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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: ECHOES AROUND THE WORLD
Number and street (or P O box, if mail is not delivered to street address): PO BOX 772
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: DEVON, PA 19333

D Employer identification number: 25-1923466

E Telephone number: (610) 688-7021

F Group Exemption Number

G Accounting Method: [X] 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: supportechoes.org

J Tax-exempt status (check only one): [X] 501(c)(3) [] 501(c) () (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$93,513

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 93,513 and total expenses is 92,816.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	54,826	22 62,570
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 1,500
25 Total assets	54,826	25 64,070
26 Total liabilities (describe in Schedule O)		26 8,547
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,826	27 55,523

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
To provide support to two schools in Uganda and their educators, to establish and support responsible school based nutrition and self-sustaining feeding programs where needed, to provide support for school supplies, books and improved classroom environments To provide scholarships to deserving and needy students To support Double Cure Medical Clinic in Uganda with salaries, supplies and infrastructure projects To support financially and provide enrichment programs to the St James School in Philadelphia, PA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 81,488

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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

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
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37b 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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 NEREIDA GORDON Telephone no (610) 688-7021 Located at 413 DORSET ROAD DEVON, PA ZIP + 4 19333
42b 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
42c 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
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)

Yes No

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 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

Yes No

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 No

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

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

b If "Yes," was the related organization a section 527 organization? 49b 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 "

Table with 5 columns: (a) Name and title of each employee, (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. Row 1 contains '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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains '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 2014-11-07 Date MARTHA BONDER President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: Derek W Schultz CPA; Preparer's signature; Date; Check self-employed; PTIN: P00448237; Firm's name: JOSEPH M CAHILL LLC CPAS; Firm's EIN; Firm's address: 189 W LANCASTER AVE, PAOLI, PA 193011740; Phone no: (610) 889-3300

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

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
EIN: 25-1923466
Name: ECHOES AROUND THE WORLD

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p>28 DOUBLE CURE MEDICAL CENTERECHOES (www.supportechoes.com) supports the Double Cure Medical Centre, in Mpigi, Uganda, which serves the community of Mpigi and its outlying villages. The medical center offers regular outpatient and in-patient medical and surgical care, preventive medical services (vaccinations, prenatal care, health information outreach, teaching and distribution, HIV awareness and screening), emergency critical care for accidental injuries and medical conditions, and regular and emergency maternity care. ECHOES' support came in many forms. In 2013 ECHOES provided financial, medical, and business operational support to the Double Cure Medical Centre. ECHOES paid salaries for medical personnel, (doctors, nurses and specialists). ECHOES funded the purchase of medical, surgical and dental equipment and supplies. ECHOES also funded the cost of the medical Centres community outreach program which extends medical services to the towns and villages surrounding Mpigi. (Grants \$ 21,308)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	28a	
<p>29 TRINITY CHILDREN CENTRE 1200 children were fed lunch every school day, approximately 180 days of school. In February of 2013, the boys dormitory which housed 150 boys was razed in a fire. ECHOES donated funds to secure the burned area, recondition beds, pay for new mattresses and blankets for the 78 (out of 150) boys housed in classrooms and purchase 150 mosquito nets. Funds were also given to begin rebuilding the new dormitory and classroom building. The salaries of dormitory matrons were provided as were funds to supplement the purchase of school supplies. 24 students were given scholarship assistance in 2013. (Grants \$ 38,950)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	29a	
<p>30 Support was given to St. James School in 2013 for utility bills, a school wide Thanksgiving Dinner celebration and transportation of the Choir to and from rehearsals and performances. (Grants \$ 5,500)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	
<p>YES! Scholarship Program In 2013, 24 students at Trinity Childrens Centre received full or partial scholarship assistance in the form of tuition and/or boarding, while 14 students at Centenary High School received full (boarding and tuition) scholarship assistance. (Grants \$ 15,730)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NEREIDA GORDON Chairman	10 00	0		
BETSY AIKENS Treasurer	5 00	0		
BETSY FADEM Secretary	5 00	0		
PETER MOTEL Director	5 00	0		
CAROLINE O'HALLORAN Director	5 00	0		
ANNE CUNNINGHAM Director	5 00	0		
MARTHA BONDER President	5 00	0		
STEPHEN GLUKMAN Director	1 00	0		
JEFF KAISER Director	1 00	0		
SEAN LEGNINI Director	1 00	0		
LOIS REDMOND Director	1 00	0		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

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.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
ECHOES AROUND THE WORLD

