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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2012

**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 black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 20 13

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: GeoParadise Inc
 Number and street (or P.O. box, if mail is not delivered to street address): 240 East 10th Street Apt 16A
 City or town, state or country, and ZIP + 4: New York, NY 10003

D Employer identification number: 45-2853879

E Telephone number: 212-263-7632

F Group Exemption Number: ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.geoparadise.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 134,685

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received															81,422														
	2	Program service revenue including government fees and contracts															53,206														
	3	Membership dues and assessments															0														
	4	Investment income															57														
	5a	Gross amount from sale of assets other than inventory					0																								
	5b	Less: cost or other basis and sales expenses					0																								
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0																						
	6	Gaming and fundraising events																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)							0																						
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)							0																						
6c	Less: direct expenses from gaming and fundraising events							0																							
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)							0																							
7a	Gross sales of inventory, less returns and allowances							0																							
7b	Less: cost of goods sold							0																							
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							0																							
8	Other revenue (describe in Schedule O)							0																							
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																134,685														
Expenses	10	Grants and similar amounts paid (list in Schedule O)															1,224														
	11	Benefits paid to or for members															0														
	12	Salaries, other compensation, and employee benefits															0														
	13	Professional fees and other payments to independent contractors															367														
	14	Occupancy, rent, utilities, and maintenance															11,803														
	15	Printing, publications, postage, and shipping															7,866														
	16	Other expenses (describe in Schedule O) See Schedule O, Statement 1															166,924														
17	Total expenses. Add lines 10 through 16															188,184															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-53,499														
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															93,622														
	20	Other changes in net assets or fund balances (explain in Schedule O)															0														
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															40,123														

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2012)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ <u>Jayne Raper</u> Telephone no. ▶ <u>212-263-7632</u> Located at ▶ <u>240 East 10th Street Apt 16A, New York, NY 10003</u> ZIP + 4 ▶ <u>10003</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ <u>Panama</u>	✓	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer  Date **15/MAY/2014**
 Preparer's name and title **Neo Lago Bea, Treasurer**

Paid Preparer Use Only Print/Type preparer's name **Carlos Rangel** Preparer's signature *Carlos Rangel* Date **05/15/14** Check if self-employed PTIN **P00458371**
 Firm's name ▶ **Carlos Rangel CPA PC** Firm's EIN ▶ **20-2907364**
 Firm's address ▶ **405 Lexington Avenue - Suite 2600, New York, NY 10174** Phone no. **646-402-6563**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

GeoParadise Inc

Employer identification number

45-2853679

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				106,000	81,422	187,422
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				3,503	53,206	56,709
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	0	0	0	109,503	134,628	244,131
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					81,000	81,000
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	0	0	0	0	81,000	81,000
8 Public support. (Subtract line 7c from line 6.)						163,131

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	0	0	0	109,503	134,628	244,131
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1	57	58
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	0	0	0	1	57	58
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	109,504	134,685	244,189
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	66.8 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.02 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

GeoParadise Inc

Employer identification number

45-2853679

Form 990-EZ, Part I, Line 10 - Grants to participants as described in Part III Line 29 and 30.

Area with horizontal dashed lines for supplemental information.

Schedule O, Statement 1

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

GeoParadise Inc**45-2853679****Other Expenses Structured Explanation**

Description	Amount
Travel - Performers - Tribal Gathering	50,198
Travel - Production Crew - Tribal Gathering	14,724
Travel - Deco-Visual Artists - Tribal Gathering	4,732
Travel - Inter-Tribal Symposium Guests - Tribal Gathering	5,731
Travel - Promotion - Tribal Gathering	4,846
Meetings - Tribal Gathering	178
Advertising Expenses - Tribal Gathering	268
Bank Fees - Tribal Gathering	594
Equipment Rental and Maintenance - Tribal Gathering	6,179
Merchant Service Fee - PayPal - Tribal Gathering	921
Art Decor and Landscaping Fees - Tribal Gathering	2,400
Event Management Fees - Tribal Gathering	10,220
Musicians Fees - Tribal Gathering	22,727
Professional Fees - Other - Tribal Gathering	8,388
Programming IT and Graphic Design Fees - Tribal Gathering	843
Realized Currency Gains - Tribal Gathering	99
Supplies - Tribal Gathering	11,605
Telephone and Telecommunications - Tribal Gathering	149
Other Expenses - Tribal Gathering	45
Supplies - Gardens and Seeds	234
Bank Fees - Admin and General Expenses	203
Organizational Expenses - Admin and General Expenses	25
Travel Expenses - Admin and General Expenses	2,224
Travel Expenses - Full and Black Moon Gatherings	1,463
Bank Fees - Full and Black Moon Gatherings	8
Supplies - Full and Black Moon Gatherings	3,944
Travel - Volunteers - Program and Admin Expenses Cost Pools	1,744
Meeting - Program and Admin Expenses Cost Pools	9
Credit Card Fees - Program and Admin Expenses Cost Pools	4
Supplies - Program and Admin Expenses Cost Pools	2,690
Credit Card Fee - Cost Pool - Facilities and Equipment	42
Supplies - Cost Pool - Facilities and Equipment	981
Travel - Cost Pool - Facilities and Equipment	160
Accounting Fees - Cost Pool - Central Services	468
Advertising Expenses - Cost Pool - Central Services	2,577
Bank Fees - Cost Pool - Central Services	140
Bank Revaluations - Cost Pool - Central Services	254
Credit Card Fees - Cost Pool - Central Services	548
Outside Computer Services - Cost Pool - Central Services	1,179

