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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		le 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 3				
В	Check if applicab	le Please C Harrie of Organization	loyer i	dentification number		
	Address use IRS FOUNDATION FOR EARTH SCIENCES					
Γ	Name chang	print or INFORMATION 9	1-2	156197		
F	Initia	Type Number and street (or P.O. box, if mail is not delivered to street address) Room/suite F. Tele		number		
늗	returi Term	in- Specific CEAA WOODCHIPE DIACE	•	870-7140		
늗						
늗	Amer	1 1 1	up Exer	·		
ا	Applic pendir		nber 🕨			
	• Sec	etion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting m		Cash X Accrual		
		Schedule A (Form 990 or 990-EZ) Other (specify				
ı	Websit			he organization is not		
J	<u>Organi</u>	zation type (check only one)— 🗶 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 required to attach	Sched	ule B (Form 990, 990-EZ, or 990-PF)		
K	Check	If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more t	than \$2	5,000. A return is not		
	require	d, but if the organization chooses to file a return, be sure to file a complete return.				
L	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	\$	655,165.		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Par			
L	1	Contributions, gifts, grants, and similar amounts received	1	582,456.		
	2	Program service revenue including government fees and contracts	2	71,845.		
	3	Membership dues and assessments	3			
	4	Investment income	4			
	1 :	, i				
	5a	Gross amount from sale of assets other than inventory				
	ł	Less; cost or other basis and sales expenses 5b	_			
•	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c			
Тe	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here				
Revenue	a	Gross revenue (not including \$ of contributions				
æ		reported on line 1) 6a				
	b	Less: direct expenses other than fundraising expenses				
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c			
	7a	Gross sales of inventory, less returns and allowances	1			
	Ь	Less: cost of goods sold 7b				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8	Other revenue (describe ► OTHER INCOME)	8	864.		
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	655,165.		
_	10	Grants and similar amounts paid (attach schedule)	10			
	11	Benefits paid to or for members	11			
(O	12	Salaries, other compensation, and employee benefits	12	145,554.		
Expenses	13	Professional fees and other payments to Independent Econtractors ED	13	180,368.		
per	ļ	Occupancy root utilities and maintenance	14	11,021.		
ᄍ	14	Occupancy, rent, utilities, and maintenande				
	15	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipp & AUG 19 2010 Other expenses (describe STATEMENT 1)	15	6,557.		
	16		16	247,630.		
	17	Total expenses. Add lines 10 through 16	17	591,130.		
S S	18	Excess or (deficit) for the year (Subtract line 17 from Gible 9) N, UT	18	64,035.		
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A))	ļ			
Net Assets		(must agree with end-of-year figure reported on prior year's return)	19	<u> <90,400.</u> >		
Ž.	20	Other changes in net assets or fund balances (attach explanation)	20			
`—	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u><26,365.</u> >		
	<u>art II</u>	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 99	90-EZ.			
\bigcirc		(See the instructions for Part II.) (A) Beginning of year	بـــــــ	(B) End of year		
⊃ }2	. Cas	h, savings, and investments 20,196	. 22	54,534.		
<u> U</u> 23	Lan	d and buildings	23			
5 4	Oth	er assets (describe SEE STATEMENT 2) 28,791	. 24	18,809.		
2 5	Tot	48,987	. 25	73,343.		
\mathcal{G}_{0}	Total	al liabilities (describe SEE STATEMENT 3) 139,387		99,708.		
THE VIEW OF THE PROPERTY OF TH	<u>Net</u>	assets or fund balances (line 27 of column (B) must agree with line 21) <90,400		<26,365.>		
832	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		Form 990-EZ (2008)		

