	g the tax year in the tax year	nto one or mo	re general	▶		
	If you are electing to group any ass asset accounts, check here	sets placed in ser	vice durin vice Durin (c) Basis	g the tax year in the second of the second o	nto one or mo	re general General Depre	ciation System		
	If you are electing to group any assasset accounts, check here	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	nto one or mo	re general	▶	(g) Depreciation	
18	If you are electing to group any assasset accounts, check here  Section B - Asset  (a) Classification of property	sets placed in ser	vice durin vice Durin (c) Basis (business	g the tax year in the second of the second o	ar Using the (	re general General Depre	ciation System		
18	If you are electing to group any ass asset accounts, check here	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	ar Using the (	re general General Depre	ciation System		
18	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property  b 5-year property	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	ar Using the (	re general General Depre	ciation System		
18	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	ar Using the (	re general General Depre	ciation System		
18	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	ar Using the (	re general General Depre	ciation System		
18	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	ar Using the (	re general General Depre	ciation System		
18	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	ar Using the (d) Recovery period	re general General Depre	ciation System  (f) Method		
18	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	(d) Recovery period	General Depre	ciation System  (f) Method		
18	If you are electing to group any asset asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	(d) Recovery period  25 yrs. 27.5 yrs.	General Depre  (e) Convention	ciation System  (f) Method  S/L S/L		
18	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	(d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention  MM  MM	ciation System  (f) Method  S/L S/L S/L S/L		
18	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real	sets placed in serves Placed in Serves (b) Month and year placed	vice durin vice Durin (c) Basis (business	g the tax year in	(d) Recovery period  25 yrs. 27.5 yrs.	(e) Convention  MM  MM  MM  MM	ciation System  (f) Method  S/L S/L S/L S/L S/L		
18	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	sets placed in service  S Placed in Service  (b) Month and year placed in service	rvice durin  rice Durin  (c) Basis (business only—s	g the tax year in	conto one or monomer var Using the Control (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	ciation System  (f) Method  S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation	
19	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property 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 - Assets	sets placed in service  S Placed in Service  (b) Month and year placed in service	rvice durin  rice Durin  (c) Basis (business only—s	g the tax year in	conto one or monomer var Using the Control (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	ciation System  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation	
19	If you are electing to group any assasset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property 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 - Assets a Class life	sets placed in service  S Placed in Service  (b) Month and year placed in service	rvice durin  rice Durin  (c) Basis (business only—s	g the tax year in	25 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	ciation System  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation	
19	If you are electing to group any asset asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property 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 - Assets a Class life b 12-year	sets placed in service  S Placed in Service  (b) Month and year placed in service	rvice durin  rice Durin  (c) Basis (business only—s	g the tax year in	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Ali	MM	ciation System  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation	
19	If you are electing to group any asset asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property 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 - Assets a Class life b 12-year c 40-year	sets placed in service  S Placed in Service  (b) Month and year placed in service  Placed in Service	rvice durin  rice Durin  (c) Basis (business only—s	g the tax year in	25 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	ciation System  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation	
19 20	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets a Class life b 12-year c 40-year IT IV Summary (See instru	sets placed in service  (b) Month and year placed in service  Placed in Service  Placed in Service	rvice durin  rice Durin  (c) Basis (business only—s	g the tax year in	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Ali	MM	ciation System  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation	deduction
19 20 Pa 21	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property 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 - Assets a Class life b 12-year c 40-year Int IV Summary (See instru	sets placed in service  (b) Month and year placed in service  Placed in Service  Placed in Service  ctions.)	vice durin (c) Basis (business only—s	g the tax year in a general section of the section	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	MM	ciation System  (f) Method  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) Depreciation	
19 20 Pa 21	If you are electing to group any asset asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property 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 - Assets a Class life b 12-year c 40-year IT IV Summary (See instru Listed property. Enter amount from Total. Add amounts from line 12, li	sets placed in service  (b) Month and year placed in service  Placed in Service  Placed in Service  ctions.) In line 28 nes 14 through 1	ce During	g the tax year in a graph of tax year in a graph	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	MM	S/L	(g) Depreciation	deduction
19 20 Pa 21 22	If you are electing to group any ass asset accounts, check here  Section B - Asset  (a) Classification of property  a 3-year property b 5-year property c 7-year property 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 - Assets a Class life b 12-year c 40-year Int IV Summary (See instru	Placed in Service  Placed in Service  Placed in Service  Placed in Service  ctions.)  n line 28  nes 14 through 1  f your return. Par	ce During	g the tax year in a general state of the tax year in a general state of the state o	25 yrs. 27.5 yrs. 29 yrs.	MM	S/L	(g) Depreciation	deduction

