	Fo	rm 990	1									I	OMB No. 1545-0047
	FU								From Inc e Code (except				2018
Dep	artment	of the Treasury venue Service							as it may be ma I the latest ir	-			Open to Public Inspection
A		he 2018 calenda							8, and endir		/31		, 2019
B		if applicable:			5	·9 -1/(J T	, _•.	e, and enan	.9 0		oyer iden	tification number
			CHO, In	c.							23-	-7275	5283
	N	ame change 1	.7391 Du	rrance							E Telepi		
	Ir	nitial return N	lorth Fo	rt Mye	rs,	FL 339	917-221	2			(23	39) 5	567-3323
	Fi	nal return/terminated											
	A	mended return									G Gross	receipts	\$ 4,325,822.
	A	pplication pending	Name and ad	dress of prin	cipal off	^{icer:} Dav	vid Eri	ckson		H(a) Is th	nis a group retu	urn for su	
		S	ame As	C Abov	е	Duv	IG DII	Choon		H(b) Are	all subordinate	es include	ed? Yes No
Ι	Tax	-exempt status:	X 501(c)(3)	501(c)	()◀ (ii	nsert no.)	4947(a)(1)	or 527		iu, attach a lis	st. (See ii	isi ucions)
J	We	bsite: ► www	.echonet	t.org					• • ••	H(c) Grou	up exemption i	number I	•
Κ	Forr	n of organization:	X Corporation	Trust	As	ssociation	Other ►		L Year of format	ion: 19	73 M	State of	legal domicile: FL
Pa	art I	Summary											
	1	Briefly describe											
e		resources											
ano					<u>rt i</u>	<u>mprove</u>	<u>ed nutr</u>	ition an	<u>id livel</u>	<u>i hood</u>	<u>for sm</u>	<u>a11-</u>	scale farmers
/ern	2	<u>and their</u> Check this box				licoontinu	ad its ana	ationa ar di	nocod of m	oro thon	DER/ of its		
Governance	2	Number of votir											12
~	4	Number of inde	•	•		· · ·							12
ties	5	Total number o										5	76
Activities &	6	Total number o											801
Ă		Total unrelated										7a	48,078.
	b	Net unrelated b	ousiness tax	able incor	ne froi	m Form S	990-1, line	38		<u></u>		7b	-9,766.
	8	Contributions a	nd grants (E	Dart \/III	ina 1h	`					Prior Yea 3,366,		Current Year
ue	9	Program servic									3,300,	294.	3,507,996.
Revenue	10	Investment inco	-								73.	487.	73,291.
Ве	11	Other revenue									508,		518,278.
	12	Total revenue -	 add lines 	8 through	11 (m	ust equa	I Part VIII,	column (A),	line 12)		3,948,	100.	4,099,565.
	13	Grants and sim	ilar amounts	s paid (Pa	art IX,	column (A), lines 1	-3)					
	14	Benefits paid to	o or for men	nbers (Par	rt IX, c	column (A	A), line 4).						
s	15	Salaries, other	•	•	-	-			-		2,652,	955.	2,657,135.
nses	16a	Professional fu	ndraising fe	es (Part I)	X, colu	umn (A),	line 11e).						
Expense	b	Total fundraisin	ng expenses	(Part IX,	colum	ın (D), lin	ie 25) ►		258,833.				
ш	17	Other expenses	s (Part IX, c	olumn (A)	, lines	11a-11d	, 11f-24e).				1,472,	757.	1,545,020.
	18	Total expenses	. Add lines	13-17 (mu	ıst equ	ual Part IX	X, column	(A), line 25)			4,125,		4,202,155.
	19	Revenue less e	expenses. Si	ubtract lin	e 18 fi	rom line '	12				-177,	612.	-102,590.
r g											ning of Curre	ent Year	End of Year
Net Assets or Fund Balances	20	Total assets (P									5,030,		4,823,058.
t As d B	21	Total liabilities	-	-							711,	753.	705,943.
		Net assets or fu		s. Subtrac	ct line	21 from I	line 20				4,318,	990.	4,117,115.
Pa	art II	Signature	Block										
Und	er pena	Ities of perjury, I decla	are that I have e	examined this	return,	including ac	companying s	chedules and sta	atements, and to	the best of	f my knowledg	e and be	lief, it is true, correct, and
				, 10 50300	2.1 an 1								
c :		Signature	of officer								Date		
Sig He	yn Yre	Doute	- Enjaka							CEO			
			d Ericks							CEO			
		Print/Type pre			Pr	eparer's sig	nature		Date		Check	if	PTIN
Ра	id		Gonzale	7.			Gonzal	e.z.			self-emplo		P00068183
	epar		► BART(EZ & M		PA	I		snipio	2	
Us	e Or	Ily Firm's address				0 1					Firm's EIN	►	

 LARGO,
 FL
 33773-1812
 Phone no.
 (727)
 344-1040

 May the IRS discuss this return with the preparer shown above? (see instructions).
 X
 Yes
 No

 BAA For Paperwork Reduction Act Notice, see the separate instructions.
 TEEA0101L
 08/20/18
 Form 990 (2018)

Form 990 (2018) ECHO, Inc.	23-7275283	Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Part III		· · · · · · · · · · · · · · · ·
Providing training, knowledge resources, networking and seeds to	o development	workers
in over 170 countries enabling them to support improved nutritic		
small-scale farmers and their families.		
2 Did the organization undertake any significant program services during the year which were not listed on the p		
Form 990 or 990-EZ?	····· Y	es X No
If "Yes," describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes," describe these changes on Schedule O.		′es X No
4 Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measured	by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ons to others, the tot	al expenses,
4a (Code:) (Expenses \$ 2,417,603. including grants of \$)	(Revenue \$ <u>3</u> ,	581,499.)
ECHO is continuing to build a knowledge base of agricultural pro		
appropriate technologies and then deliver this knowledge to deve		
around the globe to reduce hunger and improve the livelihoods of This work involves field and literature research, extensive ne		
development practitioners, seed production and testing, writing		
knowledge resources, providing training and supporting a growing		
who access ECHO resources from over 170 countries each month. T		
and hundreds of organizations who utilize ECHO resources regula		
usefulness and impact of these resources and the effectiveness of		
	(Davidance 6	F10 005
	(Revenue \$ <u></u>	<u>518,065.</u>)
In order to move its knowledge resource development and disseming closer to small-scale farmers around the world, ECHO operates Re		
Centers/Teams in Southeast Asia, East Africa, West Africa and t		<u> </u>
America/Caribbean. These Impact Centers focus on practices, know		 S,
trainings, research and networking that are most beneficial to		
and development workers in the respective regions. The work of	the Regional	Impact
Centers/Teams is heavily supported by ECHO's U.Sbased activit.		<u>d in 4a</u>
above. ECHO's regional resources and trainings are regularly e		
<pre>practitioners_throughout_the_regions</pre>		
4c (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
, (/
4d Other program services (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$	5)
4e Total program service expenses ► 3,432,219. BAA TEEA0102L 08/03/18	F	orm 990 (2018)

Form 990 (2018) ECHO, Inc.

Page 3

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
I	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.	11 b		Х
(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	11 c		Х
(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	11 d	Х	
(Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11 f	Х	
12;	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
I	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
I	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
		1		

20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... **b** If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II.* Х 21

Form 990 (2018)

Х

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III..... 22 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J..... 23 24 a 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 Х complete Śchedule K. If 'No, 'go to line 25a..... 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... 25a Х **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If 'Yes,' complete Schedule L, Part II.* 26 Х 26 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 27 of any of these persons? If 'Yes,' complete Schedule L, Part III. Х 27 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): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28h Х c 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..... Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*..... 30 Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... 31 Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I..... 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 and Part V, line 1..... Х 34 Х **35 a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a **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 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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI..... 37 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note. All Form 990 filers are required to complete Schedule O.... 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 5 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c BAA

ECHO, Inc.