FOUNDATION FOR EARTH SCIENCES

Form 990-EZ (2008) INFORMATION			<u>91-</u>	<u>-21561</u>	_97 Page 2
Part III Statement of Program Service Accomplishm	ents (See the instructions for	Part III.)			xpenses
What is the organization's primary exempt purpose? SEE STATEMEN	<u> </u>			(Required	for 501(c)(3) rganizations and
Describe what was achieved in carrying out the organization's exempt purposes.		escribe the services			l) trusts; optional
provided, the number of persons benefited, or other relevant information for each	program title.			for others	i.)
28 SEE STATEMENT 5					
(Grants \$) If this amount includes foreign	n grants, check here			28a	<u>547,080.</u>
29					
	_ 			1 1	
			- -,		
(Grants \$) If this amount includes foreign	n grants, check here			29a	
30					
				}	
				1	
(Grants \$) If this amount includes foreign	n grants, check here			30a	
31 Other program services (attach schedule)				l i	
(Grants \$) If this amount includes foreign	n grants, check here	▶		31 <u>a</u>	
32 Total program service expenses (add lines 28a through 31a)	Fair-land			32	<u>547,080.</u>
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensated	$\overline{}$		
	(b) Title and average hours	(c) Compensation		ontributions employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0)		eferred	other allowances
			com	pensation	
DR. JAMES FREW, 6504 WOODSHIRE	CHAIRMAN		Į	_]
PLACE, RALEIGH, NC 27612	3.00	0.	 	0.	0.
DR. CHARLES HUTCHINSON, 6504	TREASURER			_	
WOODSHIRE PLACE, RALEIGH, NC 27612	2.00	0.	ļ	0.	0.
DR. TAMARA LEDLEY, 6504 WOODSHIRE	SECRETARY			_	
PLACE, RALEIGH, NC 27612	2.00	0.	├	<u> </u>	0.
CHRIS LENHARDT, 6504 WOODSHIRE	_DIRECTOR			_	
PLACE, RALEIGH, NC 27612	1.00	0.	 _	0.	0.
DR. PETER FOX, 6504 WOODSHIRE PLACE,				•	
RALEIGH, NC 27612	1.00	0.	 	0.	0.
DR. BRUCE CARON, 6504 WOODSHIRE	DIRECTOR			•	
PLACE, RALEIGH, NC 27612	1.00	0.	 	0.	0.
DAVE JONES, 6504 WOODSHIRE PLACE,	_DIRECTOR			•	
RALEIGH, NC 27612	1.00	0.	ļ.——	0.	0.
MARILYN KAMINSKI, 6504 WOODSHIRE	DIRECTOR		ĺ	0	
PLACE, RALEIGH, NC 27612	1.00	0.		0.	0.
CAROL MEYER, 6504 WOODSHIRE PLACE,	EXECUTIVE DIR			0.	
RALEIGH, NC 27612	40.00	95,697.			0.
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12-17-08				rorm '	990-EZ (2008)

Other Information (Note the statement requirements in the instructions for Part VI) Part V No Yes 33 X Did the organization engage in any activity not previously reported to the IRS? If "Yes." attach a detailed description of each activity 33 X Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not 35 reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy X tax requirements? 35a N/A 35b b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N X 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still unpaid at the start of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A Section 501(c)(7) organizations. Enter: N/A 39a a Initiation fees and capital contributions included on line 9 N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 **0** • ; section 4912 ▶ ___ ___ **0** • ; section 4955 ► 0. b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or X did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b c Enter amount of tax imposed on organization managers or disqualified persons during the year under 0. sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed. > NC Telephone no. $\triangleright 919 - 870 - 7140$ 42 a The books are in care of ► CAROL MEYER ZIP+4 ► 27612 Located at ▶ 6504 WOODSHIRE PLACE, RALEIGH, NC b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ X 44 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

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completed instead of Form 990-EZ

Form 990-EZ (2008)

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Form 990-EZ (2008)

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51 No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes 46 office? If "Yes," complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 50 of compensation from the organization. If there is none, enter "None." (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances compensation NONE Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Check if self-Paid Preparer's signature Preparer's Identifying Number (See instr.) employed > Preparer's Use Only MADDISON & CAISON, EIN > Firm's name (or yours 1111 OBERLIN ROAD Phone > if self-employed), address, and ZIP + 4 <u>(919)821-5482</u> RALEIGH NC 27605 X Yes May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FOUNDATION FOR EARTH SCIENCES INFORMATION