Form 4562 (2017) Earth Echo International, Inc. Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (a) (b) (d) (f) (i) (c) (e) (a) (h) Basis for depreciation Type of property Date placed Cost or other basis Method/ Recovery Depreciation Elected section 179 investment use (business/ investment percentage use only) (list vehicles first) in service period Convention deduction cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use: Camera 6/10/2010 100.00% 3.128 3,128 200DB - HY 140 2.224 7 Camera Lenses 9/14/2010 100.00% 2,224 200DB - HY 99 Property used 50% or less in a qualified business use: S/L -% S/L-% S/L-Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . 28 239 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (d) (f) (c) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) . . . Total commuting miles driven during the year . Total other personal (noncommuting) Total miles driven during the year. Add lines 30 through 32 . . . . . . . . . . . . . Was the vehicle available for personal use Yes Yes No No Yes No Yes No Yes No Yes No during off-duty hours? . . . . . . . . . . . Was the vehicle used primarily by a more than 5% owner or related person? . . . . . . . Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions). Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . . . . . Do you provide more than five vehicles to your employees, obtain information from your employees about the Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) Amortization (f) Description of costs Date amortization Amortizable amount Code section Amortization for this year period or begins percentage 42 Amortization of costs that begins during your 2017 tax year (see instructions): Web Development Costs-WWMC 1/1/2017 29.969 197 1.747 15 Web Development Costs-STEM 1/1/2017 30,000 197 15 1,749 43 Amortization of costs that began before your 2017 tax year . . . . . 43 2,615 44 Total. Add amounts in column (f). See the instructions for where to report

6,111

44

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer Identification number** 

Earti	1 EC	cho International, Inc.					95-47	<u>89334                                   </u>			
Par	_	Reason for Public Char									
The	<u>org</u> a	anization is not a private foundat									
1	ᆫ	A church, convention of church	es, or association of	f churches described in	n section	170(b)(1)	(A)(i).				
2		A school described in section 1	170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990 or 99	90-EZ).)					
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(	b)(1)(A)(ii	i).				
4		A medical research organizatio hospital's name, city, and state:	Il research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the name, city, and state:								
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	ribed in			
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ection 170	)(b)(1)(A)(	(v).				
7	Х	An organization that normally redescribed in section 170(b)(1)(			m a gove	rnmental ı	unit or from the gene	ral public			
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)						
9		An agricultural research organizor university or a non-land-gran	zation described in s nt college of agricult	section 170(b)(1)(A)(ixure (see instructions).	operated Enter the	d in conjur name, city	nction with a land-gray, and state of the co	ant college llege or	•		
10		university:  An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt functio income and unrelate	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section	no more than 33 1/3 511 tax) from busine	% of its	ss		
11		An organization organized and	operated exclusively	y to test for public safe	ty. See se	ection 509	9(a)(4).				
12		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).  Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q.									
a b	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported										
С		organization(s). You must c Type III functionally integra			n connect	ion with s	and functionally integ	rated with			
Ŭ		its supported organization(s)						rateu With	1		
d		Type III non-functionally in that is not functionally integr requirement (see instruction	tegrated. A support ated. The organization	ting organization opera ion generally must sati	ated in cor	nection with	ith its supported org quirement and an att				
е		Check this box if the organiz						e III			
		functionally integrated, or Ty						-			
f		Enter the number of supported						[	0		
g		Provide the following information  Name of supported organization	n about the supporte	ed organization(s). (iii) Type of organization	(iv) to the c	organization	(v) Amount of manatani	full Am	aunt of		
	117	Name of supported organization	(n) Eus	(described on lines 1–10 above (see instructions))	listed in you	or governing ment?	(v) Amount of monetary support (see instructions)	other sup	ount of oport (see ctions)		
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Total	1				(1984 <del>-198</del> -1984)	Page 1984					

