Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2012 Open to Public Inspection

Α	For the 2	012 calendar year, or tax year beginning $02/01/12$, and ending $01/31/3$	L3		
В	Check if applic			D Employ	er identification number
	Address chan	ge C/O LEVY & ASSOCIATES, PC]	
	Name change	Doing Business As		04-	3265555
H	_	Number and street (or P _s O, box if mail is not delivered to street address)	Room/suite	E Telepho	one number
Щ	Initial return	10400 EATON PLACE	100	202	-466-5188
	Terminated	City, town or post office, state, and ZIP code			
	Amended retu	FAIRFAX VA 22030		C Cross ross	ipls\$ 1,971,121
		F. Name and address of principal officer:	1	G Gross rece	npis\$ 1,3/1,121
Ш	Application pe	MARIE SOVEROSKI	H(a) Is this a g	roup return for a	affiliates? Yes X No
			11/63		d? Yes No
		1612 K STREET, NW	H(b) Are all as		
		WASHINGTON DC 20006	II III	o," attach a list	(see instructions)
1	Tax-exempt		_		
٦	Website:		H(c) Group ex		er 🕨
K	Form of organ	nization: X Corporation Trust Association Other ► L Y	ear of formation: $ {f 1} $.995	M State of legal domicile: MA
F	art i	Summary			
Activities & Governance	2 Che	efly describe the organization's mission or most significant activities: TO WORK WITH PEOPLE AROUND THE WORLD TO PROTECT HUMAN INVIRONMENT Eack this box if the organization discontinued its operations or disposed of more than 25		sets.	
ර		mber of voting members of the governing body (Part VI, line 1a)		3	11
ties	4 Nur	mber of independent voting members of the governing body (Part VI, line 1b)	WEATH FIVE	4	11
tivi	5 Tot	al number of individuals employed in calendar year 2012 (Part V, line 2a)		5	22
Ac	6 Tot	al number of volunteers (estimate if necessary)		6	13
	7a Tot	al unrelated business revenue from Part VIII, column (C), line 12	****	7a	0
	b Net	unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye		Current Year
ē	8 Cor	ntributions and grants (Part VIII, line 1h)	2,24	3,560	1,955,497
en	9 Pro	gram service revenue (Part VIII, line 2g)			0
Revenue	10 Inve	estment income (Part VIII, column (A), lines 3, 4, and 7d)		8,663	4,913
Ľ	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,361	5,703
		al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,25	5,584	1,966,113
		ints and similar amounts paid (Part IX, column (A), lines 1–3)		4,390	123,491
	14 Ber	nefits paid to or for members (Part IX, column (A), line 4)			0
S	1 4		1.20	2,458	1,270,224
penses	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)		,	0
þe	b Tot	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10) fessional fundraising fees (Part IX, column (A), line 11e) al fundraising expenses (Part IX, column (D), line 25) ▶ 167,584			
М	17 Oth	er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	Ω5	7,114	1,032,671
		al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,962	
					2,426,386
> %		venue less expenses. Subtract line 18 from line 12	Beginning of Cu	1,622	-460,273 End of Year
Net Assets or Fund Balances	20 Total	al assets (Part X, line 16)		1,838	4,396,904
Asse Bal	21 Total	al liabilities (Part X, line 16)		9,104	
Vet,	22 Not	TO SERVICE AND THE PROPERTY OF THE SERVICE AND			87,266
COUNTRY	art II	assets or fund balances. Subtract line 21 from line 20	4,76	2,734	4,309,638
U	nder penalt	Signature Block ies of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer I	ents, and to the b	est of my kn	owledge and belief, it is
		Maire Agreent.		1	2/2/12
Sig	ın II	Signature of officer		Date	40/13
He		Marie Soveroski, Managing Director Type or print name and title		Date	
_	Pr	int/Type preparer's name Preparer's signature	- Date	Check	if PTIN
Pai	ا س	Transmort Unit			LJ"
	Daror	, 0		3/13 self-em	
	Only	m's name		Firm's EIN	20-0588376
-30		10400 EATON PL STE 100			E00 040 441
_		m's address FAIRFAX, VA 22030-2225		Phone no	703-218-4100
May	the IRS o	liscuss this return with the preparer shown above? (see instructions)			X Yes No

P	art III	Statement of Program Service Accomplishments	rage =
_	D : 6 1	Check if Schedule O contains a response to any question in this Part III	X
	O WOE	escribe the organization's mission: RK WITH PEOPLE AROUND THE WORLD TO PROTECT HUMAN RIGHTS AND THE ONMENT	a Warren
	EIMPER		
2		organization undertake any significant program services during the year which were not listed on the	
		rm 990 or 990-EZ? describe these new services on Schedule O.	X No
3	Did the c	organization cease conducting, or make significant changes in how it conducts, any program	X No
		describe these changes on Schedule O.	ZE NO
4	expense	es the organization's program service accomplishments for each of its three largest program services, as measured by ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	tne totai	expenses, and revenue, if any, for each program service reported.	
<i>1</i>	OR E) (Expenses \$ 180,005 including grants of \$) (Revenue \$ ACY AND CAMPAIGNS: SEEKS TO RAISE AWARENESS AND BUILD BROAD SUPPOR ARTH RIGHTS ISSUES. GOAL IS TO HOLD CORPORATE AND GOVERNMENTAL HUMS & ENVIRONMENTAL OFFENDERS ACCOUNTABLE FOR THEIR ACTIONS.	
	g contrator		111111111
	US ESTERNISMON		*****
	12 600000000		******
	9 8000000		******

	Tananana		
1	LAWSUI)(Expenses \$ 714,760 including grants of \$ 1,000) (Revenue \$: SEEKS TO PROVIDE REMEDIES FOR RIGHTS ABUSES AROUND THE WORLD. ITS ARE PURSUED TO HOLD CORPORATIONS AND OTHERS ACCOUNTABLE FOR TH NS BOTH DOMESTICALLY AND GLOBALLY.	EIR
	(1) 6 (1) (1) (1) (1)		9.656.55

	*********		38395559
_	(0.1	451 240	*******
7	MERIC)(Expenses \$ 451,348 including grants of \$ 47,491) (Revenue \$ ARTHRIGHTS SCHOOLS: EDUCATES PEOPLE OF SOUTHEAST ASIA AND SOUTH CA IN ENVIRONMENTAL AND HUMAN RIGHTS MONITORING AND ADVOCACY IQUES.	
	*, to exercise t		
			0.0000000000000000000000000000000000000
	(2000)		
	19.00 (0.00 (0.00))		
	Marketta.		
4d	Other pro	ogram services. (Describe in Schedule O.)	A1212639
40	(Expense	es \$ 752,777 including grants of \$ 75,000) (Revenue \$)	

	trav Checklist of Required Schedules			
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a			l	
	Schedule D, Parts XI and XII	12a	X	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			١.,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1
D	ii 100 to iiio 20a, did tile organization attach a copy of its addited illiancial statements to this feturn?	ZUD	11	1