Employer identification number 91-2156197

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b ____ Type II c ____ Type III - Functionally integrated ___ Type III · Other _ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) is the organization in col. (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 (i) organized in the governing document? (i) of your support? above or IRC section Yes No Yes (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2008

FOUNDATION FOR EARTH SCIENCES

Schedule A (Form 990 or 990-EZ) 2008 INFORMATION 91-2156197 Page 2

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)

Se	Section A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and	_					_	
	membership fees received (Do not					<u>'</u>		
	include any "unusual grants ")	611,876.	392,741.	215,084.	311,532.	582,456.	2113689.	
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities	,		1	1			
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 - 3	611,876.	392,741.	215,084.	311,532.	582,456.	2113689.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly		`				1	
	supported organization) included			!				
	on line 1 that exceeds 2% of the						1	
	amount shown on line 11,							
	column (f)						273,193.	
	Public Support. Subtract line 5 from line 4						1840496.	
	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7	Amounts from line 4	611,876.	392,741.	215,084.	311,532.	582,456.	2113689.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties		ı	1				
	and income from similar sources							
9	Net income from unrelated business			1	}	1		
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	1	'			_		
	assets (Explain in Part IV.)	48.	10.	88.	565.	864.	1,575.	
11	Total support. Add lines 7 through 10						2115264.	
12	Gross receipts from related activities,	etc (see instruction	ons)		İ	12	<u>359,521.</u>	
13	* ***	•	first, second, thir	d, fourth, or fifth ta	ex year as a section	n 501(c)(3)	r	
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage		 			
_	Public support percentage for 2008 (column (fl)		14	87.01 %	
	Public support percentage from 2007		•	Joidini (i))		15	84.90 %	
	33 1/3% support test - 2008. If the o			n line 13, and line 1	ا 1⊿ ہو 23 1/2% or m			
106	stop here. The organization qualifies				14 13 00 17070 01 11	iore, crieck triis be	→ X	
	33 1/3% support test - 2007. If the o		_		line 15 is 33 1/3%	or more check th		
•	and stop here. The organization qual	•				or more, eriodic a	▶ □	
17:	10% -facts-and-circumstances tes				13 16a or 16b a	and line 14 is 10%	or more	
	and if the organization meets the "fac	•					•	
	meets the "facts-and-circumstances"		•	•	,	t iv now the organ	▶ □	
H	10% -facts-and-circumstances tes		•			7a and line 15 is	10% or	
		_				· ·		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
				-,		dule A (Form 990		
						,	,	