Form 990 (2018)

23-7275283

Page 4

Form 990 (2018) ECHO, Inc. 23-7275283	8	F	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Yes	No
2 - Enter the number of employees reported on Form W/2. Transmittel of Wage and Tay State			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 76			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3b	Х	
	55		
4a 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)?	4a	Х	
b If 'Yes,' enter the name of the foreign country: See Schedule O			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
-	JU		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	Ua		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	• •		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	70		
Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	-		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/ 1		
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Form 1098-C?	7 h		Х
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	-		37
organization have excess business holdings at any time during the year?	8		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a 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:			
a Gross income from members or shareholders 11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in			
which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
excess parachute payment(s) during the year?	15		Х
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
If 'Yes,' complete Form 4720, Schedule O.			

Pa	Int 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, o Schedule O. See instructions.	r changes	in	
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Sec	ction A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members	12		
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	b Enter the number of voting members included in line 1a, above, who are independent 1b	12		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3				
л	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents	3		Х
4	since the prior Form 990 was filed?			х
5	· · · · · · · · · · · · · · · · · · ·			X
6				X
7 a	a 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?			Х
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			х
8		75		A
0	the following:			
	a The governing body?			
	b Each committee with authority to act on behalf of the governing body?		Х	
9	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			Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Inter	rnal Reven	ue Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?			Х
I	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure the operations are consistent with the organization's exempt purposes?			
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedul			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
I	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
	Schedule O how this was doneSee Schedule 0			
13	5		X	
14		14	Х	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official		Х	
I	b Other officers or key employees of the organizationSee .Schedule.0	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a 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		Х
I	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17				
18	available for public inspection. Indicate how you made these available. Check all that apply.	ction 501(c)(3	3)s on	ly)
	X Own website X Another's website X Upon request Other (explain in Schedule)			
19	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements the public during the tax year. See Schedule 0	nts available to		
20		►		
	David Erickson 17391 Durrance Road North Fort Myers FL 33917-2212 (23))) 543-32	246	

Form 990 (2018) ECHO, Inc.

23-7275283

Page **6**

Form 990 (2018) ECHO, Inc.				23-72752	83 Page 7			
Part VII Compensation of Officers, Director Independent Contractors	ors, Tru	stees, Key Employe	es, Highest C	ompensated En	nployees, and			
Check if Schedule O contains a response of	or note to	any line in this Part VII.			<u></u>			
Section A. Officers, Directors, Trustees, Ke	ey Empl	loyees, and Highest	Compensate	d Employees				
 1 a Complete this table for all persons required to be listed organization's tax year. List all of the organization's current officers, dire compensation. Enter -0- in columns (D), (E), and (F) if 	ectors, tru	' istees (whether individua	, ,		nount of			
 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 rganization and any related organizations. List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 from the organization from the organization and any related organizations. 								
• List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen								
List persons in the following order: individual trustees of employees; and former such persons.				, , , , , , , , , , , , , , , , , , ,	npensated			
		(C)		or, or trustee.				
(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions	director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			

					(U))					
	(A) Name and Title	(B) Average hours per	thar	n one s both dire	box, an c ector	unles	eck mo ss pers r and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)	Kathryn A Witt	1									
	Director	0	Х						0.	0.	0.
(2)	Dennis R. Morrow	1									
	Chairman	0	Х		Х				0.	0.	0.
(3)	Laura S Meitzner Yoder	1									
	Director	0	Х						0.	0.	0.
(4)	Gordon E. Lindquist	1									
	Director	0	Х						0.	0.	0.
(5)	Rodney Sebastian	1									
	Secretary	0	Х		Х				0.	0.	0.
(6)	Dr. Robert Petterson	1									
	Director	0	Х						0.	0.	0.
(7)	Douglas Carlson	1									
	Director	0	Х						0.	0.	0.
(8)	Ronald Tschetter	1									
	Vice Chairman	0	Х		Х				0.	0.	0.
(9)	Greg Dugger	1									
	Director	0	Х						0.	0.	0.
(10)	Rebecca Garofano	1									
	Director	0	Х						0.	0.	0.
(11)	R. Orlando Logelin	1									
	Treasurer	0	Х		Х				0.	0.	0.
(12)	Ron Vos	1									
	Director	0	Х						0.	0.	0.
(13)	Timothy Albright	40									
	CO0	0	1		Х				92,700.	0.	0.
(14)	David Erickson	40									
	President & CEO	0			Х				106,004.	0.	0.
		TEEAO	107	00/02	110						Earm 000 (2019)

Form 990 (2018) ECHO, Inc.

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	Pa	t VII	Section A. Officers, Directors, Tru	T	Key	En		-	es,	and	d Highest Com	pensated Emp	loyees	5 (conti	inued)
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1 41	• • •	Check if Schedule O		onse or note to an	v line in this Part V			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	 Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, c similar amounts not included 	1b 1c 1d ons) 1e	3,507,996.				
	g	Noncash contributions included Total. Add lines 1a-1f	l in lines 1a-1f: \$	<u>69,641.</u> ►	3,507,996.			
Program Service Revenue				Business Code				
<u> </u>	3	Investment income (inc other similar amounts) Income from investmen	luding dividend t of tax-exempt	s, interest and ► t bond proceeds►	19,530.			19,530.
	b	Royalties Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	d	Net rental income or (Ic	ss)	••••••				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	<u>107,669</u> <u>55,564</u> 52,105	. 3,549.				
		Net gain or (loss)			53,761.	53,761.		
Other Revenue	b	Gross income from fund (not including \$	d on line 1c).	a				
0			-					
	b	Gross income from gam See Part IV, line 19 Less: direct expenses Net income or (loss) fro		b				
	10 a b	and allowances Less: cost of goods solo Net income or (loss) fro	y, less returns	a <u>334,019.</u> b 167,144.	166,875.	118,797.	48,078.	
		Miscellaneous Revenu		Business Code			10,010.	
		Miscellaneous	Income		351,403.	351,403.		
	b	'						
	C							
		All other revenue	ļ	-				
		Total. Add lines 11a-11			351,403.	500.000	40.075	10 505
	12	Total revenue. See inst	ructions	••••••	4,099,565.	523,961.	48,078.	<u>19,530.</u>

	1 990 (2018) ECHO, Inc. tIX Statement of Functional Expense	ses		23-7275	283 Page 1
	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	-		
	Check if Schedule O contains a re				
Do I 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	198,704.	111,927.	49,676.	37,101
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	1,973,926.	1,669,629.	232,766.	71,531
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
٥	Other employee benefits	83,037.	68,090.	10,795.	4,152
9 10	Payroll taxes	207,104.	169,825.	26,924.	10,355
10	-	194,364.	159,379.	25,267.	9,718
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
C	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses	32,429.	18,809.	9,404.	4,216
14	Information technology	02/1201	20,0001	5,1011	
15	Royalties				
	Occupancy	97,805.	86,800.	8,314.	2,691
	Travel.	172,759.	139,935.	29,369.	3,455
	Payments of travel or entertainment expenses for any federal, state, or local public officials.	172,135.	139,933.		
19 20	Conferences, conventions, and meetings	98,590.	98,590.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	242,185.	217,966.	24,219.	
22		45,901.	39,016.	4,590.	2,295
	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.).	43,301.	39,010.	4,390.	2,295
a	Professional Fees	318,212.	254,570.	22,274.	41,368
	Other_Expenses	239,130.	195,616.	31,427.	12,087
	Repairs & Maintenance	104,503.	94,053.	10,450.	12,007
	Furnishing & Office Equipment	67,062.	54,320.	8,048.	4,694
	All other expenses	126,444.	53,694.	17,580.	55,170
-	Total functional expenses. Add lines 1 through 24e	4,202,155.	3,432,219.	511,103.	258,833
	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 ► if following SOP 98-2 (ASC 958-720)	_,	.,,,		200,000
<u> </u>					Farma 000 (2016