-			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	==::		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	7 621		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	2017		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	10.43		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	200033000	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	150007		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	2000		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	.,,,,,,		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	6.4.4.6.5		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012) EARTHRIGHTS INTERNATIONAL, INC. 04-3265555
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				on arasasasas	
		T 1	(K		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b_	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?	Q20000000g	gravita in recession and	1c		
2a			00			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu				X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	esometre e		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	1,011,011,011		3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	nancial		4-	.	
b	account)? If "Yes," enter the name of the foreign country: ▶ THAILAND			4a	X	
b		A		ammi i		
E o	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ints.	-		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	otion?	5.2(3/5/2003)2.2(3/5/5/5)2.2(2)	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transal if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	CHOILE		5b		A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	ie		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.	one or		- Oa		
-	gifts were not tax deductible?	0113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).	antitura.				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	anods				
_	and services provided to the payor?	goodo		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	. 15- 65351 as	+ 100 - 104 - C4 (2010) 199 (2010) 199 (2010)	10000		
	required to file Form 8282?	[#]		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e	***********	***************************************
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		1661	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	0.40	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring]				
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	12 3	Y.			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ř	i			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
4.0	against amounts due or received from them.)	11b	-			-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	(A)	12a		
b	310000000000000000000000000000000000000	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	annered	atalese latalese apti	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1400	T.			
_	the organization is licensed to issue qualified health plans	13b				
C 14a	Enter the amount of reserves on hand	13c		44-		† v
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves." has it filed a Form 720 to report these payments? If "Nes." provide an explanation in Separate	lo C		14a 14b	-	X
L)	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	16 U		14D	1	ē.

Form 990 (2012) EARTHRIGHTS INTERNATIONAL, INC. 04-3265555 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **MA, VA, CA, NY, MD, DC** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the

703-218-4100

10400 EATON PLACE

VA 22030

FAIRFAX

organization: LEVY & ASSOCIATES, PC

Section A.

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

Check if Schedule O contains a response to any question in this Part VII

- Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	ess pe	ition more rson i	than one s both an r/trustee)	י ((D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-211099-INIOC)	from the organization and related organizations
(1) STANLEY CORFMAN										
	1.00									
TREASURER	0.00	X		X			_	0	0	0
(2) DORCUS MOO	0.50									
DIRECTOR	0.50	x						o	0	0
(3) NEIL POPOVIC	0.00	^	_	-			-			0
(0)1.222 2010 120	2.00									
CO-CHAIR	0.00	x		x				0	0	0
(4) JELSON GARCIA										
	0.50									
DIRECTOR	0.00	X						0	0	0
(5) JAMES THOMPSON										
DIDECTOR	0.50		ľ							
DIRECTOR (6) LAURA LEVINE	0.00	X					-	0	0	0
(6) HACKA HEVINE	2.00									
DIRECTOR	0.00	x						0	0	0
(7) JASPER TEULINGS		1								
	0.50									
DIRECTOR	0.00	X						0	0	0
(8) KATHERINE TILLE										
	2.00									
CO-CHAIR	0.00	X				\vdash		0	0	0
(9) SARAH SINGH	0.50									
DIRECTOR	0.00	x						0		0
(10) DAVID HUNTER	0.00	1				\vdash	_			0
(10,720122	1.00									
DIRECTOR	0.00	X						0	0	0
(11) ABBY REYES										
	0.50									
DIRECTOR	0.00	X						0	0	
DAA										Form 990 (2012)

Part VIII Gection A. Officers	, Directors, Tru	Siee	s, r.c	2y L.	IIIbi	oyee	s, a	nd riighest compensated	Limployees (Continued)	
(A) Name and lille	(B) Average hours per week (list any	box	, unle	ss pe	ition more rson	lhan o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dolled line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) KA HSAW WA										
Editor di constanti di constant	40.00							110 070		4 600
EXECUTIVE DIRECTOR (13) KATHARINE J. REI	0.00			X				112,278	0	4,600
(10)	40.00									
US OFFICE DIRECTOR	0.00			X				101,250	0	4,359
(14) MARIE SOVEROSKI	40.00									
SECRETARY/MANAGING D	40.00			x				0	0	0
(15)	0.00									0
randon euconomierondonoses (conomies										
(16)				-						
	introies misie									
(47)		-								
(17)	************									
(18)									27	
(19)										
1.777777551771175537777775537777455										
1b Sub-total								213,528		8,959
c Total from continuation she	ets to Part VII,	Secti	on A					010 500		0.050
d Total (add lines 1b and 1c) Total number of individuals (ir	ncluding but not						boy	213,528		8,959
reportable compensation from										Yes No
3 Did the organization list any fo	ormer officer, di	ecto	r, or	trust	ee,	key e	emp	loyee, or highest compens	ated	
employee on line 1a? If "Yes," For any individual listed on lin organization and related organ	e 1a, is the sum	of re	porta	able	con	npens	satio		from the	3 X
individual 5 Did any person listed on line 1 for services rendered to the or	1a receive or acc rganization? If "\	crue d	comp	plete	atio	n fror	n ai	ny unrelated organization o for such person	r individual	5 X
Section B. Independent Contracto										
 Complete this table for your fire compensation from the organ 	ization. Report o	ensa omp	ited i ensa	nde tion	pend for t	dent o	cont alen	dar year ending with or with	hin the organization's tax y	
Name and	(A) d business address							Descrij	(B) ption of services	(C) Compensation
										-
2 Total number of independent received more than \$100,000								ose listed above) who	0	
DAA	or compensatio	101	11 (116	019	COT 112	auor			<u> </u>	Form 990 (2012

				0011101111	o a reopende i	o any question in t	THO I GIT VIII		# # # # # # # # # # # # # # # # # # #
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelaled business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated camp	paigns	1a					
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due	es propagation	1b					
An A	С	Fundraising eve	nts	1c					
a a	d	Related organiz	ations	1d					
SE.	е	Government grants (co	ontributions)	1e					
S T	f	All other contributions,	0 .0 .						
		and similar amounts no	ol included above	1f	1,955,497				
d	- ×		included in lines 1a-1f:	\$	5,008				
a C	h	Total. Add lines	1a–1f	00000000000		1,955,497			
<u> </u>					Busn. Code				
eve	2a				1905				
형	b	200000000000000000000000000000000000000	000000000000000000000000000000000000000	CERCHER PROPER	see:				
ا <u>چ</u>	С				F-101				
န္	d				22,00				
ram	е								
5 G			m service revenu						
-			2a-2f					l .	
	3		me (including div	/idends, i					
		and other simila	4 (1.4) (1.4)			4,996			4,996
			estment of tax-e						
	5	Royalties							
		_	(i) Real	_	(ii) Personal				
	6a	Gross rents							
	b	Less: rental exps.							
		Rental inc. or (loss)							
	d 7a	Net rental incon	ne or (loss)						
	, u	sales of assets	(i) Securities		(ii) Other				
		other than inventory	4,9	25					
	b	Less: cost or other							
		basis & sales exps.	5,0						
		Gain or (loss)		83					
- 1			s)			-83	-83		
စ္	8a		n fundraising events	8					
eu l		(not including \$	000000000000000000000000000000000000000	804					
Š		of contributions re							1000000
e			8	a					
Other Revenue		Less: direct exp	10.4 (0.4 (0.4 (0.4 (0.4 (0.4 (0.4 (0.4 (ь[
_			loss) from fundra	ising eve	nts				
	9a		n gaming activities.						
		See Part IV, line 1		a					
		Less: direct exp	F F T T T T T T T T T T T T T T T T T T	ь	7/25				
			loss) from gamin	ig ac <u>tivitie</u>	s		00.00		
1	10a	Gross sales of i					2000		
		returns and allo		a					
		Less: cost of go		b[
-	С		loss) from sales	of invento	22				
-	•		llaneous Revenue		Busn. Code	0.000	0.000		
1	11a	2516001.0001.53500.600000	ONSORSHIP ADM	IN FEE	100	2,932	2,932		-
	b	REIMBURSEM	C+00+00+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0			2,771	2,771	<u> </u>	
	C				252				
	d		ie "	** (0.000)		5,703			
	е	Total. Add lines	110 111						

