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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

**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**  
 Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **New York, NY, 10003**

**D** Employer identification number: **45-2853679**

**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** Form of organization:  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 . . . . . ▶ \$ **179,041**

**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 . . . . .																								119,870			
	2	Program service revenue including government fees and contracts . . . . .																								59,170			
	3	Membership dues and assessments . . . . .																								0			
	4	Investment income . . . . .																								0			
	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 \$ 0 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) <u>See Schedule O, Statement 1</u> . . . . .																								1				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .																								179,041				
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																								0			
	11	Benefits paid to or for members . . . . .																								0			
	12	Salaries, other compensation, and employee benefits . . . . .																								36,000			
	13	Professional fees and other payments to independent contractors . . . . .																								32,554			
	14	Occupancy, rent, utilities, and maintenance . . . . .																								17,107			
	15	Printing, publications, postage, and shipping . . . . .																								946			
	16	Other expenses (describe in Schedule O) <u>See Schedule O, Statement 2</u> . . . . .																								160,682			
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .																								247,289			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																								-68,248			
	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) . . . . .																								40,123			
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																								0			
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .																								-28,125			

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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
<b>33</b>	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 . . . . .		<input checked="" type="checkbox"/>
<b>34</b>	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) . . . . .		<input checked="" type="checkbox"/>
<b>35a</b>	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)? . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		
<b>c</b>	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 . . . . .		<input checked="" type="checkbox"/>
<b>36</b>	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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b>	Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b>	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>b</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 . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b>	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		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b>	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 . . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed ▶ <b>DE</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Jayne Raper</b> Telephone no. ▶ <b>212-263-7632</b> Located at ▶ <b>240 East 10th Street Apt 16A, New York, NY 10003</b> ZIP + 4 ▶ <b>10003</b>		
<b>b</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.	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b>	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: ▶ <b>Panama</b>	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>45b</b>	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) . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

<b>46</b> 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 . . . . .

<b>47</b> 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
				✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48			✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a			✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b			

**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	(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 business address of each independent contractor	(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.

<b>Sign Here</b>	Signature of officer	Date <b>15/MAY/2015</b>
	Type or print name and title <b>Noa Lago Bea, Treasurer</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Carlos Rangel</b>	Preparer's signature 	Date <b>15/May/2015</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00458371</b>
	Firm's name ▶ <b>Carlos Rangel CPA PC</b>			Firm's EIN ▶ <b>20-2907364</b>	
	Firm's address ▶ <b>200 Park Avenue Suite 1700, New York, NY 10166</b>			Phone no. <b>646-402-6563</b>	

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

**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)		
11g(ii)		
11g(iii)		
    - (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)									
<b>Total</b>									

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>		%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>		%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>			
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>			
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			106,000	81,422	119,870	307,292
<b>2</b> 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	59,170	115,879
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	0	0	109,503	134,628	179,040	423,171
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .				81,000	112,297	193,297
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	81,000	112,297	193,297
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						229,874

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	109,503	134,628	179,040	423,171
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .			1	57	1	59
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	0	0	1	57	1	59
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	109,504	134,685	179,041	423,230
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	54.31 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	16	66.8 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.01 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	0.02 %

- 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 .



**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.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**GEOPARADISE INC**

Employer identification number

**45-2853679**

Area with horizontal dashed lines for supplemental information.

**Other Revenue Structured Explanation**

Description	Amount
Miscellaneous	1
<b>Total:</b>	<b>1</b>

## Other Expenses Structured Explanation

Description	Amount
Conference conventions meetings	486
Advertising expenses	14,501
Bank fees	342
Benefits paid to members	246
Cookware tableware	2,304
Credit debit card fees	1,935
Crowdfunding contributions to other organizations	700
Decor Art supplies	4,017
Donated materials and supplies	725
Equipment rental and maintenance	8,550
Merchant service PayPal	1,584
Money transfer fees	40
Organizational corporate expense	150
Computer services	1,066
Realized currency losses	289
Security services	3,000
Accommodation and sleeping gear	3,879
Audio video electronic supplies	7,793
Food supplies	8,999
Health and safety	625
Infrastructure building materials tools	12,698
Office supplies	606
Other supplies	207
Storage	396
Workshops	834
Taxes	19
Telephone services	2,752
Temporary help	452
Board of directors travel	365
Deco visual artists travel	1,101
Event shuttles travel	15,166
Management travel	2,618
Media team travel	648
Music acts and performances	31,859
Presenters educators instructors travel	7,955
Production events and projects travel	4,947
Promotion team travel	10,821
Utilities	5,246
Other travel	711