Form 990 (2018) ECHO, Inc. Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing			328,518.	1	361,847
2	Savings and temporary cash investments			607,774.	2	309,205
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			40,894.	4	
5	Loans and other receivables from current and former trustees, key employees, and highest compensated en Part II of Schedule L	officers, c mployees	lirectors, . Complete		_	
~					5	
6	Loans and other receivables from other disqualified p. section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	3)(B) and	contributing		6	
7	Notes and loans receivable, net.				7	
8	Inventories for sale or use			129,204.	8	155,090
9	Prepaid expenses and deferred charges			59,090.	9	82,06
-	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1	5,611,870.		-	02700
	b Less: accumulated depreciation.		2,598,812.	3,041,405.	10 c	3,013,05
11	Investments – publicly traded securities			5,041,405.	11	5,015,050
12	Investments – other securities. See Part IV, line 11.				12	
13	Investments – program-related. See Part IV, line 11.		_		13	
14	Intangible assets.				14	
15	Other assets. See Part IV, line 11			823,858.	15	901,78
16	Total assets. Add lines 1 through 15 (must equal line			5,030,743.	16	4,823,05
17	Accounts payable and accrued expenses			264,425.	17	204,77
18	Grants payable			204/425.	18	204,77
19	Deferred revenue		11,305.	19		
20	Tax-exempt bond liabilities			,	20	
21	Escrow or custodial account liability. Complete Part I	V of Sche	edule D		21	
22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directo d disqualif	ors, trustees, ied persons.		22	
23	Secured mortgages and notes payable to unrelated th				23	
24	Unsecured notes and loans payable to unrelated third	•	_		24	
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		436,023.	25	501,16
26	Total liabilities. Add lines 17 through 25			711,753.	26	705,94
	Organizations that follow SFAS 117 (ASC 958), check he	re► X	and complete			
	lines 27 through 29, and lines 33 and 34.		-			
27	Unrestricted net assets			3,553,493.	27	3,666,57
28	Temporarily restricted net assets.		_	590,131.	28	274,26
29	Permanently restricted net assets			175,366.	29	176,28
	Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck here ۱				
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipm	nent fund.			31	
32	Retained earnings, endowment, accumulated income,	or other	funds		32	
33	Total net assets or fund balances			4,318,990.	33	4,117,11
34	Total liabilities and net assets/fund balances			5,030,743.	34	4,823,05

Forn	n 990 ((2018)	ECHO,	, Iı	nc.								23-	72752	83	Pa	age 12
Pa	t XI	Reco	nciliati	ion (of Net Asse	ets											
		Check	if Sched	dule (O contains a r	esponse or	note t	o any lii	ne in this	Part XI	l						. Х
1	Total	revenue	e (must e	equa	l Part VIII, co	umn (A), lir	ne 12)							1	4,0)99,	565.
2	Total	expens	es (must	t equ	al Part IX, co	lumn (A), lir	ne 25).							2			155.
3	Reve	nue less	s expens	ses. S	Subtract line 2	from line 1								3			590.
4	Net a	issets o	r fund ba	alanc	es at beginnir	ng of year (r	nust e	qual Pa	irt X, line	33, colu	umn (A)).			4			990.
5	Net u	Inrealize	ed gains	(loss	es) on invest	ments								5			892.
6	Dona	ted serv	vices and	d use	of facilities.									6		,	
7														7			
8	Prior	period	adjustme	ents .										8			
9	Other	r change	es in net	asse	ets or fund ba	lances (exp	lain in	Schedu	ule O) Se	ee Sc	chedule	e 0		9	-	·25,3	393.
10	Net as	ssets or	fund bala	ances	at end of year	 Combine li 	nes 3 t	through S	9 (must eg	ual Part	t X, line 33	3,					
	colun	nn (B)) .		· · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>								10	4,1	.17,1	115.
Pa	t XII	Finar	icial St	tater	ments and	Reporting	g										
		Check	if Sched	dule (D contains a r	esponse or	note t	o any lii	ne in this	Part XI	II						
							_		_		_					Yes	No
1	Acco	unting n	nethod us	ised t	to prepare the	Form 990:	C	Cash	X Accr	ual	Other						
	If the	organiz	zation cha	nange	ed its method	of accountir	ng fron	n a prio	r year or	checked	d 'Other,'	explain					
2.				n's fii	nancial staten	nents comp	ilad or	roviowa	ad hy an i	ndanan	ndent acco	untant?			2a		X
20		5				•			5						<u>Za</u>		
					w to indicate v ted basis, or b		financ	ial state	ements to	r the ye	ear were o	compiled of	or review	ed on a			
	П		ite basis		Consolidat		Пв	Both con	solidated	and se	eparate ba	isis					
	Were	the ora	anizatior	n's fii	∟ nancial staten	nents audite	ed by a	an inden	pendent a	ccounta	ant?				2b	Х	
-		-			w to indicate v		-										
	basis		lidated ba				_										
	Х	Separa	ite basis		Consolidat	ed basis	B	Both con	solidated	and se	eparate ba	isis					
(If 'Yes	s' to line w, or co	2a or 2b, mpilatior	, doe n of i	s the organizat ts financial st	tion have a c atements a	ommiti nd sele	tee that a ection o	assumes r f an inder	esponsi pendent	ibility for o t accounta	versight of ant?	the audit	, 	2c	Х	
	lf the in Sc	organiz	zation cha	ange	ed either its ov	versight prod	cess o	r selecti	ion proces	ss durin	ng the tax	year, exp	lain				
38	Asai	result of	a federal		rd, was the org ar A-133?							forth in the	e Single		3a		Х
I	lf 'Yes	s,' did th	e organiz	zation	undergo the r	equired audit	t or aud	dits? If th	he organiz	ation did	d not unde	ergo the rea	quired aud	dit		1	
-			•		Schedule O ar				0			•			3b		
BAA								TEEA011	2L 08/03/18	3					Forn	n 990	(2018)



Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ECHO, Inc. Number, street, and room or suite number. If a P.O. box, see instructions.	23-7275283 Social security number (SSN)
File by the due date for filing your	17391 Durrance Road	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. North Fort Myers, FL 33917-2212	
Enter the F	Return Code for the return that this application is for (file a separate application for e	each return)

Application Is For		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 (section 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
 <u>David Erickson</u>

Telephone No. ► (239) 543-3246

Fax No. ► (239) 543-5317

•	If the organization does not have an office or place of business in the	he United States, check this box	•
•	If this is for a Group Return, enter the organization's four digit Group	IP Exemption Number (GEN) . If this is for the whole group	ວ, 🗌

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.... ► and attach a list with the names and EINs of all members the extension is for.

1	I request an automatic 6-month extension of time until	2/15	, 20 20	, to file the exempt organization return
	for the organization named above. The extension is for the	e organization's	s return for:	_

calendar year 20 or

►	X tax year beginning	<u>4/01</u> , 20	<u>18</u> , and ending	<u>3/31</u> , 20	<u>19</u> .
---	----------------------	------------------	------------------------	------------------	-------------

2	If the tax year entered in line 1 is for less than 12 months, check reason:	Initial return	Final return
	Change in accounting period		

3a 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	3 a	\$ 0.
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	3 b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0.