Part IX Statement of Functional Expenses

Form 990 (2012)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 75,000 75,000 organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV. line 22 3 Grants and other assistance to governments, organizations, and individuals outside the 48,491 48,491 U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 120,958 1,086,283 911,956 53,369 Other salaries and wages Pension plan accruals and contributions (include 1,059 section 401(k) and 403(b) employer contributions) 16,159 12,686 2,414 Other employee benefits 97,354 83,942 2,993 10,419 4,240 70,428 56,618 9,570 10 Pavroll taxes Fees for services (non-employees): Management 24,292 24,292 Legal 28,509 3,850 24,659 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 201,310 3,068 204,378 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 8,259 61,674 48,215 5,200 Office expenses 3,342 2,324 Information technology 30,093 24,427 14 15 Royalties 107,830 92,256 10,382 5,192 16 Occupancy 163,418 153,194 3,611 6,613 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 38,689 Conferences, conventions, and meetings 13,434 24,805 450 19 104 104 20 Interest Payments to affiliates 21 6,118 Depreciation, depletion, and amortization 10,972 4,854 22 10,381 10,381 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 274,531 274,531 TRAINING FIELD WORK 44,525 44,525 14,295 14,305 10 STAFF DEVELOPMENT PLANNING, BOARD, MISC. 5,342 5,342 e All other expenses 13,628 5,672 510 7,446 2,426,386 159,912 167,584 2,098,890 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) DAA Form 990 (2012)

Part :	X Balance Sheet Check if Schedule O contains a response to a	iny question in th	is Part X		93 e e + 9 e e	
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	encire encircación de la constantidad de la constan	0.0000000000000000000000000000000000000		1	
2	Savings and temporary cash investments			3,279,122	2	3,239,029
3	Pledges and grants receivable, net			1,180,558		730,000
4	Accounts receivable, net			13,466	4	1,045
5	Loans and other receivables from current and former	er officers, directo	ors,			
	trustees, key employees, and highest compensated					
	Complete Part II of Schedule L			5		
6	Loans and other receivables from other disqualified	persons (as defi	ned under section			
	4958(f)(1)), persons described in section 4958(c)(3)					
	sponsoring organizations of section 501(c)(9) volun	tary employees' t	peneficiary			
3	organizations (see instructions). Complete Part II of	Schedule L		10444A A A 10 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	6	
7	Notes and loans receivable, net				7	
ć 8	Inventoriae for cale or use				8	
9	Droppid expenses and deferred charges		**************************************	4,074	9	4,934
10a	a Land, buildings, and equipment: cost or					
	other basis. Complete Part VI of Schedule D	10a	306,322			
l t	Less: accumulated depreciation		88,128	219,039	10c	218,194
11	* (* * * * * * * * * * * * * * * * * *			89,619		97,742
12		Value a la la la V. S. A la la la luca a la lacar.			12	
13	Investments—program-related. See Part IV, line 11		**************		13	
14	-4: - 4-			14		
15	Other appets Con Part IV line 44	##UNDALES# ## 70 ## 20#3UNDALES CONTURNOR ##	105,960		105,960	
16	Total assets. Add lines 1 through 15 (must equal li		4,891,838	16	4,396,904	
17	Accounts payable and accrued expenses			28,884	17	24,806
18	0 1 11			18		
19				19		
20	Tay exempt hand liabilities		ACCUMULATION DESCRIPTION OF THE PROPERTY OF TH		20	
21	Escrow or custodial account liability. Complete Part	IV of Schedule I			21	
.			A CONTRACTOR OF THE SECOND SEC			
	trustees, key employees, highest compensated em					
5	disqualified persons. Complete Part II of Schedule				22	
23					23	
24		ird parties	STOTENSWIP STORES		24	
25		lla parties	rd		24	
23	parties, and other liabilities not included on lines 17					
	-CO-to-dut-D			100,220	25	62,460
26				129,104		87,266
20	Organizations that follow SFAS 117 (ASC 958), o		X and	129,104	26	07,200
a l	complete lines 27 through 29, and lines 33 and		and			
27	University and an entire		8	3,134,674	27	2,624,741
2/	4-11-11-11-11-11-11-11-11-11-11-11-11-11			1,628,060		1,684,897
28	A.50.53.53.53.53.53.53.53.53.53.53.53.53.53.		enterentalmenteren	1,020,000		1,004,037
29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC	OCCUPATION OF THE PROPERTY OF	eranan an rasanas		29	
27 28 29 30 31 32 32		, ээо), спеск пе	re ► _ and			
3	complete lines 30 through 34.	ľ		00		
30	9.000			30		
31	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y402310372333334734		31		
			23 July 1 Co. 1 Co	4 760 704	32	4 200 626
33	1711.5.2 7111.1 1.0.1 (2.0.1 1.0.0)			4,762,734		4,309,638
34	Total liabilities and net assets/fund balances			4,891,838	34	4,396,904

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

EARTHRIGHTS INTERNATIONAL, INC. C/O LEVY & ASSOCIATES, PC

Employer identification number 04-326555

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II,) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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). 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. b Type II c Type III–Functionally integrated d Type III-Non-functionally integrated 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). 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 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 No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col. (i) listed in your the organization in organization in col. (described on lines 1-9 suppor organization col. (i) of your (i) organized in the above or IRC section aovernina document? U.S.? support? (see instructions)) Yes No Yes No No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	<u>'</u>	(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.							
	tion B. Total Support	4277777			diction in the second s			
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 201:	2	(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 firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her						10111111	
Sec	tion C. Computation of Public Si							
14	Public support percentage for 2012 (line 6	6, column (f) divided	d by line 11, colum	nn (f))			14	%%
15	Public support percentage from 2011 Sch	edule A, Part II, lin	e 14	renga rene regaleren		rangrangunan i	15	%_
16a	33 1/3% support test—2012. If the organ							r=-1
	box and stop here. The organization qual	lifies as a publicly s	supported organiza	ation	****			1/11/22 0 0 0 0 0 0 0
b	33 1/3% support test—2011. If the organ				15 is 33 1/3% or m	iore,		
	check this box and stop here. The organi	•						
17a	10%-facts-and-circumstances test—20	_						
	10% or more, and if the organization mee							
	Part IV how the organization meets the "fa organization				no sa pala no salas kalanda		V. P. P. S. S. S. S. S.	> []
b	10%-facts-and-circumstances test—20	-						
	15 is 10% or more, and if the organization							
	Explain in Part IV how the organization m	eets the "facts-and	-circumstances" te	est. The organizati	ion qualifies as a p	ublicly		p==-4
	supported organization				ocidano no ocidan docida de		00000000000	
18	Private foundation. If the organization di							
	instructions						ion Rives	