95-4789334 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	710,418	481,230	851,352	784,278	405,555	3,232,833
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the			1			
	organization without charge						0
4	Total. Add lines 1 through 3	710,418	481,230	851,352	784,278	405,555	3,232,833
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,660,486
6	Public support. Subtract line 5 from line 4						1,572,347
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	710,418	481,230	851,352	784,278	405,555	3,232,833
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	8,400	1,171	621	1,192	25,659	37,043
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			1			
	loss from the sale of capital assets						
172102	(Explain in Part VI.)			2,290	4,451	2,173	8,914
11	Total support. Add lines 7 through 10						3,278,790
12	Gross receipts from related activities, etc. (se	DOMESTIC DESCRIPTION OF THE STATE OF THE STA				12	
13	First five years. If the Form 990 is for the or			3.5		70 70	. —
	organization, check this box and stop here.						
	tion C. Computation of Public Su					· · · · · ·	
	Public support percentage for 2017 (line 6, c		F., 8			14	47.96%
15	Public support percentage from 2016 Sched	ule A, Part II, line 14	4			15	50.83%
16a	33 1/3% support test—2017. If the organize		to the output of the winds of the state of t		Contraction of the Contraction o		
	and stop here. The organization qualifies as	s a publicly supporte	ed organization .				<b>▶</b> X
b	33 1/3% support test—2016. If the organization qualified box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "factorganization	s the "facts-and-cire s-and-circumstance	cumstances" test, es" test. The organi	check this box and zation qualifies as	stop here. Explai	n in ed	▶
	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization.	eets the "facts-and-cires the "facts-and-cire	circumstances" tecumstances" test.	st, check this box a The organization q	and <b>stop here.</b> ualifies as a public	cly	▶ □
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b, <sup>2</sup>	17a, or 17b, check	this box and see		. □

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						C
2	Gross receipts from admissions, merchandise	1					
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						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	1					
	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	1					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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
С	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						
	loss from the sale of capital assets	1					
	(Explain in Part VI.)				2		0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the or						· ·
	organization, check this box and stop here.						▶∟
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2017 (line 8, co					15	0.00%
16	Public support percentage from 2016 Schedu					16	0.00%
Sec	ction D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2017 (line					17	0.00%
18	Investment income percentage from 2016 Sc					18	0.00%
19a	33 1/3% support tests—2017. If the organiz						
1.	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2016. If the organization 18 is not more than 33 1/3% shock this						
	line 18 is not more than 33 1/3%, check this l				27 (2.00) 1.00)		• _
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19l	o, check this box a	nd see instructions	3	<b>▶</b>

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3c	and the second	SCI. ISSUED
4a		
44		
4b		DESCRIPTION OF
4c	OLONGO CONTRACTOR OF THE PARTY	10.00
5a	STORY CLED	
5b		
5c		
6		
7	Million Co.	20422000
8		
9a		
Ja		
9b	Superiory.	
9с		
10a		
10b		
100		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
04:	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	ECHINE	
Secti	on D. All Type III Supporting Organizations			
		Maria de la Companio de Compan	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		en and an
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	ENDESCRIP	See 1.00.00
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions	).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	20000000	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	AND THE RESERVE	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vas" describe in Part VI the role played by the organization in this rogard	2h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	)rganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting orga	nizations	must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	4		
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting o	organization (see
instructions)		,, ,,	-

Part \	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported	d	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which	the organization is respo	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
		///	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2013			
b				
С				
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Fo	orm 990 or 990-EZ) 2017 Earth Echo International, Inc.	95-4789334	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17		<b>.</b>
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, I		
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Pa		
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	it v, occion L,	
	intes 2, 0, and 0. Also complete this part for any additional information. (See instructions.)		
Don't II Cook	ion A Line 4 2047 Have and Oranta Final and discuss Calcadada (2000 200)		
Part II Sect	on A Line 1 2017 Unusual Grants Excluded from Schedule \$350,000	•	
	•••••••••••••••••••••••••••••••••••••••		
		• • • • • • • • • • • • • • • • • • • •	
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## **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer identification number
Earth	Echo International, Inc.		95-4789334
Pari		Advised Funds or Other Similar	
	Complete if the organization answere		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject t	o the organization's exclusive legal cor	ntrol? Yes No
6	Did the organization inform all grantees, donor	s, and donor advisors in writing that gr	ant funds can be
	used only for charitable purposes and not for t		
	purpose conferring impermissible private bene	fit?	Yes No
Part	Conservation Easements.		
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	ecreation or education) Preserv	ration of a historically important land area
	Protection of natural habitat		ration of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contrib	ution in the form of a consequation
-	easement on the last day of the tax year.	in neid a qualified donoer valien contrib	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easer		
C	Number of conservation easements on a certif		
d	Number of conservation easements included in		
	historic structure listed in the National Register		
3	Number of conservation easements modified,	transferred, released, extinguished, or	terminated by the organization during
	the tax year 🕨		
4	Number of states where property subject to co		<b>•</b>
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservatio		
6	Staff and volunteer hours devoted to monitoring, in:	specting, nandling of violations, and enforce	ing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations and antorsing o	annonyation accompate during the con-
•	S	ung, nanding of violations, and emorang t	conservation easements during the year
8	Does each conservation easement reported or	line 2(d) above satisfy the requiremen	nts of section 170/h)(4\/R\/i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization repo	orts conservation easements in its reve	enue and expense statement, and
	balance sheet, and include, if applicable, the to		
	the organization's accounting for conservation	_	
Part	III Organizations Maintaining Collect		, or Other Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted under	SFAS 116 (ASC 958), not to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, edu	cation, or research in furtherance
	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		cation, or research in furtherance
	of public service, provide the following amount		
	(i) Revenue included on Form 990, Part VIII, li	ne 1	<b>▶ \$</b>
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		assets for financial gain, provide the
	following amounts required to be reported und	er SFAS 116 (ASC 958) relating to the	se items:
а	Revenue included on Form 990, Part VIII, line	1	<b>&gt; \$</b>
b_	Assets included in Form 990, Part X		▶ \$