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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

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.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Name of the organizationEmployer identification numberECHO, Inc.23-7275283										
Part I		arity Status (All o	rappizations must	omplo	to thic	23-727528				
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
1										
2										
3	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4							nter the hospital's			
- L	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 gov	vernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(∨).				
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p (Complete Part II.)	part of its support from a	governm	ental uni	t or from the general put	lic described			
8	A community trust described	d in section 170(b)(1)((A)(vi). (Complete Part I	l.)						
9	An agricultural research orgar or university or a non-land-gra university:									
10	An organization that normally from activities related to its investment income and unre June 30, 1975. See section	exempt functions—su elated business taxable	bject to certain exception le income (less section	ons, and	(2) no i	more than 33-1/3% of i	s support from gross			
11	An organization organized a			ety. See	sectior	n 509(a)(4).				
12	An organization organized a or more publicly supported	and operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to carry ou	It the purposes of one			
-	lines 12a through 12d that c	lescribes the type of s	supporting organization	and corr	nplete lii	nes 12e, 12f, and 12g.				
а	Type I. A supporting organizat organization(s) the power to re complete Part IV, Sections	egularly appoint or elec	ed, or controlled by its sup t a majority of the directo	ported o rs or trus	rganizat tees of t	ion(s), typically by giving he supporting organization	the supported on. You must			
b	Type II. A supporting organi management of the supporting must complete Part IV, Sec	g organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by l the supported organizati	naving control or on(s). You			
с	Type III functionally integrated organization(s) (see instruct		tion operated in connectio	n with, ar A. D. an	nd functio	onally integrated with, its	supported			
d	Type III non-functionally integrated. The instructionally integrated. The	arated A supporting or	anization operated in cor	noction	with ite e	supported organization(s)	that is not			
e	Check this box if the organizintegrated, or Type III non-f	zation received a writt	ten determination from	the IRS						
f	Enter the number of supported									
g F	Provide the following information	on about the supporte	d organization(s).							
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
<u>(B)</u>										
(C)										
<u>(D)</u>										
(E)										
Total										
TOTAL										

begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,708,459.	3,053,499.	3,166,913.	3,366,294.	3,507,996.	16,803,161.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3	3,708,459.	3,053,499.	3,166,913.	3,366,294.	3,507,996.	16,803,161.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.	
6	Public support. Subtract line 5 from line 4						16,803,161.	
Sec	tion B. Total Support						· · · ·	
	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	3,708,459.	3,053,499.	3,166,913.	3,366,294.	3,507,996.	16,803,161.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,726.	22,207.	18,850.	19,170.	19,530.	106,483.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,				0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	351,150.	276,767.	328,860.	363,152.	351,403.	1,671,332.	
11	Total support. Add lines 7 through 10						18,580,976.	
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.	
13	First five years. If the Form 990 is organization, check this box and						▶□	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 20	018 (line 6, colum	n (f) divided by lir	ne 11, column (f))		14	90.43%	
15	Public support percentage from	2017 Schedule A,	Part II, line 14			15	90.29%	
16a	33-1/3% support test-2018. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b plicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	≺ this box ·····► χ	
b	33-1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Parl	t VI how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization.	t VI how the	
	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a				
BAA					Scl	hedule A (Form 9	90 or 990-EZ) 2018	

Page 2

23-7275283

Schedule A (Form 990 or 990-EZ) 2018 ECHO, Inc.

Section A. Public Support

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.)

Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 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.)						
Sec	tion B. Total Support			1	1		
	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	r fifth tax year as	a section 501(c)	³⁾ ▶
-	tion C. Computation of Pu			10 1 (0	、		0
	Public support percentage for 20	-					00
-	Public support percentage from					16	010
	tion D. Computation of Inv				(0)		
17	Investment income percentage f	-		-			00
18	Investment income percentage f						8
19a	33-1/3% support tests—2018. If is not more than 33-1/3%, check						
	33-1/3% support tests – 2017. If the 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported organ	nization 🕨
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	····· ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b

Part	IV	Supporting Organizations (continued)		_	
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?				
b	A fan	nily member of a person described in (a) above?	11b		
C ,	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.				
Section B. Type I Supporting Organizations					

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

			Yes	No
1	Nere a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management o			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.			

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

2b

3a

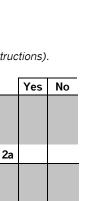
3h

Yes

1

2

No



1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	ns must	v. 20, 1970 (explain ir complete Sections A	Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

ectio	on D – Distributions			Current Year
1 A	mounts paid to supported organizations to accomplish exempt put	rposes		
	mounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organization	IS,	
3 A	dministrative expenses paid to accomplish exempt purposes of su	pported organizations		
4 A	mounts paid to acquire exempt-use assets			
5 C	Qualified set-aside amounts (prior IRS approval required)			
6 C	Other distributions (describe in Part VI). See instructions.			
7 T	otal annual distributions. Add lines 1 through 6.			
	istributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	e details	
9 D	Distributable amount for 2018 from Section C, line 6			
0 L	ine 8 amount divided by line 9 amount			
	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 D	Distributable amount for 2018 from Section C, line 6			
C	Inderdistributions, if any, for years prior to 2018 (reasonable ause required – explain in Part VI). See instructions.			
3 E	xcess distributions carryover, if any, to 2018			
аF	rom 2013			
b F	rom 2014			
сF	rom 2015			
d F	rom 2016			
e F	rom 2017			
f T	otal of lines 3a through e			
g A	pplied to underdistributions of prior years			
h A	pplied to 2018 distributable amount			
iС	Carryover from 2013 not applied (see instructions)			
i R	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2018 from Section D, ne 7: \$			
аA	pplied to underdistributions of prior years			
	pplied to 2018 distributable amount			
c R	Remainder. Subtract lines 4a and 4b from 4.			
S	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than ero, explain in Part VI. See instructions.			
fr	Remaining underdistributions for 2018. Subtract lines 3h and 4b rom line 1. For result greater than zero, explain in Part VI. See instructions.			
7 E	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 B	Breakdown of line 7:			
аE	Excess from 2014			
	Excess from 2015			
сE	Excess from 2016			
d E	Excess from 2017			
	Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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A (Form 990 or 990-EZ) 2018ECHO, Inc.23-7275283Page 8Supplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV,
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1;
Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.) Part VI

Part II, Line 10 - Other Income

Nature and Source	2018	2017	2016	2015	2014
Misc including conference, <u>\$</u> Total <u>\$</u>	351,403.	\$ 363,152.	\$ 328,860. \$ 328,860.	<u>\$ 276,767.</u> <u>\$ 276,767.</u>	\$ 351,150. \$ 351,150.