Page 3

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

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

Sec	tion A. Public Support						
Calen	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,100,446	1,590,071	2,501,986	2,243,560	1,955,497	10,391,560
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			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5,703	5,703
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						<u>.</u>
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,100,446	1,590,071	2,501,986	2,243,560	1,961,200	10,397,263
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						10,397,263
	tion B. Total Support	Y			<i>ii</i>		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	2,100,446	1,590,071	2,501,986	2,243,560	1,961,200	10,397,263
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,230	20,761	9,118			77,109
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	47,230	20,761	9,118			77,109
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			8,600	8,927	3,996	21,523
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,542	530,783	27,106			560,431
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	2,150,218	2,141,615	2,546,810		1,965,196	11,056,326
14	First five years. If the Form 990 is for the organization, check this box and stop her	_	, second, third, fou	rth, or fifth tax ye	ar as a section 501	(c)(3)	
Sec	ction C. Computation of Public Su	upport Percent	age				
15	Public support percentage for 2012 (line 8	3, column (f) divided	by line 13, columi	n (f))		15	94.04%
16	Public support percentage from 2011 Sch	edule A, Part III, lin	e 15		******		%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2012 (I						1 %
18	Investment income percentage from 2011						%
19a	33 1/3% support tests—2012. If the orga	anization did not che	eck the box on line	14, and line 15 is	s more than 33 1/3°	%, and line	. ==
	17 is not more than 33 1/3%, check this b	-	_				*********** X
b							
	line 18 is not more than 33 1/3%, check the						
20	Private foundation If the organization di	d not check a hov o	n line 14, 199, or	19h check this h	ox and see instructi	ons	

Schedule A	(Form 99	90 or 990-E	Z) 2012	EARTHE	RIGHTS 1	NTERNA'	TIONAL,	INC.	04-3265555	Page 4
Part IV	Sur Par	plemen	tal Info I7a or 1	rmation. C	omplete thi	s part to pro	ovide the e	xplanations	required by Part II, line 10; dditional information. (See	
PART	III,	LINE	12 -	OTHER	INCOME	DETAIL	1			
MISCE	LLAN	EOUS				\$	56	0,431	See Necocke proposition on secondonic	averentaresses

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public

Name of the organization

Employer identification number

	ARTHRIGHTS INTERNATIONAL, INC. /O LEVY & ASSOCIATES, PC		04-32	65555
	organizations Maintaining Donor Advised Fu organization answered "Yes" to Form 990, Part IV			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that			
	funds are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
P	art II Conservation Easements. Complete if the orga		990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	r		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp		d area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation	
	easement on the last day of the tax year.		(*************************************	
			-	leld at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure inc		2c	
d	Number of conservation easements included in (c) acquired after 8/17			
	historic structure listed in the National Register	aboración a abborácia nascuboras abelas nasmonatorios abracado escubilizado	2d	
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organizat	tion during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is	153535353		
5	Does the organization have a written policy regarding the periodic mor			
_	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the ye	ear	
_	29 London Control			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing > \$	conservation easements during the year		
0	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/h\/4\/P\		
0	(2)			Yes No
9	In Part XIII, describe how the organization reports conservation easer	conts in its rayonus and expense statemer		Too No
3	balance sheet, and include, if applicable, the text of the footnote to the	.		ne
	organization's accounting for conservation easements.	, organization o mianolar statemente that a		
P	art III Organizations Maintaining Collections of Art	. Historical Treasures, or Other	Similar A	Assets.
	Complete if the organization answered "Yes" to I			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and	balance sh	eet
	works of art, historical treasures, or other similar assets held for public			
	public service, provide, in Part XIII, the text of the footnote to its finance	cial statements that describes these items.		
b				
	works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		40000000	\$
				\$
2	If the organization received or held works of art, historical treasures, o		ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958			
а				\$
	**************************************		4.0-63,934	

Part VII	Investments—Other Securities. See Form 99	00, Part X, line 12.	
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-he	eld equity interests		
		e :	
(A)			
(B) (C)		*	
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	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related. See Form 9		·
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
/41			Cost of old of your market value
(1)	=======================================		
(3)			
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Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line 15.	•	
I GILIA	(a) Description		(b) Book value
(1)	(2) 2000 (1)		,-,-
(2)			
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(8)			
(9) (10)			
Alexandra de la constanta de l	in (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities. See Form 990, Part X, line 2	25.	tion of the property of the Control
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2) ACCR	UED PAYROLL	62,46	0
- Laborat	AL SPONSORSHIP		_
_(4)			
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	in (b) must equal Form 990, Part X, col. (B) line 25.)	62,46	0

Schedule D (Form 990) 2012 EARTHRIGHTS INTERNATIONAL	TNC 04-32655	55 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta		
Total revenue, gains, and other support per audited financial statements		1 1,973,290
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a 7,17	7
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e 7,177
3 Subtract line 2e from line 1	кансалист архиот разгологанских кито кансалто х	3 1,966,113
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	+
b Other (Describe in Part XIII.)	4b	
 c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 		5 1.966.113
***************************************		1 2,426,386
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 		2,420,380
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	-
b Prior year adjustmentsc Other losses		1 1
d Other (Describe in Part XIII.)	1010111	
e Add lines 2a through 2d	CONTRACT LA	2e
3 Subtract line 2e from line 1		3 2,426,386
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		,,
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
a Add lines An and Ah	entre en la companya de la companya	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	•)	5 2,426,386
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. A information.		
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Schedule D (F	orm 990) 2012	EARTHRIGE ntal Information	HTS IN	TERNATI	ONAL,	INC.	04-3265555	Page 5
Part XIII	Suppleme	ntal Information	ı (continu	ied)				
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EARTHRIGHTS INTERNATIONAL, INC. C/O LEVY & ASSOCIATES, PC

Employer identification number 04-3265555

***************************************	eneral Inforn orm 990, Part IV			tside the l	Inited States. Co	mplete if the organization answer	red "Yes" to
1 For grantma assistance, t	akers. Does the the grantees' elig	organiza ibility fo	ation maintain records r the grants or assista	nce, and the	selection criteria used		X Yes No
2 For grantma		in Part ∖	/ the organization's pr				
					196 1199 1		
3 Activities per	r Region. (The to		Part I, line 3 table can		it additional space is	needed.) (e) If activity listed in (d) is	(f) Total
(d) Nogion	offices in the region		employees, agents, and independent contractors in region	region fundraising in grant	(by type) (e.g., , program services, vestments, s to recipients d in the region)	a program service, describe specific type of service(s) in region	expenditures for and investments in region
EAST ASIA	AND THE P	ACIF	rc .	PROGRAM	SERVICES, GR	SCHOOLS AND TRAINING	47,491
EAST ASIA	AND THE P	ACIF	rc .				
(2)		1		PROGRAM	SERVICES	LEGAL	1,000
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3a Sub-total b Total from continuat sheets to Part I	ion	2					48,491
c Totals (add	6X	2			History 4 Company		48 491