Schedule O, Statement 1

GeoParadise Inc

Programming IT and Graphic Design Fees - Cost Pool - Central Services	1,532
Realized Currency Gains - Cost Pool - Central Services	3
Telephone and Telecommunications - Cost Pool - Central Services	427
Fund Raising Expenses - Cost Pool - Central Services	-193
Deprecation - Cost Pool - Central Services	1,429
Currency Gain and Loss - Program Services	-18
<hr/>	
Total:	166,924

Schedule O, Statement 2
Form: 990-EZ
Page: 2
Line Number Part II Line 24

GeoParadise Inc
45-2853679

Other Assets Structured Explanation

Description	EOY Amount
Inventories	235
Fixed Assets	26,627
Total:	26,862

Schedule O, Statement 3
Form: 990-EZ
Page: 2
Line Number: Part II Line 26

GeoParadise Inc
45-2853679

Other Liabilities Structured Explanation

Description	EOY Amount
Accounts Payable	15,451
Total:	15,451

Primary Exempt Purpose

Primary Exempt Purpose

TRIBAL GATHERING is our main activity and the driving engine of GeoParadise. It is a week-long, transformational, eco-cultural gathering with attendees from more than 40 countries from 5 continents celebrating art and culture. It also serves collaterally as a fundraising, networking and resource-sharing platform. The heart of the event is the "Global Village," where the educational-cultural program takes place. Talks, presentations, workshops, ceremonies, and performances are surrounded by arts and crafts spaces, an artisan market, art galleries, holistic health area, restaurants, and multiethnic music stages. We invite several indigenous communities to send a representative group to Tribal Gathering to share their culture, art, music, gastronomy, history, spirituality, world view, and future challenges with the other native communities and the international attendees.

First Program Service Accomplishments Description

Description

communities and the international attendees. Eco-friendly building, renewable energy systems, waste abatement, and other sustainable management principles are used and showcased throughout the Tribal Gathering event, and a plethora of educational activities to promote ecological and healthy lifestyles in harmony with Mother Earth complement the indigenous cultural program. Tribal Gathering is conducted by GeoParadise, mainly by our volunteers, but occasionally with the help of a few hired independent professionals for specific production jobs. We give preference to indigenous contractors/organizations for these jobs when possible. Tribal Gathering is an annual culmination of many months of planning and tribal outreach. The event coincides each year with the full moon of February, in a beautiful natural location in the Republic of Panama, the country where most of our activities take place. We have chosen Panama for its natural beauty, open and accepting culture, and central proximity to many Latin American countries for future outreach projects. The educational and eco-cultural program in Tribal Gathering directly contributes to further our exempt purposes, especially cultural education and civic engagement. Additionally, the event is a multicultural celebration of the arts in all forms, from music, to dance, to visual art, landscaping and much more, which furthers our exempt purpose of promoting public understanding and appreciation of the arts. Furthermore, the event offers the indigenous communities invited the opportunity to generate very needed income by selling their traditional handicrafts, food and drinks, contributing to cover their basic necessities. The charitable fund created with contributions from the gathering vendors and attendees also contributes to further this purpose, through charitable programs run with these communities throughout the year.

Third Program Service Accomplishments Description

Description

Yala (Panama) to start a community garden project. It benefited 20 families and more than 80 people through the crops that were created with them