Part	Organizations Maintaining (	Collection	ons of A	rt, Histo	rical Tre	asures, or	Other	Similar Asset	s (conti	nued)	
3	Using the organization's acquisition, ac										
	collection items (check all that apply):				•		•	J			
а	Public exhibition			d [	loan	or exchange	progra	ms			
	=			· · ·	7	-					
b	Scholarly research			e	_ Other						
C	Preservation for future generation										
4	Provide a description of the organization XIII.	on's collec	ctions and	explain i	now they fo	urther the org	anizati	on's exempt purp	ose in Pa	art	
5	During the year, did the organization se	olicit or re	eceive don	ations of	art, histori	cal treasures	, or oth	er similar	_		_
	assets to be sold to raise funds rather	than to be	e maintain	ed as pa	rt of the or	ganization's o	collection	on?	Y	es 🔙	No
Part	IV Escrow and Custodial Arrar	ngemen	ts.								
	Complete if the organization a 990, Part X, line 21.	answere	d "Yes" o	n Form	990, Parl	IV, line 9, c	r repo	rted an amoun	t on Fo	m	
1a	Is the organization an agent, trustee, c	ustodian	or other in	termedia	ry for cont	ributions or o	ther as	sets not			
	included on Form 990, Part X?								☐ Y	es 🗌	No
b	If "Yes," explain the arrangement in Pa	rt XIII and	d complete	e the follo	wing table	:					
	•				•				Amount		•
С	Beginning balance						. 1	С			0
d	Additions during the year										<u>_</u>
e	Distributions during the year										
f	Ending balance										0
2a	Did the organization include an amoun	it on Form	n 990, Par	t X, line 2	1, for escr	ow or custod	ial acco	ount liability?	Y₁	es 🔀	No
b	If "Yes," explain the arrangement in Pa	rt XIII. Ch	neck here	if the exp	lanation h	as been provi	ided on	Part XIII			
Part	V Endowment Funds.										
	Complete if the organization a	nswere	d "Yes" ດ	n Form	990 Part	IV line 10					
	Complete ii the organization o		rent year		ior year	(c) Two years	hack	(d) Three years bac	k (a) 5	our years	hock
10	Reginning of year halance	(u) Our	0	<del></del> -	0			(u) Three years bac	<del>- ` ` -</del>	Jul years	
1a	Beginning of year balance			<u> </u>			0		0		0
b	Contributions										
C	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		0		0		0		0		0
2	Provide the estimated percentage of the				(line 1g. co	olumn (a)) he			<u> </u>		
a	Board designated or quasi-endowment		. your ond	%	( 19, 0		u us.				
b	Permanent endowment		0/.	/2-							
			<u>. %</u>								
С	Temporarily restricted endowment		%								
_	The percentages on lines 2a, 2b, and 2		•								
3a	Are there endowment funds not in the	possessio	on of the c	organizati	on that are	held and ad	ministe	red for the			
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related or								3b		
4	Describe in Part XIII the intended uses										
Part			gameaton	0.000	mone rana	<u>.                                    </u>					
lait	Complete if the organization a		d "Voo" o	n Form	000 Bod	IV/ line 11e	800	Farm 000 Bar	LV line	10	
	Description of property		(a) Cost or ot		1 ' '	ost or other		Accumulated	(d) B	ook valu	е
	<del> </del>		(investm			s (other)		depreciation			
1a	Land			0		0		over electric feet			0
b	Buildings			0		0		0			0
C	Leasehold improvements	L		0		0		0			0
d	Equipment	[		0		49,442		46,550			2,892
е	Other			0		5,998		5,948			50
	Add lines 1a through 1e (Column (d) r		al Form 00					5,0.0			2 042