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

Page 3 (h) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. FMV EMV of non-cash assistance (g) Description (f) Amount of non-cash assistance CASH DISBURSEME CASH DISBURSEME (e) Manner of disbursement 04-3265555 1,000 47,491 (d) Amount of cash grant Schedule F (Form 990) 2012 EARTHRIGHTS INTERNATIONAL, INC. PACIFIC PACIFIC Part III can be duplicated if additional space is needed. ASIA AND THE ASIA AND THE (c) Number of recipients 29 (b) Region EAST EAST (2) EARTHRIGHTS LEGAL PROGRAM (1) EARTHRIGHTS SCHOOL SMALL (a) Type of grant or assistance Part III (10) (11) (12)(13) (14) 4 (2) (8) 6 9 (9) 0

(15)

(16)

(11)

(18)

Schedule F (Form 990) 2012

Part IV Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes X No Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a X No U.S. Owner (see Instructions for Forms 3520 and 3520-A) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To X No Certain Foreign Corporations. (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing X No Fund. (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain X No Foreign Partnerships. (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions X No for Form 5713)

Schedule F (Form 990) 2012

Part V

Schedule F (Form 990) 2012

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2 - PROCEDURES FOR MOD	NITORING TH	E USE OF (GRANT F	UNDS
ORGANIZATION REQUIRES WRITTEN GRAN	T PROPOSAL,	REVIEWS	PROPOSA	L THEN
MONITORS VIA PERIODIC REPORTING TH	E USE OF TH	E GRANT MO	ONEY TO	ACCOMPLISH
THE PROPOSAL'S STATED PURPOSE(S).				Masa a M. Vatoropossora a
. 1501/23 1. 11. 11. 11. 11. 11. 11. 11. 11. 11		***************		
PART I, LINE 3 - ACTIVITIES PER RE	GION			
REGION	EXP	ENDITURES	INVES'	TMENTS
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Parti

C/O LEVY & ASSOCIATES,

INC

EARTHRIGHTS INTERNATIONAL,

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

04-3265555

ž

X Yes

Part II Grants and Other Assistance to Governments Part IV, line 21, for any recipient that received mor	overnments and received more t	n Organi han \$5,0	zations in the Un 00. Part II can be c	itted States. Controlled	piete il tine orgo onal space is n	eeded.	and organizations in the onited states. Complete if the organization allowered less to Form 550, re than \$5,000. Part II can be duplicated if additional space is needed.
(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE TIDES FOUNDATION PO BOX 29198 SAN FRANCISCO CA 94129	94-3213100	501C3	75,000		FMV		ICAR ACTIVITIES
(3)					*		
(4)							
	×						
(9)	34						
(2)	6						
(8)							
(6)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	t organizations listed	I in the line	1 table				5.55 SEPTEMBER 10.50 SEPTEMBER

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

Schedule I (Form 990) (2012)

Part III

Part III can be duplicated if additional space is needed	onal space is needed.				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FINIV, appraisal, other)	
2					
3					
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part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nplete this part to prov	ide the information r	equired in Part I, line	2, Part III, column (b), and	any other additional
PART I. LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	S FOR MONITORI	NG THE USE O	F GRANT FUNDS		0.000

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2012 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service
Name of the organization

EARTHRIGHTS INTERNATIONAL, INC. C/O LEVY & ASSOCIATES, PC

Employer identification number 04-326555

FORM 990, PART III, LINE 4D - ALL OTE	enderend, in serie arrestim militariam mali, in . etc., militariam estructuraria intritativita
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US OFF. DIR.	KA HSAW WA EXEC. DIR.
FORM 990, PART VI, LINE 11B - ORGANIZ A DRAFT OF THE 990 IS REVIEWED BY THE	
	ED, A COPY OF THE 990 IS SENT VIA EMAIL
FORM 990, PART VI, LINE 12C - ENFORCI	EMENT OF CONFLICTS POLICY
THE ORGANIZATION'S CONFLICT OF INTER	EST POLICY IS SELF-POLICING. MEMBERS AS TO THE ORGANIZATION'S CONFLICT OF
INTEREST POLICY AND ARE REQUIRED TO I	
	SATION PROCESS FOR TOP OFFICIAL DEACH YEAR. SALARIES ARE COMMENSURATE LE SIZE. THE BOARD REVIEWS AND APPROVES

A BUDGET EACH YEAR WHICH INCLUDES COMPENSATION DATA FOR ALL EARTHRIGHTS

EARTHRIGHTS INTERNATIONAL, INC.	Employer identification number 04-3265555
EMPLOYEESS BROKEN DOWN BY JOB TITLE AND FUNCTION	•
FORM 990, PART VI, LINE 15B - COMPENSATION PROCE	0-0-1-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
SEE COMPENSATION POLICY REVIEW PROCEDURE IN PREV	TOUS QUESTION.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS	DISCLOSURE EXPLANATION
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAI	LABLE ONLINE AT
WWW.EARTHRIGHTS.ORG AS PART OF THE ANNUAL REPORT	POSTING. GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AV	• B • B • B • B • B • B • B • B • B • B
COPY OF THESE DOCUMENTS IS ALSO ON FILE WITH THE	COMMONWEALTH OF
MASSACHUSETTS.	
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Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return

Department of the Treasury

EARTHRIGHTS INTERNATIONAL, INC.