SCHEDULE D Supplemental Financial Statements						OMB No. 1545-0047		
(Form 990) ► Complete			e if the organization answered 'Yes' on Form 99 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	2018				
Department of the Treasury Internal Revenue Service Go to www.irs.g			Attach to Form 990. .gov/Form990 for instructions and the latest inf	Attach to Form 990. ov/Form990 for instructions and the latest information.				
	Name of the organization Employer ide						ction number	
	ECHO, Inc				23-727	5283		
Par	Complete	if the organization ans	or Advised Funds or Other Similar Fun wered 'Yes' on Form 990, Part IV, line	ds or Ac o 5.	counts.			
			(a) Donor advised funds	(b) F	unds and	other acc	ounts	
1		nd of year						
2		tributions to (during year)						
4		at end of year						
5	Did the organizati	on inform all donors and do	nor advisors in writing that the assets held in do organization's exclusive legal control?	nor advised	funds	Yes	No	
6	Did the organizati	on inform all grantees, dong	ers, and donor advisors in writing that grant fund t of the donor or donor advisor, or for any other	s can be us	ed only			
_	impermissible priv	vate benefit?				Yes	No	
Par		tion Easements. if the organization ans	wered 'Yes' on Form 990, Part IV, line	7.				
1	Purpose(s) of con	servation easements held by	y the organization (check all that apply).					
		of land for public use (e.g., r			5 1		ea	
		natural habitat	Preservation of	a certified	historic str	ructure		
•	Preservation of							
2	Complete lines 2a l last day of the tax		held a qualified conservation contribution in the form	of a conser	vation ease	ement on t	ne	
	5				Held at the	End of th	ie Tax Year	
	0	2	ments					
			fied historic structure included in (a)					
(d Number of conser structure listed in	vation easements included i the National Register	n (c) acquired after 7/25/06, and not on a histori	c. 2d				
3	Number of conservation Number of conservation to the server ►	ation easements modified, trar	nsferred, released, extinguished, or terminated by th	e organizatio	on during th	ie		
4	Number of states w	here property subject to conse	ervation easement is located ►					
5			garding the periodic monitoring, inspection, han	dling of vio	lations,	Yes		
6		of the conservation easement hours devoted to monitoring,	inspecting, handling of violations, and enforcing con	servation ea	sements du			
7	Amount of expense	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing conserv	ation easem	ents during	the year		
8	•	vation easement reported or	n line 2(d) above satisfy the requirements of sec	tion 170(h)	(4)(B)(i)	Yes	No	
9	In Part XIII. describ	be how the organization reports ble, the text of the footnote	s conservation easements in its revenue and expens to the organization's financial statements that de	e statement	. and balan	 ce sheet. a	and	
Par	+ III Organizat	ions Maintaining Colle	ctions of Art, Historical Treasures, or wered 'Yes' on Form 990, Part IV, line	Other Sin	nilar Ass	sets.		
1.	•	-			nt and hal	onoo choo	t worke of	
1.6	art, historical treasu	ures, or other similar assets he	r SFAS 116 (ASC 958), not to report in its reven eld for public exhibition, education, or research in funcial statements that describes these items.	therance of	public serv	ice, provid	e,	
I	following amounts	s relating to these items:	r SFAS 116 (ASC 958), to report in its revenue s or public exhibition, education, or research in further			e sheet we provide th	orks of art, e	
			line 1					
~								
2			nistorical treasures, or other similar assets for finance 116 (ASC 958) relating to these items:			lowing		
			· · · · · · · · · · · · · · · · · · ·					

b Assets included in Form 990, Part X			
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L	10/10/18	

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 ECHO,							23-7275			Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orica	l Treasures, or	Other	Similar Ass	ets (c	ontinu	ied)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other	records, check a	ny of t	the following that ar	e a signit	ficant use of its o	collectio	n	
a Public exhibition				or exc	change programs					
b Scholarly research			e Other							
c Preservation for future gener										
4 Provide a description of the organiz Part XIII.			1		0					
5 During the year, did the organiza to be sold to raise funds rather the								Yes		No
Part IV Escrow and Custodia line 9, or reported an a	l Arrangen amount on	ients. Form	Complete if t 990, Part X,	he o line	rganization ans 21.	swered	'Yes' on For	rm 99	0, Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or oth	er intermediary	for co	ontributions or othe	er assets	not included	Yes		No
b If 'Yes,' explain the arrangement							L T		+	
- Reginning holonoo						1.		Amoun	ι	
c Beginning balance d Additions during the year										
e Distributions during the year										
f Ending balance2a Did the organization include an a								Vee		
b If 'Yes,' explain the arrangement							-			No
					•				· · · · · L	
Part V Endowment Funds. C	omplete if	the org	ganization ar	Iswer			· · · · · ·			
	(a) Current		(b) Prior yea		(c) Two years back		Three years back	(e)	Four year:	
1 a Beginning of year balance	175,	,366.	171,3	22.	170,662	2.	174,491.			652.
b Contributions							127.		14,	291.
c Net investment earnings, gains, and losses	5	,062.	5,8	27.	5,711	L.	-2,273.		7,	345.
d Grants or scholarships										
e Other expenditures for facilities and programs							0.		4,	181.
f Administrative expenses	1	,798.	1,7		1,72	7.	1,683.		1,	616.
g End of year balance	178,	,630.	175,3	66.	171,322	2.	170,662.		174,	491.
2 Provide the estimated percentage	e of the curre	nt year	end balance (lir	ne 1g,	column (a)) held	as:				
a Board designated or quasi-endowm			0/0							
b Permanent endowment ►	99.00 [%]									
c Temporarily restricted endowmer	nt 🕨	1.0	0 %							
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100	0%.							
3a Are there endowment funds not in t	he possession	of the o	rganization that a	are hel	ld and administered	for the				
organization by:									Yes	No
(i) unrelated organizations								3a(i)		Х
(ii) related organizations								3a(ii)		Х
b If 'Yes' on line 3a(ii), are the rela	0							3b		
4 Describe in Part XIII the intended		-	ation's endowme	ent fur	nds.					
Part VI Land, Buildings, and										
Complete if the organi	zation ans	wered	'Yes' on Forr	n 99	0, Part IV, line	11a. S	See Form 990	0, Pai	rt X, lii	ne 10.
Description of property			t or other basis vestment)	(b)) Cost or other basis (other)		ccumulated preciation	(d)	Book va	alue
1 a Land					1,155,700.			1	,155	,700.
b Buildings					3,556,085.	1,	841,014.			,071.
c Leasehold improvements						,			,	
d Equipment					752,292.		626,754.		125	,538.
e Other					147,793.		131,044.			,749.
Total. Add lines 1a through 1e. (Column	n (d) must ea	qual For	m 990, Part X, d	colum				3	3,013	
ВАА							Schedu		orm 990	

Schedule	D (Form 990) 2018 ECHO, Inc.			23-7275283	Page 3
Part VII	Investments – Other Securities. Complete if the organization answered	'Yes' on Form 990	N/A), Part IV, line 11b. See	Form 990, Part X	, line 12.
(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market va	lue
(1) Financ	cial derivatives				
• •	y-held equity interests				
(3) Other					
(A)					
(B)					
<u>(C)</u>					
(D)					
<u>(E)</u>					
<u>(F)</u>					
$\frac{(G)}{(I)}$					
(H) (H)					
(l) T + +					
	mn (b) must equal Form 990, Part X, column (B) line 12.) ► Investments — Program Related.		N / 7		
Part VIII	Complete if the organization answered	'Yes' on Form 990	N/A N/A 11c. See	Form 990. Part X	. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Co		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 990, Part X, column (B) line 13.) ►				
Part IX	Other Assets. Complete if the organization answered	'Yes' on Form 990) Part IV line 11d See	Form 990 Part X	line 15
		scription		(b) Book	
	ner Assets				59,524.
	cious Mutual Funds, Securities a	and MM		83	32,265.
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
	olumn (b) must equal Form 990, Part X, column (E	B) line 15.)		• 90)1,789.
Part X	Other Liabilities.			/ I' OF	
	Complete if the organization answered 'Yes' on F (a) Description of liability	(b) Book value	le or 11f. See Form 990, Part)	K, line 25.	
(1) Fede	eral income taxes		_		
	nuity Liability	413,75	6		
(3) Car	Dital Lease Obligation	87,40			
(4)			<u> </u>		
(5)					
(6)					
(7)					
(8)					
(9) (10)					
(10)					
	mn (b) must equal Form 990, Part X, column (B) line 25.)	▶ 501,16	5		
	or uncertain tax positions. In Part XIII, provide the text of the for			anization's liability for unce	rtain

tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018 ECHO, Inc.	23-7275283	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1 4,	288,290.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2.	
b Donated services and use of facilities	3.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) See Part XIII 2d 167,14	4.	
e Add lines 2a through 2d.		188,725.
3 Subtract line 2e from line 1.		099,565.
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 4,	099,565.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1 4,	490,165.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	,	
a Donated services and use of facilities	3	
b Prior year adjustments	<u>.</u>	
c Other losses		
d Other (Describe in Part XIII.) See Part XIII 2d 192,53	7	
e Add lines 2a through 2d.		288,010.
3 Subtract line 2e from line 1.		202,155.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		202/100:
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5 4,	202,155.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

The Organization is exempt from federal income taxes under section 501(c)(3) of the

Internal Revenue Code, and has been determined not to be a private foundation.