Employer identification number
25-1923466

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)		
11g(ii)		
11g(iii)		

(ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 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	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	155,364	135,246	117,188	148,552	93,319	649,669
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	155,364	135,246	117,188	148,552	93,319	649,669
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)						0
6 Public support. Subtract line 5 from line 4						649,669

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	155,364	135,246	117,188	148,552	93,319	649,669
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	524	230	121	296	194	1,365
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support (Add lines 7 through 10)						651,034
12 Gross receipts from related activities, etc (see instructions)					12	20,825
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.790 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	99.570 %
16a 33 1/3% support test—2013. 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 checked="" type="checkbox"/>		
b 33 1/3% support test—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 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.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
ECHOES AROUND THE WORLD

Employer identification number

25-1923466

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name DOUBLE CURE MEDICAL CENTER Relationship of Donee NONE Cash Amount Given \$21308
Grants and Similar Amounts Paid In Excess of \$5,000 3	Donee's Name TRINITY CHILDREN CENTRE Relationship of Donee NONE Cash Amount Given \$38950
Grants and Similar Amounts Paid In Excess of \$5,000 4	Donee's Name ST JAMES SCHOOL Relationship of Donee NONE Cash Amount Given \$5500
Grants and Similar Amounts Paid In Excess of \$5,000 5	Donee's Name YES SCHOLARSHIP PROGRAM AND OTHER Relationship of Donee NONE Cash Amount Given \$15730
Other Expenses 1002	Office Expenses \$2058
Other Expenses 1005	Travel \$1111
Other Expenses 1012	Insurance \$1504
Other Expenses 1	Bank charges \$477
Other Expenses 2	Taxes and licenses \$425
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$0 Prepaid Expenses and Deferred Charges - Ending \$1500
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$0 Accounts Payable and Accrued Expenses - Ending \$47
Total Liabilities 1003	Deferred Revenue - Beginning \$0 Deferred Revenue - Ending \$8500

ECHOES AROUND THE WORLD

Financial Statements

December 31, 2013

ECHOES AROUND THE WORLD

Year Ended December 31, 2013

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Joseph M. Cahill, LLC

Certified Public Accountants and Advisors

INDEPENDENT ACCOUNTANTS' REVIEW REPORT

To the Board of Directors
ECHOES Around the World
Devon, Pennsylvania

We have reviewed the accompanying statement of assets, liabilities, and net assets—modified cash basis of ECHOES Around the World (a nonprofit organization) as of December 31, 2013, and the related statement of revenues, expenses, and other changes in net assets— modified cash basis and statement of functional expenses – modified cash basis for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with the modified cash basis of accounting, as described in Note 1(b)

Joseph M. Cahill, LLC

October 21, 2014
Paoli, Pennsylvania

ECHOES AROUND THE WORLD

STATEMENT OF ASSETS, LIABILITIES, AND NET ASSETS - MODIFIED CASH BASIS

December 31, 2013

(See Independent Accountants' Review Report)

ASSETS

Current assets:

Cash and cash equivalents	\$	62,570
Prepaid expenses		<u>1,500</u>

Total assets	\$	<u>64,070</u>
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LIABILITIES AND NET ASSETS

Current liabilities:

Credit card payable	\$	47
Deferred revenue		<u>8,500</u>
Total current liabilities		8,547

Net assets:

Unrestricted		46,700
Temporarily restricted		<u>8,823</u>
Total net assets		<u>55,523</u>

Total liabilities and net assets	\$	<u>64,070</u>
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The accompanying notes are an integral part
of these financial statements

ECHOES AROUND THE WORLD

STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS - MODIFIED CASH BASIS

For the year ended December 31, 2013
(See Independent Accountants' Review Report)

Unrestricted net assets	
Revenues and support:	
Contributions	\$ 70,049
Investment income	194
Net assets released from restrictions	<u>22,130</u>
Total unrestricted revenues and support	92,373
Expenses:	
Programs	81,488
General and administrative	<u>11,328</u>
Total expenses	<u>92,816</u>
Decrease in unrestricted net assets	(443)
Temporarily restrictions net assets:	
Contributions	23,270
Net assets released from restrictions	<u>(22,130)</u>
Increase in temporarily restricted net assets	<u>1,140</u>
Increase in net assets	697
Net assets, beginning of year	<u>54,826</u>
Net assets, end of year	<u>\$ 55,523</u>

The accompanying notes are an integral part of
these financial statements

ECHOES AROUND THE WORLD

STATEMENT OF FUNCTIONAL EXPENSES - MODIFIED CASH BASIS

For the year ended December 31, 2013

(See Independent Accountants' Report)