C/O LEVY & ASSOCIATES, PC

Identifying number 04-3265555

	ss or activity to which this form relates ARTHRIGHTS INTERI	NATIONAL.						
			erty Under Sectio	n 179				
**********			, complete Part V b		mplete Part I			
1	Maximum amount (see instruction		, complete i dit v i				1	500,000
2	Total cost of section 179 proper		e instructions)			110-471-036-0	2	
3	Threshold cost of section 179 pr			ictions)			3	2,000,000
4	Reduction in limitation. Subtract			ociociolistic		iocionerios	4	
5	Dollar limitation for tax year. Subtract			iling separately, se	ee instructions	* * * * * 4 * *	5	
6		tion of property		est (business use onl		Elected cost		
7	Listed property. Enter the amou	nt from line 29			7			
8	Total elected cost of section 179		ts in column (c) lines 6	and 7			8	
9	Tentative deduction. Enter the s		0				9	
10	Carryover of disallowed deduction						10	
11	Business income limitation, Enter			n zero) or line 5	(see instruction	18)	11	-
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deduction				13		'-	
	Do not use Part II or Part III bel				10]		E	
****	35000000000000000000000000000000000000		nd Other Deprecia	ation (Do no	t include liste	d prope	rtv) (See instructions)
14	Special depreciation allowance					d prope	14.7	oce mediadioney
• •	during the tax year (see instruct			, ,			14	
15	Property subject to section 168(ontoneno protezentene e				15	
16	Other depreciation (including AC	PS)				0.000000	16	10,972
CONTRACTOR AND ADDRESS OF THE PARTY OF THE P			ude listed property.)				10	
	mytorto Doproon	action (Bo Hot more	Section A		20110.7			
17	MACRS deductions for assets p	placed in service in tax	vears beginning before	2012			17	-
18	If you are electing to group any assets pla							
			rvice During 2012 Tax			ciation S	vstem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Meth		(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C	Assets Placed in Serv	ice During 2012 Tax Y	ear Using the	Alternative Dep	reciation	Syster	m
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
С	40-year			40 yrs.	ММ	S/L		
	rt IV Summary (See in	nstructions.)	·····					
21	Listed property. Enter amount fi			U11616 DOT 107 107 107 107 107 107 107 107 107 107		WILDS STORES	21	
22	Total. Add amounts from line 1:	0.000.000.000.000.000.000	lines 19 and 20 in colur	nn (g), and line	21. Enter here			
	and on the appropriate lines of	_					22	10,972
23	For assets shown above and pl		·					
	portion of the basis attributable	to section 263A costs	<u> </u>		23			
	1 5 1 11 1 11 11							4500

ASSET DEPRECIATION SHORT REPORT Earthrights International Jan. 31, 2013

Sorted: ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range: 1810-C - 1810-S Include: All assets

- Includes Section 179 Beg A/Depr Date Acq Salvage Value Depr Basis Curr Depr End A/Depr Description Meth/Life Cost ASSET A/C#: 1810-C - COMPUTER EQUIPMENT 0.00 GATEWAY COMPUTER 2492 SLP/ 5,000 1,259.00 0.00 1.259.00 1,259.00 1,259.00 08/29/02 TRAINING: ERSB 0.00 1 651 00 1.651.00 0.00 1.651.00 SLP/ 5.000 08/29/02 DELL COMPUTERS 2486,2487 1,651,00 CAMPAIGN:PEO SLP/ 5.000 2.574.00 0.00 2,574,00 2,574.00 0.00 2,574.00 06/30/03 4 COMPUTERS ERSB STUDENT **ERSB** SLP/ 5.000 1,186.00 0.00 1,186.00 1,186.00 0.00 1,186.00 10/29/03 **EPC PARTS-HARDWARE 2344** CAMPAIGN:PEO 1,186.00 0.00 1.186.00 10/29/03 **EPC PARTS - COMPUTER HARDWARE** SLP/ 5.000 1,186.00 0.00 1.186.00 CAMPAIGN:PEO 0.00 0.00 1,012.59 1,012,59 1,012,59 SLP/ 5.000 1,012.59 11/30/03 **GATEWAY** CAMPAIGN:PEO 0.00 3,284.00 3,284,00 0.00 3,284.00 05/11/04 PANASONIC LAPTOP SLP/ 5.000 3,284.00 CAMPAIGN:BP 0.00 1,460,00 2 COMPUTERS ERSB STUDENT SLP/ 5.000 1,460.00 0.00 1.460.00 1,460,00 05/30/04 **ERSB** 870.93 870.93 0.00 870.93 SLP/ 5 000 870.93 0.00 03/29/05 **GATEWAY COMPUTER 2331** LEGAL:IP SLP/ 5.000 870.93 0.00 870.93 870.93 0.00 870.93 **GATEWAY COMPUTER 2319** 03/29/05 DEVELOPMENT 0.00 SLP/ 5.000 952.90 0.00 952.90 952.90 952.90 04/01/05 GATEWAY COMPUTER-3310S RICK LEGAL:CHEV 942 99 942.99 0.00 942.99 08/01/05 **GATEWAY COMPUTER-MARCO 2314** SLP/ 5.000 942,99 0.00 LEGAL:LS 780.32 0.00 780.32 780.32 0.00 780.32 10/31/05 COMPUTER 2488 SLP/ 5.000 **ERSB** 0,00 1,375.61 1,375.61 0,00 1,375.61 10/31/05 COMPUTER 2489 SLP/ 5.000 1,375.61 **ERSB** 986.85 986.85 0.00 986.85 SLP/ 5.000 986.85 0.00 03/31/06 LAPTOP **ERSM** 0.00 1.039.03 1,039.03 0.00 1,039.03 SLP/ 5.000 1.039.03 04/30/06 COMPUTER 2490 **ERSB** SLP/ 5.000 897.37 0.00 897.37 897.37 0.00 897,37 LAPTOP 06/30/06 **ERSM** 842.10 0.00 842.10 SLP/ 5.000 842.10 0.00 842,10 09/30/06 COMPUTER 2476 CAMPAIGN:BP 0.00 1,068.42 12/31/06 **COMPUTER 2491** SLP/ 5.000 1.068.42 0.00 1,068,42 1.068.42 **ERSB** 0,00 1,999.74 0.00 1,999.74 1,999.74 1,999.74 01/29/07 **DELL-PRIMARY SERVER 2350** SLP/ 5.000 CORE 109,27 0.00 1,311.52 1,202.25 1,311.52 LAPTOP-MEKONG LEGAL 2423 SLP/ 5.000 1,311.52 02/28/07 LEGAL:MN 0.00 523,53 331.59 104 71 436:30 DESKTOP-CHANA 2479 SLP/ 5,000 523.53 12/31/07 CAMPAIGN:BP 0.00 518.53 241.99 74.08 316.07 01/31/08 BAP DESK COMPUTER 2480 SLP/ 7.000 518.53 **ERSB** NOTEBOOK COMPUTER SLP/ 5.000 932.47 0.00 932.47 714,92 186.49 901.41 03/31/08 **ERSM** 380.69 1,903.47 0.00 1,903.47 1.332.45 1,713.14 07/31/08 SONY LAPTOP-KATIE 2348 SLP/ 5.000 LEGAL:LS 140.77 610.04 RAM UPGRADE SLP/ 5,000 703.87 0.00 703.87 469.27 09/20/08 CORE 1,052.35 0.00 1,052.35 1,052.35 0.00 SLP/ 5.000 1,052,35 09/30/08 COMPUTER 2484 **ERSM** 1,532.29 996.00 306.46 1,302.46 DELL-3 COMPUTERS 2321, 2323, 2325 SLP/ 5.000 1,532,29 0.00 10/29/08 CORE 700.00 408.34 140.00 548.34 SLP/ 5.000 700.00 0.00 02/28/09 NOTEBOOK COMPUTER **ERSM** 525.43 280,18 105.09 385.27 DESKTOP COMPUTER-USED AS PRINTER SLP/ 5.000 0.00 05/31/09 525.43 CORE 520,30 0.00 520.30 251.48 104.06 355.54 KSW LAPTOP-NOW IN PERU AS A LOANERSLP/ 5.000 08/12/09 352.56 528.82 246.80 105.76 09/30/09 DESK TOP COMPUTER 2478 SLP/ 5:000 528.82 0.00 LEGAL:SEA