Part VII Investments—Other Securities.	ered "Ves" on Form 990	) Part IV line 11h See Form	2000 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	, Part IV, line 11b. See Form 990, Part X, line  (c) Method of valuation:  Cost or end-of-year market value		
(1) Financial derivatives	0			
(2) Closely-held equity interests	0			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	0			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0			
Part VIII Investments—Program Related. Complete if the organization answer	ered "Yes" on Form 990	), Part IV, line 11c. See Form	990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	_	N. T.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0			
Part IX Other Assets.		2 Dart IV Frag 44 d Co Frag	000 D-1V I'- 45	
Complete if the organization answer		D, Part IV, line 11d. See Form		
(1)	escription		(b) Book value	
(2)				
(3)				
(4)				
(5)				
(6)	d d		9	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		0	
Part X Other Liabilities. Complete if the organization answer	ered "Yes" on Form 990	), Part IV, line 11e or 11f, Se	e Form 990. Part X.	
line 25.			02.004 - 0.0-ENROSCOR ESPACIONOS   16 - 2000 8 1 - 1000 100 - 100	
1. (a) Description of liability	(b) Book value			
(1) Federal income taxes	0			
(2) Payroll tax withholdings payable				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►  2. Liability for uncertain tax positions. In Part XIII, provide the	text of the feetnets to the	pragnization's financial statements		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Pa			eturn.	
1	Total revenue, gains, and other support per audited financial statements			1	783,387
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			Military .	100,001
a	Net unrealized gains (losses) on investments	2a	Ĭ		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	C
3	Subtract line 2e from line 1			3	783,387
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Ì	1		100,001
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	(
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	783,387
Pari				Return	. 00,00
	Complete if the organization answered "Yes" on Form 990, Pa			rtotur	
1	Total expenses and losses per audited financial statements			1	791,707
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				101,101
а	Donated services and use of facilities	2a	ľ		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		38,688		
е	Add lines 2a through 2d			2e	38,688
3	Subtract line 2e from line 1			3	753,019
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	47,441		
С	Add lines <b>4a</b> and <b>4b</b>			4c	47,441
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	800,460
Part	XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, I	ines 1b and 2b; Par	t V, line 4;	Part X, line
2; Pa	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	ovide ar	y additional informa	ition.	
Part )	(II Line 2d Cash basis adjustments for prior year prepaid expenses \$2,548, reve	ersal			
of cur	rent account payable \$31,850, and reversal of current year accrued expenses \$	4,290.			
Part )	II Line 4b Cash basis adjustment for current year prepaid expenses \$5,051, pri	or			
year	account payable \$28,387, and prior year accrued payroll of \$14,003.				

Schedule D (Forn	n 990) 2017	Earth	Echo International, Inc	S		95-4	4789334	Page 5
Part XIII	Supplen	nental	Information (contin	nued)				
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					 	• • • • • • • • • • • • • • • • • • • •		
					 	• • • • • • • • • • • • • • • • • • • •		

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Earth Echo International, Inc. 95-4789334 Form 990, Part III, Line 4d: Program Service Expenses: 60,191, Grants and allocations: 0. Revenue: 0 Youth Leadership Council - In 2016, EarthEcho International engaged a Youth Leadership Fellow to develop and organize the EarthEcho inaugural Youth Leadership Council. This select group of young people from across the U.S. and around the globe support EarthEcho by providing valuable insight while helping the organization develop and lead programs that meet its mission to inspire young people worldwide to act now for a sustainable future. Form 990, Part III, Line 4d: Program Service Expenses: 20,089, Grants and allocations: 0, Revenue: 0 Protect Wild Dolphins - Recognizing that dolphins are a charismatic sentinel species which helps indicate the health of our oceans, Earth Echo International's Protect Wild Dolphins initiative will both fund critical science as well as develop education and conservation programs to restore and protect the ocean habitats of these amazing creatures. Through a grant to EarthEcho the organization has been able to establish a license plate program that will generate continued funding for this initiative in the states in which the project has been approved. These coastal states will benefit from the research and projects designed to enhance the health of their coastal aquatic life. 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 priror to filing the return. Once they have approved the filing, the return is then sent to all of the Board of Director members for any final comment and then is filed with the Internal Revenue Services. Form 990, Part VI, Section B, Line 12c: The organization will take an annual poll of the board and the officers to determine if there are any conflicts the may need to be addressed. If a matter arises creating a conflict during the year the affected member of the board is prohibited from participating in deliberations concerning the related transaction.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Earth Echo International, Inc.	95-4789334
on the organization's web site, however, organizational documents are not made available to	
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the public.	
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