However, the Organization has gift shop sales that are subject to tax on unrelated

business income.

The Organization adopted the provisions of the FASB ASC 740, Income Taxes (formerly

Interpretation 48 [FIN 48], "Accounting for Uncertain Tax Positions") ASC 740 BAA Schedule D (Form 990) 2018

Part X - FIN 48 Footnote (continued)

clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. ASC 740 provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. The Organization determined that during the years ended March 31, 2019 and 2018, ASC 740 did not have a material impact on its financial position, activities or cash flows.

The Organization's Forms 990, Return of Organization Exempt from Income Tax, and Forms 990-T, Exempt Organization Business Income Tax Return, are subject to examination by the IRS, generally for three years after they were filed.

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Cost of sales of merchandise sold	\$ \$	<u>167,144.</u> 167,144.
Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S		
Actuarial Change in Annuity Contracts. Cost of sales of merchandise sold. Total	\$ \$	25,393. 167,144. 192,537.

SCHEDULE F			es Outside the Unite		OMB No. 1545-0047
(Form 990)	 Complete if the or 	rganization answer ► Atta	ed 'Yes' on Form 990, Part IV, lin ach to Form 990.	e 14b, 15, or 16.	2018
Department of the Treasury Internal Revenue Service	► Go to www.i	Open to Public Inspection			
Name of the organization ECHO	, Inc.			Employer iden 23-7275	ntification number
	nation on Activiti Part IV, line 14b.	es Outside th	e United States. Complet		
1 For grantmakers. Does	s the organization ma		substantiate the amount of its selection criteria used to award		
	-		s for monitoring the use of its gra	-	
3 Activities per Region. (The following Part I, I	line 3 table can b	e duplicated if additional space	e is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed i (d) is a program service, describe specific type of service(s) in the region	n (f) Total expenditures for and investments in the region
(1) Asia	1	2	Program Sorvigos	Conf, workshp,	306,752.
Central	1	3	Program Services	seed bk, resear Symposiums,Train	•
(2) America/Caribbean			Program Services	ing,Consulting	80,869.
				Consulting,Sympo	
(3) Africa	2	3	Program Services	siums,Seedbank	626,995.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
<u>(14)</u>					
<u>(</u> 15)					
(16)					
(17)					
3a Subtotal.	3	6			1,014,616.
b Total from continuation sheets to Part I	1				
c Totals (add lines 3a and 3b)) 3	6			1 014 616

Schedule F (Form 990) 2018

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Er	nter total number of recipient organizati e grantee or counsel has provided a	ions listed above that a section 501(c)(3) equ	re recognized as cha uivalency letter	rities by the forei	gn country, recogniz	ed as tax-exempt b	y the IRS, or for whi	ch	0		
3 Er BAA	3 Enter total number of other organizations or entities										

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answe	red 'Yes' on Form 990,
Part IV, line 16. Part III can be duplicated if additional space is needed.	

(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book FMV, appraisal, other)
	(b) Region	(b) Region (c) Number of recipients	(b) Region (c) Number of recipients (d) Amount of cash grant	(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement	(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance	(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of disbursement (f) Amount of noncash assistance (g) Description of noncash assistance Image: Imag

23-7275283

sche	edule F (Form 990) 2018 ECHO, Inc.	23-7275283	Page 4
Pa	rt 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
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately 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 U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	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 C. Foreign Corporations (see Instructions for Form 5471).	ertain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qua 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 Fund (see Instructions for Form 8621).	lified	X No
5	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 Foreign Partnerships (see Instructions for Form 8865).		X No
6	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	e Yes	X No

TEEA3505L 11/02/18

Schedule F (Form 990) 2018

X No

Part V Supplemental Information

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.

SCHED			Transa	ction	s Witl	h Inte	erested F	Persons				O	MB No.	1545-00	47
(Form 990) or 990-EZ)	► Complete if t	he organizatio 28b. or 2	on answ 28c. or I	ered 'Ye Form 990	s' on F)-EZ. P	orm 990, Par art V. line 38	t IV, line 25a, a or 40b.	25b, 2	6, 27,	28a,	2018			
Department of Internal Reve	of the Treasury enue Service		to www.irs.go	Attach	to Form	i 990 oi	r Form 990-E	Z.	, Ор				Open To Public Inspection		
Name of the	organization								Em	ployer i	dentifica	ation nu	mber		
ECHO,											7528				
Part I	Excess E	Benefit Trans f the organization	actions (see	ction 5	01(c)(3	8), seo	ction 501(c)(4), and 5	01(c)((29) (orgar	nizati	ons d	only).	
	Complete i	f the organization	n answered 'Ye	es' on F	orm 990	, Part I	V, line 25a o	r 25b, or Forr	n 990-E	EZ, Pá	art V,	line 40	0b.		
1	(a) Name of disq	ualified person	(b) Relatio		veen disqua ganization	lified per	son and	(c) De	escription	of trans	action			(d) Corr Yes	rected?
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															<u> </u>
sect	ion 4958	of tax incurred I				· · · · · ·	· · · · · · · · · · · · · · ·				· •				
		of tax, if any, o				the or	ganization				.►\$				
Part II	Complete if	and/or From the organization reported an am	answered 'Yes	' on For	m 990-E	Z, Part 5, 6, or	V, line 38a or 22.	⁻ Form 990, Pa	art IV, I	ine 26	; or if	the			
(a) Name o	of interested perso	n (b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	prin.	e) Original cipal amount	(f) Balance	due	(g) In (default?	by bo	proved bard or hittee?	(i) Wi agreer	ritten ment?
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)										1					
<u>(</u> 10) Total				I	1		►\$						L		
Part III	Grants o	r Assistance the organization	Benefiting	Interes	sted Pe	erson: Part IV	S.								
	(a) Name of inte	•	(b) Relation		en intereste		(c) Amount o	of assistance	(d) Typ	e of as	sistance	(e)	Purpos	e of assi	stance
(1)												-			
(1)												+			
(3)			+												
(4)															
(5)												+			
(6)												+			
(7)															
(8)															
(9)			1												

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

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
(1) Jennifer Erickson	Spouse of CEO	434.	Compensation		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information.				•	<u>.</u>

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

•	Comple	ete if the	e organizations	answered	'Yes'	on Form 990,	Part IV,	lines 2	29 or 3	30.

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service							
Name of the organization							
ECHO, Inc.							