ASSET DEPRECIATION SHORT REPORT Earthrights International Jan. 31, 2013

Sorted: ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range: 1810-C - 1810-S Include: All assets

Date Acq	Description	Meth/Life	Cost	Salvage Value	Depr Basis	Beg A/Depr	ludes Section 17 Curr Depr	End A/Depr
	: 1810-C - COMPUTER EQUIPMENT		COST	-mings value				
04/30/10	COMPUTER FOR ROSS 2401 CAMPAIGN:BP	SLP/ 5.000	890.62	0,00	890,62	356,26	178,12	534.38
10/14/10	IMAC COMPUTER 2353 CORE:IXP	SLP/ 5,000	1,345.14	0.00	1,345.14	358.71	269.03	627.74
03/29/11	KATIE LAPTOP CORE:IXP	SLP/ 5.000	1,861,00	0.00	1,861,00	310.17	372,20	682,37
03/29/11	KSW LAPTOP CORE:IXP	SLP/ 5,000	1,801.00	0.00	1,801.00	300.67	360.20	660.87
06/28/11	KATIE LAPTOP 2356 CORE:IXP	SLP/ 5.000	875.78	0.00	875.78	102.18	175.16	277.34
11/13/11	SONY LAPTOP-PERU OFFICE XIMENA 236 LEGAL:AMAZ	60SLP/ 5.000	670,22	0,00	670.22	22,34	134.04	156.38
08/31/12 A	ACER LAPTOP FOR NH CAMPAIGNS:SEASIA	SLP/ 5.000	741.61	0.00	741,61	0,00	74.16	74,16
10/11/12 A	3 HP DESKTOP PC'S CELERON ICAR	SLP/ 5,000	2,174.92	0.00	2,174.92	0.00	144.99	144,99
10/11/12 A	HP JET PRO PRINTER ICAR	SLP/ 5,000	149.99	0.00	149,99	0,.00	10.00	10.00
10/31/12 A	LAPTOP CAMPAIGNS:SEASIA:MYAP	SLP/ 5.000	742.53	0.00	742.53	0.00	49.50	49.50
10/31/12 A	COMPUTER AND LAPTOP LEGAL:LEG-SEA	SLP/ 5.000	1,798.67	0.00	1,798.67	0.00	119.91	119.91
11/15/12 A	QWENSUMA-LAPTOP FOR BEN LEGAL:AMAZON	SLP/ 5.000	654.28	0.00	654.28	0.00	32.71	32.71
Grand totals:	1810-C - COMPUTER EQUIPMENT (44 asset	s)	50,698.12	0,00	50,698.12	35,217.73	3,677.40	38,895,13
	: 1810-O - OTHER PROPERTY							
07/14/99	TELEPHONE SYSTEM CAMPAIGN:PEO	SLP/ 5,000	4,368.00	0.00	4,368.00	4,368.00	0.00	4,368.00
11/29/00	DIGITAL SLIDE PROJECTOR CAMPAIGN:PEO	SLP/ 5.000	3,199.00	0.00	3,199.00	3,199.00	0.00	3,199.00
03/29/01	REFRIGERATOR CAMPAIGN:PEO	SLP/ 5,000	95.00	0,00	95,00	95.00	0.00	95,00
06/14/02	OFFICE FURNITURE CAMPAIGN:PEO	SLP/ 7.000	860.00	0,00	860.00	860.00	0.00	860,00
08/27/02	DESKS, CHAIRS, LATERAL FILE CAMPAIGN:PEO	SLP/ 7.000	535.00	0.00	535.00	535.00	0.00	535.00
10/31/02	CAMERA CORE	SLP/ 5,000	913.00	0.00	913.00	913.00	0.00	913.00
03/29/05	BEACH CAMERA- CAMERA & LENSES KS' CAMPAIGN:PEO	WSLP/ 5.000	2,410.40	0.00	2,410.40	2,410.40	0.00	2,410.40
01/31/08	TRUCK-1/2 CAMPAIGN:BP	SLP/ 5.000	6,257.58	0.00	6,257.58	5,006.08	1,251.50	6,257.58
01/31/08	TRUCK 1/2 ERSB	SLP/ 7.000	6,257.58	0,00	6,257,58	5,006.08	893.94	5,900.02
04/30/08	AIR CONDITIONER CAMPAIGN:BP	SLP/ 5.000	889,68	0,00	889,68	533.80	177.94	711.74
02/28/10	AIR CONDITIONER ERSB	SLP/ 5,000	1,178.79	0.00	1,178.79	451.96	235.76	687.72
08/31/10	PROJECTOR 2416 ERSB	SLP/ 5.000	590.63	0.00	590.63	167.35	118.13	285_48
10/14/10	PORTABLE DIGITAL PROJECTOR 2354 CORE:IXP	SLP/ 5.000	582.99	0.00	582.99	165,19	116.60	281.79
04/30/11	AIR CONDITIONER ERSBQ	SLP/ 7.000	1,000.00	0.00	1,000.00	150.00	142.86	292.86
06/13/11	DIGITAL CAMERA FOR ASIA OFFICE 2355	SLP/ 5.000	943,34	0,00	943.34	110.06	188.67	298.73
09/13/11	CAMERA/EQUIP U.S. OFFICE 2357 CORE	SLP/ 5.000	1,194.33	0.00	1,194,33	79.63	238.87	318.50
Grand totals:	1810-O - OTHER PROPERTY (16 assets)		31,275.32	0.00	31,275.32	24,050.55	3,364.27	27,414.82

ASSET DEPRECIATION SHORT REPORT Earthrights International Jan. 31, 2013

Sorted: ASSET A/C#

Method: 1-BOOK-Std Conv Applied

Range: 1810-C - 1810-S Include: All assets

 Includes Section 179 Meth/Life Cost Salvage Value Beg A/Depr Curr Depr Date Acq Description Depr Basis End A/Depr ASSET A/C#: 1810-S - SOFTWARE 06/25/01 PARADIGM SOFTWARE SLP/ 3.000 2,900_00 0.00 2,900,00 2,900.00 0,00 2,900.00 CORE 10/02/05 DYNAMISM 2317,2318 SLP/ 3,000 2,373.00 0.00 2,373.00 2,373.00 0.00 2,373.00 CORE 01/29/07 FIREWALL DREAMING TREE TECH SLP/ 5,000 1,152.00 0.00 1,152.00 1,152.00 0.00 1,152,00 IITLC 02/27/09 SHAREPOINT PROJECT & SLP/ 5,000 19,650.00 0.00 19,650.00 11,462.50 3,930.00 15,392.50 CORE Grand totals: 1810-S - SOFTWARE (4 assets) 26,075,00 0.00 26,075,00 17,887.50 3,930.00 21,817.50 88,127,45 Grand totals for all accounts: (64 assets) 108,048.44 0.00 108,048.44 77,155.78 10,971.67

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr Salv	Prior Yr Salv	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	108,048.44	0.00	0.00	108,048,44	77,155,78	10,971,67	88,127.45	19,920,99
Less: Inactive Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Disposed Assets	0,00	0.00	0,00	0.00	0.00	0.00	0.00	0_00
Traded Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Totals (Active Assets)	108,048.44	0.00	0.00	108,048.44	77,155.78	10,971.67	88,127.45	19,920.99