	<u>Programs</u>	<u>General and Administrative</u>	<u>Total</u>
Bank charges	-	477	477
Food and nutrition	2,400	-	2,400
Insurance	-	1,504	1,504
Licenses and permits	-	425	425
Office supplies	-	2,058	2,058
Postage	-	309	309
Professional fees	-	5,444	5,444
Renovations and repairs	43,158	-	43,158
Salaries	18,400	-	18,400
Stipends	1,800	-	1,800
Travel	-	1,111	1,111
Tuition	15,730	-	15,730
Van	-	-	-
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Total	\$ 81,488	\$ 11,328	\$ 92,816

The accompanying notes are an integral part of
these financial statements

ECHOES AROUND THE WORLD

Notes to Financial Statements

December 31, 2013

Note 1 - Nature of Activities and Summary of Significant Accounting Policies

(a) **Nature of Activities**

ECHOES Around the World (the "Organization") is a non-profit corporation formed in July 2005. The purpose of the organization is to provide for the medical and educational needs of children in Uganda and the St. James School in Philadelphia, Pennsylvania. The major sources of funding for the Organization are contributions primarily in Pennsylvania, New Jersey, and fundraising events in Pennsylvania.

(b) **Basis of Accounting**

The Organization's policy is to prepare its financial statements on the modified cash basis of accounting; consequently, contributions and other revenues are recognized when received rather than when promised or earned, and certain expenses and purchases of assets are recognized when cash is disbursed rather than when the obligation is incurred. This is a comprehensive basis of accounting other than generally accepted accounting principles. The financial statements are not intended to be presented in accordance with generally accepted accounting principles.

(c) **Contributions**

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor-imposed restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are classified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions

(d) **Deferred Revenue**

Deferred revenue represents amounts received in advance for the 2014 fundraising event. The amounts are expected to be recognized as revenue in the subsequent year.

(e) **Fair Value of Financial Instruments**

Unless otherwise indicated, the fair values of all reported assets and liabilities which represent financial instruments approximate the carrying values of such amounts.

(f) Advertising

The Corporation follows the policy of charging the cost of advertising to expense as incurred

(g) Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates.

(h) Concentration of Risk

Two donors accounted for more than 10% of support during the year ended December 31, 2013. The total support from the donors in 2013 is \$34,600 and \$14,000, respectively.

(i) Subsequent Events

Management has evaluated subsequent events through October 21, 2014, the date the financial statements are available to be issued.

Note 2 - Internal Revenue Code Status

The Corporation is a charitable organization with an exempt status under Section 501(c)(3) of the Internal Revenue Code, and has been classified as an organization that is not a private foundation as defined in Section 509(a)(1) of the Internal Revenue Code.

Accounting principles require entities to evaluate measure, recognize, and disclose any uncertain tax positions taken on their income tax returns. Management has evaluated the impact of this standard on its financial statements and believes that there are no uncertain tax positions and the effects of this standard did not impact the Organization's financial position, statement of activities or changes in net assets.

The Organization recognizes accrued interest and penalties associated with uncertain tax positions, if any, as part of the income tax provision. The Organization does not have tax related interest and penalties for the years ended December 31, 2013.

The tax returns of the Corporation for the years ended December 31, 2010, 2011, and 2012 are subject to examination by the Internal Revenue Service and other various taxing authorities, generally for three years after the date the Corporation files the returns.

Note 3 - Donated Materials and Services

Contributions of donated non-cash assets are recorded at their fair values in the period received. The Organization does not value contributions of donated services that creates or enhances non-financial assets or that requires specialized skills, is provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. The fair values of the non-cash materials and services are not recorded and the effect on the financial statements is not determined.

Note 4 - Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited

Note 5 – Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes or periods:

Matrons Salaries	\$ 1,600
YES! Scholarship Program	<u>7,223</u>
Total	<u>\$8,823</u>

Net assets were released from donor restrictions by incurring expenses or satisfying the purpose or time restrictions specified by donors as follows:

Purpose restriction accomplished	
Matrons Salaries	\$ 6,400
YES! Scholarship Program	<u>15,730</u>
Total assets released from restrictions	<u>\$22,130</u>

Note 5 - Results of Special Events

The Organization did not have a fundraising event in 2013

The organization has received \$8,500 of contributions and paid \$1,500 in expenses for the 2014 fundraising event. The amounts are included in deferred revenue and prepaid expenses, respectively.