ECHO,

Part I

Employer identification number
23-7275283

e organization	Employer ic
Inc.	23-727
Types of Property	

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	d of c contril	determin	iing mounts
1	Art – Works of art							
2	Art – Historical treasures							
3	Art – Fractional interests.							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded							
10	Securities – Closely held stock							
11	Securities – Partnership, LLC, or trust interests .							
12	Securities – Miscellaneous							
13	Qualified conservation contribution – Historic structures							
14	Qualified conservation contribution – Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other.							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts.							
25	Other► (Equipment)			69,641.	FMV			
26	Other► ()							
27	Other► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organization d	uring the tax	year for contributions fo	r which the				
	organization completed Form 8283, Part IV, Done	e Acknowled	dgement		29			
							Yes	No
30a	During the year, did the organization receive by contri							
	it must hold for at least three years from the date							
	for exempt purposes for the entire holding period?					30 a		X
	If 'Yes,' describe the arrangement in Part II.				2			
	Does the organization have a gift acceptance police		-		ns?	31	Х	
32a	Does the organization hire or use third parties or noncash contributions?	0				32 a		Х
b	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wl	hich column (a) is chec	ked,			
	For Denominant, Deduction Act Nation and the Inc				Cahadu			0) 2010

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

Schedule M (Form 990) 2018

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ECHO, Inc

Employer identification number

23-7275283

Form 990, Part V, Line 4(b) - Financial Accounts in Foreign Countries

Thailand, Tanzania and Burkina Faso

Form 990, Part VI, Line 11b - Form 990 Review Process

Board of Directors and Senior Staff review 990 before filing

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

This is discussed at every semi-annual board meeting.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Position and salary scales are checked with the website lists of surveys and

comparable positions. Board of Directors sets CEO's salary. Executive Team makes

the decision on all other salaries.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

AL AR CA CT FL IL KS KY MD MA MI MN MS NH NJ NM NY NC OK OR PA RI SC TN UT VA WV

WI CO GA MO ND ME NV OH

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

upon request

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Actuarial	Change	in	Annuity	Contracts	\$ -25,393.
	-		-	Total	\$ -25,393.

_	Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						OMB No. 1545-0687		
FC	orm JJU-I			• • • •	3/31 201	٩	2018		
		For calendar year 2018 or other tax year beginning				9	2010		
Depart	ment of the Treasury	 Go to www.irs.gov/Form990T fo Do not enter SSN numbers on this form as it 				Ope	n to Public Inspection for		
A	I Revenue Service			changed and see instructions.)			(c)(3) Organizations Only yer identification number		
	address changed					(Emplo instruc	oyees' trust, see		
	kempt under sectio	or 17391 Durrance Road	F				-7275283		
Δ	501(c)(3) 408(e) 220(Tune North Fort Myore 1		3917-2212	E	Unrela	ated business activity code		
	408(e) 220(408A 530(-	(See ii	nstructions.)		
	529(a)					453	3220		
	ok value of all assets	F Group exemption number (See instruct	ions.)•	•					
at	end of year 4,823,058	G Check organization type ► X	501(c	c) corporation 501	(c) trust 401	a) trus	t Other trust		
ΗE		he organization's unrelated trades or businesses			escribe the only (or fi				
tr	ade or business he	ere⊾Gift Shop Sales			. If only	one,	complete Parts I-V.		
		escribe the first in the blank space at the end	of the	e previous sentence, co	mplete Parts I and I	I, com	plete a Schedule M		
		rade or business, then complete Parts III-V.	4			2			
		was the corporation a subsidiary in an affilia			ary controlled group	£ •	► Yes XNo		
	he books are in care	ame and identifying number of the parent cor	poratio		elephone number ►	(000			
Par		of David Erickson		(A) Income	(B) Expenses	(239	0) 543-3246 (C) Net		
			1	(A) Income	(B) Expenses		(C) Net		
	Less returns and allowa	sales <u>104,240.</u> ances c Balance►	1c	104,240.					
		I (Schedule A, line 7)	2	56,162.					
	-	act line 2 from line 1c		48,078.			48,078.		
	•	come (attach Schedule D).	_	40,070.			40,070.		
		.797, Part II, line 17) (attach Form 4797).							
		tion for trusts	4c						
	Income (loss) from	a partnership or an S corporation							
-	•)							
		edule C)							
7		anced income (Schedule E)	7						
8		Ities, and rents from a controlled organization (Schedule F).	8 9						
9 10		section 501(c)(7), (9), or (17) organization (Schedule G) activity income (Schedule I)							
11		e (Schedule J)	10						
12		e instructions; attach schedule)	<u> </u>						
12			12						
13	Total. Combine lin	es 3 through 12	13	48,078.		0.	48,078.		
Par		ns Not Taken Elsewhere (See instru	-	s for limitations on			for		
		ons, deductions must be directly con							
14	Compensation of o	officers, directors, and trustees (Schedule K).				4			
15	Salaries and wage	?S				5			
16	•	enance				6			
17						7			
18	•	hedule) (see instructions)				8			
19		S				9			
20		utions (See instructions for limitation rules)				:0			
21		ch Form 4562)							
22		claimed on Schedule A and elsewhere on re				2b			
23	•	forred companyation plans				3			
24 25		eferred compensation plans				4 5			
25 26		programs				5 6			
26 27	•	costs (Schedule J)				7			
27	Other deductions	(attach schedule)		See S	Statement 1	8	57,844.		
29		Add lines 14 through 28.				9	57,844.		
30	Unrelated busines	s taxable income before net operating loss d	eductio	on. Subtract line 29 fror	n line 13 3	0	-9,766.		
31		ting loss arising in tax years beginning on or after Januar				1			
		s taxable income. Subtract line 31 from line 3	30			2	-9,766.		
BAA	For Paperwork Re	eduction Act Notice, see instructions.		TEEA0201L 1/31	/19		Form 990-T (2018)		

Form	990-T	(2018) ECHO, Inc.			23	-7275283	F	Page 2
Par	t III	Total Unrelated Business Taxable Incom	е					
33	Total	of unrelated business taxable income computed fror	n all unrelated trades o	or businesses (se	е			
	instru	ctions)				33	-9,	766.
		nts paid for disallowed fringes.				34		
35		ction for net operating loss arising in tax years begin			0	25		
20		ctions)				35		
36		of unrelated business taxable income before specifies 33 and 34				36	- 9	766.
27		fic deduction (Generally \$1,000, but see line 37 inst				37		100.
		ated business taxable income. Subtract line 37 from				5/		
50		the smaller of zero or line 36				38	-9,	766.
Par		Tax Computation				II		
		nizations Taxable as Corporations. Multiply line 38 b	ov 21% (0.21)		•	39		0.
		s Taxable at Trust Rates. See instructions for tax co						
			dule D (Form 1041)		►	40		
41		tax. See instructions				41		
	-	ative minimum tax (trusts only)				41		
		n Noncompliant Facility Income. See instructions				43		
		Add lines 41, 42, and 43 to line 39 or 40, whicheve				44		0.
						44		0.
Par		Tax and Payments						
	-	gn tax credit (corporations attach Form 1118; trusts a		45 a				
		credits (see instructions)		45 b				
		ral business credit. Attach Form 3800 (see instructio	-	45 c 45 d				
		t for prior year minimum tax (attach Form 8801 or 86 credits. Add lines 45a through 45d				45 e		0
		act line 45e from line 44						$\frac{0.}{0.}$
40	Other	taxes. Check if from: Form 4255 Form 8611	Eorm 8697 Eorm	8866		46		0.
-77		ther (attach schedule)		0000		47		
48		tax. Add lines 46 and 47 (see instructions)				48		0.
		net 965 tax liability paid from Form 965-A or Form 9				49		
	-	ents: A 2017 overpayment credited to 2018		50 a 50 b				
		estimated tax payments		50 c				
		gn organizations: Tax paid or withheld at source (see		50 c				
		ip withholding (see instructions)		50 e				
		for small employer health insurance premiums (atta		50 e				
		credits, adjustments, and payments: Form 243	-	301				
9		form 4136 \Box Other	Total ►	50 g				
51		payments. Add lines 50a through 50g				51		0
52		lated tax penalty (see instructions). Check if Form 2.				52		0.
53		ue. If line 51 is less than the total of lines 48, 49, ar				53		
53 54		bayment. If line 51 is larger than the total of lines 48, 49, and				54		
	•				Refunded ►	55		
		the amount of line 54 you want: Credited to 2019 es		tion (and instant		55		
		Statements Regarding Certain Activities		-	-			
56	-	v time during the 2018 calendar year, did the organizatio		•	-		Yes	No
		sial account (bank, securities, or other) in a foreign countr						
	•	t of Foreign Bank and Financial Accounts. If 'Yes,' enter	-	-	► <u>Vario</u>		X	
57		g the tax year, did the organization receive a distribution		e grantor of, or tr	ansferor to,	a foreign trust	?.	Х
	If 'Yes	s,' see instructions for other forms the organization may	have to file.					
58	Enter	the amount of tax-exempt interest received or accrued o		\$	0.			
<u>c'</u>		Under penalties of perjury, I declare that I have examined this return belief, it is true, correct, and complete. Declaration of preparer (othe	, including accompanying sche r than taxpayer) is based on al	dules and statements, Il information of which i	and to the best o preparer has any	of my knowledge ar knowledge.	d	
Sigr			۰. ۱	CEO		May the IRS discu	ss this retu	rn with
Here	9	Signature of officer D		tle		the preparer show instructions)?	Yes	No
			1 -				1.62	
Paic	1	Print/Type preparer's name Preparer's signat		Date	Check if	PTIN		
Pre-		Sergio Gonzalez Sergio G			self-employed	P00068		
pare		Firm's name BARTON, GONZALEZ & MYER	RS PA		Firm's EIN 🕨	59-29705	30	
Use		Firm's address ► <u>13137 66TH ST</u>						
Only	/	LARGO, FL 33773-1812			Phone no.		44-104	
BAA			TEEA0202L 01/24/19			Forn	n 990-T (2	2018)