**Schedule O, Statement 2**

**GEOPARADISE INC**

Other expenses

50

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**Total:**

**160,682**

**Other Assets Structured Explanation**

<b>Description</b>	<b>EOY Amount</b>
Accounts receivable	2,026
Furniture Fixtures Equipment	28,154
<b>Total:</b>	<b>30,180</b>

**Other Liabilities Structured Explanation**

<b>Description</b>	<b>EOY Amount</b>
Accounts payable	36,919
Accrued wages	36,000
<b>Total:</b>	<b>72,919</b>

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**Primary Exempt Purpose**

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**Primary Exempt Purpose**

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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**

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**Description**

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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.

**Second Program Service Accomplishments Description****Description**

Guna Yala, Panama (13-14 July 2013). This project will benefit the 298 inhabitants of this secluded community. The plan is to continue the project by breeding, training the villagers how to achieve this successfully and providing them self-sufficiency. See video here <http://www.youtube.com/watch?v=sTRqGCXsQrk> Chocolate Processing in Guna Yala We brought 3 expert chocolate makers from the Ngobe community of Rio Oeste Arriba to the Guna Yala islands (Soledad Mandinga and Naranjo Grande) for some hands-on lessons on how to make organic, raw chocolate from the local Cocoa trees (8-10 November 2013). The lessons included how to grow and manage the cacao plants, as well as composting and organic agriculture and a total of approximately 60 participants attended. The goal is to capacitate the guna natives to be able to produce healthy home-made native chocolate to sell to the many tourists that visit the touristic islands nearby, and bringing an much needed income to these 2 island communities which do not benefit at the moment from the tourist trade on their islands. We plan to continue the training bringing a few gunas to the Ngobe plantation and processing facilities to have a better understanding of the techniques used and supporting the development of the guna chocolate processing infrastructure. The video of the project can be watched here: <https://www.youtube.com/watch?v=3sRK9J6cmjc> Fresh Water for Nalunega We are working to raise funds for the island of Nalunega, Guna Yala to install a desalination plant. Access to fresh water in this community is limited, primarily being collected from rain water. Life can be especially difficult during the dry season, when the sun is hot and little rain falls from the sky. We initiated the process visiting the island and gathering information from the authorities there and we produced a fundraising campaign video to use online on our website and to submit to apply for grants from other organizations, that can be watched here: <https://www.youtube.com/watch?v=bNXNXsYVRNU> When the project is complete the desalination facilities will benefit the approximate 1000 inhabitants living in the island of Nalunega and 3 other surrounding communities in this group of 4 islands.

**Third Program Service Accomplishments Description**

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**Description**

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artists "So Cagru" in Boruca, Costa Rica. For a majority of the population in this native community, the hand-crafted masks and other traditional artifacts is the main source of income so training on such skills has a direct significant repercusion in their means to make a living. Four different courses were offered for all skill levels: children, beginner, intermediate and advanced. Each course had multiple classes taking place over a period of four days between the 15th and the 20th of November 2013. A total of 30 people participated in the courses. These classes improved the professional skills of the participants, and thereby their livelihood.

**Application for Extension of Time To File an Exempt Organization Return**

(Rev. January 2014)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>GEOPARADISE INC</b>	Employer identification number (EIN) or <b>45-2853679</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>c/o Carlos Rangel, CPA PC, 200 Park Avenue, Suite 1700</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>New York, NY 10166</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► .....

Telephone No. ► ..... Fax No. ► .....

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - calendar year 20\_\_\_\_ or
  - tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>GEOPARADISE INC</b>	Employer identification number (EIN) or <b>45-2853679</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>c/o Carlos Rangel, CPA PC, 200 Park Avenue, Suite 1700</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>New York, NY 10166</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► Jayne Raper, 240 East 10th Street, Apt. 16A, New York, NY 10003  
Telephone No. ► (646) 402-6563 Fax No. ► (646) 787-9428
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until May 15, 20 15
- For calendar year \_\_\_\_\_, or other tax year beginning July 1, 20 13, and ending June 30, 20 14
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension Taxpayer request additional time to gather all documents and information necessary to file a complete and accurate tax return.

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b> \$	-
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b> \$	-
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b> \$	-

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► \_\_\_\_\_ Title ► **Accountant** Date ► **01/31/2015**