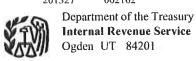
22030

IRS USE ONLY

29404-166-50978-3 043265555

A0070103

211A TE



1-877-829-5500 FAX 801-620-5670

For assistance, call:

Notice Number: CP211A Date: July 22, 2013

Taxpayer Identification Number:

04-3265555 Tax Form: 990

Tax Period: January 31, 2013



EARTHRIGHTS INTERNATIONAL INC % LEVY AND ASSOCIATES PC 10400 EATON PL STE 100 VA 22030-2225 FAIRFAX

008021.204582.0036.001 1 AB 0.384 373

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008021

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is September 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Part II	filing for an Automatic 3-Month Extension Additional (Not Automatic) 3-Mont	h Extension	of Time. Only file	the original (no copi	es needed).	_		
					g number, see instructi	ons		
Type or	Name of exempt organization or other filer, s	see instructions.		Employer identification		_		
print	EARTHRIGHTS INTERNATIONAL, INC.			04-3	3265555			
File by the	Number, street, and room or suite no. If a P.	O. box, see instr	uctions.	Social security number	(SSN)	_		
due date for	C/0 LEVY & ASSOCIATES, PC 10400 EATO							
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.	FAIRFAX, VA 22030							
Enter the R	Return code for the return that this applicat	ion is for (file a	separate application	n for each return)	0	-		
Application		Return			line Seed	_		
Is For	511	Code	Application Is For		Retu			
	or Form 990-EZ	01	19 1 01		Code	,		
Form 990-		02	Form 1041-A					
	0 (individual)	03	Form 4720		08	_		
Form 990-		04	Form 5227		10	_		
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	_		
	-T (trust other than above)	06	Form 8870		12	_		
STOP! Do s	not complete Part II if you were not alread					_		
Telephon If the orga If this is for the who	anization does not have an office or place or a Group Return, enter the organization's ple group, check this box	FAX of business in s four digit Gro] . If it is for par	No. ► the United States, c up Exemption Numb	703-218-4101 heck this box	. If this is			
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Telephon If the orga If this is for the who list with the 4 I rec 5 For 6 If the	re No. To3-218-4100 anization does not have an office or place or a Group Return, enter the organization's ple group, check this box To common and EINs of all members the external change in accounting period te in detail why you need the extension of the calendar year and the properties of the calendar year and the properties of the calendar year and the change in accounting period the in detail why you need the extension of the calendar year and the extension of the calendar year and the properties of the calendar year and the calendar	FAX of business in s four digit Gro] . If it is for par nsion is for. ime until inning FEB 12 months, ch	No. ► the United States, c up Exemption Numb t of the group, chec DECEMBER 1 RUARY 1 , 20 12 eck reason: ☐ Ini	703-218-4101 heck this box	. If this is and attach a anuary 31 , 20 1			
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Telephon If the orga If this is for the who list with the 4 I rec 5 For 6 If the 7 Stat ORD 8a If thi noni b If the	To anization does not have an office or place or a Group Return, enter the organization's ple group, check this box ▶ □ anames and EINs of all members the external quest an additional 3-month extension of the calendar year, or other tax year beging the tax year entered in line 5 is for less than the change in accounting period the in detail why you need the extension The tax year beging the property of the proper	FAX of business in a four digit Gro I of it is for parasion is for. ime until inning FEB 12 months, characteristics THE ORGANIZATE YEAR. THE YEAR.	No. ► the United States, c up Exemption Numb t of the group, check DECEMBER 1 RUARY 1 , 20 12 eck reason: ☐ Ini TION IS WAITING FOR or 6069, enter the te	703-218-4101 heck this box	. If this is and attach a anuary 31 , 20 1 return E ANNUAL AUDIT IN 8a \$			
Telephon If the orga If this is for the who list with the 4	To anization does not have an office or place or a Group Return, enter the organization's ple group, check this box ▶ □ anames and ElNs of all members the external quest an additional 3-month extension of the calendar year, or other tax year beging the tax year entered in line 5 is for less than change in accounting period the in detail why you need the extension The property of the proper	FAX of business in s four digit Gro l If it is for par nsion is for. ime until inning FEB 12 months, che THE ORGANIZAT HE YEAR. THE YEAR. THE ORGANIZAT OF T	No. ► the United States, c up Exemption Numb t of the group, check DECEMBER 1 RUARY 1 , 20 12 eck reason: ☐ Ini TION IS WAITING FOR or 6069, enter the telepayment allowed as	703-218-4101 heck this box	. If this is and attach a and attach a			
Telephon If the orga If this is for the who list with the 4	To anization does not have an office or place or a Group Return, enter the organization's ole group, check this box ▶ □ anames and EINs of all members the external calendar year , or other tax year beging the tax year entered in line 5 is for less than change in accounting period the in detail why you need the extension I DER TO POST FINAL ADJUSTMENTS FOR THE Company of the post of the property of the post of th	FAX of business in a four digit Gro l. If it is for parasion is for. ime until inning FEB 12 months, characteristics THE ORGANIZATE YEAR. THE YEAR. THE ORGANIZATE YEAR.	No. ► the United States, c up Exemption Numb t of the group, check DECEMBER 1 RUARY 1 , 20 12 eck reason: ☐ Ini TION IS WAITING FOR or 6069, enter the telepayment allowed a t with this form, if req	703-218-4101 heck this box per (GEN) this box 703-218-4101 heck this box 703-21	. If this is and attach a anuary 31 , 20 1 return E ANNUAL AUDIT IN 8a \$			

102595-02-M-1540	PS Form 3811, February 2004 Domestic Retu
9660 4296 TOOD OTC	2. Article-Number (Transfer from service label)
3. Service Type Certified Mail Return Receipt for Merchandise Return Receipt for Merchandise C.O.D. Restricted Delivery? (Extra Fee) 4. Restricted Delivery? (Extra Fee)	JATERNOU REVENUE SENICE OGGEN, UT 847-01-6045
If YES, enter delivery address below:	1. Article Addressed to: Orthorner of the Nivasant
A. Signature X. Agent D. Is delivery address differentifrom them 1? Ses	■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.
COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION

MUSDOTT A 100-100-100-100-100-100-100-100-100-100	20 to	Sent To	2003
	1/.0)\$	697 veviled befoltzen (beriupeA Inemetrobria) eeeq & egalsoq latoT	1010
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Permit No. G-10 First-Class Mail Postage & Fees Paid USPS

UNITED STATES POSTAL SERVICE

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PS Form 3800, June 2002 (Reverse)

Certified Mail Provides: A Amailing receipt

A record of delivery kept by the Postal Service for two years A unique identifier for your mailpiece

Important Reminders:

Certified Mail is not available for any class of international mail.

MO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider insured or Registered Mail.

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■ For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailplece with the addressee's authorized Delivery."

If a postmark on the Certified Mail receipt is desired, please present the arti-cle at the post office for postmarking. If a postmark on the Certified Mail cle at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

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