Form 990-T (2018) ECHO, Inc					23	-7275283	Page 3		
Schedule A – Cost of Goods	Sold. Enter method of inv	entory valuation	► N/	A					
1 Inventory at beginning of year	1	6			end of year	6			
2 Purchases	2	56,162. 7	. 7 Cost of goods sold. Subtract						
3 Cost of labor		line 6 from lin			ne 5. Enter here	7	FC 1C0		
4 a Additional section 263A costs (attach schedule)				-art i,		/	56,162. Yes No		
					feetier 2024 (with		res no		
b Other costs (attach sch)	4 b	8			of section 263A (with uced or acquired for		,		
5 Total. Add lines 1 through 4b.		56,162.			zation?				
Schedule C – Rent Income (I	From Real Property and		roperty	Leas	ed With Real Pr	operty) (see	instructions)		
Description of property			. ,						
(1)									
(2)									
(3)									
(4)									
	Rent received or accrued								
(a) From personal propert	ty (b) From r	eal and personal	l property	′.	3(a) Deductions the income in	s directly conn	ected with and 2(b)		
(if the percentage of rent for percentage of rent for percentage of rent for percentage of rent for percentage of the pe	ersonal (if the perc	entage of rent fo ceeds 50% or if	the rent	al	the income in columns 2(a) and 2(b) (attach schedule)				
more than 50%)		d on profit or inco	ome)	2					
(1)									
(2)									
(3)									
(4)									
otal	Total								
c) Total income. Add totals of colun	nns 2(a) and 2(b). Enter				(b) Total deductions. Enter here and on page 1, Part				
ere and on page 1, Part I, line 6, c	olumn (A) 🕨				I, line 6, column (B)	►			
chedule E — Unrelated Deb	t-Financed Income (see	instructions)							
				3 De	ductions directly co		r allocable to		
1 Description of debt-fir	nanced property	2 Gross incom or allocable to			debt-finar	nced property	property		
		financed pro			(a) Straight line		deductions		
				depre	eciation (attach sch)) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
4 Amount of average	5 Average adjusted basis of	6 Column			7 Gross income		eductions		
	property (attach schedule)	divided b column		repo	ortable (column 2 x column 6)		6 x total of (a) and 3(b))		
property (attach schedule)		column	~						
(1)			olo						
2)			010						
(3)			olo						
(4)			olo						
		-		Enter	here and on page	1, Enter here a	ind on page 1,		
				Part	I, line 7, column (A)	Part I, line	⁷ , column [°] (B).		
otals			►						
otal dividends-received deduction	s included in column 8				•••••••••••••••••••••••••••••••••••••••	>			
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Schedule F - Interest, Ar		es, Royalti	es, a	nd Re	nts Fro	m	Controlled	Orgai	nizations	(see in	struction	s)
,		, ,			trolled Or							,
1 Name of controlled organization ic		2 Employer identification number 3 Net unrelated income (loss) (see instructions) 4 To particular (loss)		4 Total of specified payments made 5 Part of that is in the cor organiz		ncluded in c		Deductions directly connected with come in column 5				
(1)												
(1) (2)						-						
						-						
(3)						-						
(4)	1											
Nonexempt Controlled Organiza						. 1						
7 Taxable Income	inc	et unrelated come (loss) instructions)			f specified nts made	d	10 Part of included in organizatio	n the c	controlling		connecte	ctions directly ed with income column 10
(1)												
(2)												
(3)												
(4)												
							Add columns	s 5 and	d 10. Enter	Add	d column	s 6 and 11. Enter
							here and on p	bage 1	, Part I, line		e and on	page 1, Part I, line
							8, co	lumn ((A).		8, co	olumn (B).
Totals												
Schedule G – Investmen	t Inco	me of a Se	ctior	n 501(ns)	
1 Description of income		2 Amount	ofina				ductions		4 Set-aside			al deductions and
I Description of income		Z Amount		JIIIe			connected schedule)	(a	ttach sched	uie)		asides (column 3 lus column 4)
(1)					(,				1-	
(1) (2)												
(3)												
(4)												
(7)		Enter here ar	d on r	200 1							Entor h	ere and on page 1,
		Part I, line 9,	colun	nn (A).								line 9, column (B).
Totals												
		1 A a 1: .: 1 I.		- 01	o er The						Ļ	
Schedule I – Exploited Ex	xemp					1						
1 Description of exploited ac	ctivity	2 Gross unrelate busines income fre trade o busines	ed s om r	conne proc of u	eses directly ected with duction nrelated ess income	fro or 2 r If	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	activi unrela	s income from ity that is not ated business income	attribu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(2) (3)												
(4)												
		Enter here on page Part I, line column (1, e 10,	on p Part I	here and bage 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 26.
Totals)											
Schedule J – Advertising	g Inco	me (see inst	ructio	าร)								
Part I Income From Per	iodica	als Reporte	ed on	a Co	nsolida	teo	Basis					
		2 Gross			Direct		Advertising gain or	5 C	irculation	6 Rea	adership	7 Excess readership
1 Name of periodical		advertisi income	ng	adve	ertising osts	(col. 3). If a gain, compute cols. 5 through 7.		ncome		osts	costs (col. 6 minus col. 5, but not more than col. 4).
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))		•										

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 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)
 Page

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).		
(1)								
(2) (3)								
(3)								
(4)								
Totals from Part I								
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.		
Totals, Part II (lines 1- 5)►								
Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)								

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		00	
		0/0	
		0/0	
		0/0	
Total, Enter here and on page 1. Part II, line 14	•	•	

e and on page BAA

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