	edule A (Form 990 or 990-EZ) 2008 Irt III Support Schedule for C)rannizations	Described in	Section 500/a	1/2) (0		Page 3
	ction A. Public Support	rganizations	Described in	Section Sosta	N=) (Complete only	y if you checked the b	ox on line 9 of Part I.)
		(-) 2004	(h) 000E	(=) 2006	(4) 2007	(-) 2009	(O Total
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not		}	1	1		
	include any "unusual grants ")						
^	Gross receipts from admissions,					 	
2	merchandise sold or services per-		1	1	1	1	
	formed, or facilities furnished in				1		
	any activity that is related to the organization's tax-exempt purpose		[•		
2	Gross receipts from activities that				 	 	
3	are not an unrelated trade or bus-						
	iness under section 513				ĺ		
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to			İ			
	or expended on its behalf		1	İ			
5	The value of services or facilities					Ţ	
	furnished by a governmental unit to						
	the organization without charge				<u> </u>		
6	Total. Add lines 1 - 5						
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	·					
t	Amounts included on lines 2 and 3 received			İ			
	from other than disqualified persons that exceed the greater of 1% of the total of lines 9,					Ì	1
	10c, 11, and 12 for the year or \$5,000					<u> </u>	
c	Add lines 7a and 7b					 	
	Public support (Subtract line 7c from line 6)		L	L	<u> </u>	<u> </u>	
	ction B. Total Support			1			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6			 	ļ	 	
10a	Gross income from interest, dividends, payments received on			<u> </u>]		
	securities loans, rents, royalties						
_	and income from similar sources		ļ			 	
t	Unrelated business taxable income					İ	
	(less section 511 taxes) from businesses acquired after June 30, 1975			[
	· '		 	 	 	 	
	Add lines 10a and 10b Net income from unrelated business					 	
• •	activities not included in line 10b,		ĺ		1	1	
	whether or not the business is regularly carried on				ļ		
12	Other income Do not include gain				 	<u> </u>	
	or loss from the sale of capital			1	İ		
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)		 		ļ 	ļ ·	
	First five years. If the Form 990 is for	the organization	s first, second, the	rd. fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiz	zation.
•	check this box and stop here	and organization	o., oooo,	,			▶□
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2008 (li			column (f))		15	%
16	Public support percentage from 2007		=			16	%
Se	ction D. Computation of Inves						
17	Investment income percentage for 20	08 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2007 Schedule A,	Part IV-A, line 27h	1		18	%
198	33 1/3% support tests - 2008. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2007. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che		•				▶ 🛄
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

FORM 990-EZ	OTHER EXPENSES	- 	STATEMENT	1
DESCRIPTION			AMOUNT	
CONFERENCE EXPENSES			141,52	28.
TRAVEL AND MEETINGS EXPENSES			40,39	
COMMITTEE EXPENSES			40,16	60.
PROGRAM EXPENSES			16,75	
OFFICE SUPPLIES AND EXPENSES			2,61	
INSURANCE			1,50	
MERCHANT SERVICE FEES			3,24	44. 59.
DEPRECIATION OTHER EXPENSES				79 .
TOTAL TO FORM 990-EZ, LINE 16			247,63	30.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
GRANTS RECEIVABLE		28,000.	17,50	00.
OTHER DEPRECIABLE ASSETS		791.	1,30	
TOTAL TO FORM 990-EZ, LINE 24		28,791.	18,80	9.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
ACCOUNTS PAYABLE		10,191.	88,70	08.
DEFERRED INCOME		97,313.	11,00	
ACCRUED PAYROLL		31,883.	,	0.
TOTAL TO FORM 990-EZ, LINE 26		139,387.	99,70	08.

FO	FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT			
A)) DID THE ORGANIZATION, DURING THE YEAR, RE DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS OBENEFIT CONTRACT?	N A PERSONAL	[]	YES	[x]	NO	
B)) DID THE ORGANIZATION, DURING THE YEAR, PA DIRECTLY OR INDIRECTLY, ON A PERSONAL BEN	-	. []	YES	[X]	NO	

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STATEMENT

5

THE ORGANIZATION PROVIDED MANAGEMENT AND DEVELOPMENT SERVICES FOR THE FEDERATION OF EARTH SCIENCE INFORMATION PARTNERS, AN UNINCORPORATED ALLIANCE OF GOVERNMENT, UNIVERSITY, NONPROFIT, AND BUSINESS ENTITIES, WHOSE GOAL IS TO MAKE EARTH SCIENCE BROADLY AVAILABLE TO PROFESSIONAL USERS AND THE GENERAL PUBLIC. ALSO, THE ORGANIZATION SPONSORED AND FACILITATED PROGRAMS OF THE FEDERATIN CONSISTENT WITH THE FOUNDATION'S EXEMPT PURPOSE. THESE PROGRAMS HAD THE GENERAL GOAL OF IMPROVING SCIENCE-BASED INFORMATION SYSTEMS. THEY INCLUDED GENERATING AND FINDING NEW INFORMATION SOURCES, PROVIDING A WEBSITE FOR FEDERATION E-COMMERCE, ORGANIZING PROFESSIONAL CONFERENCES ON EARTH SCIENCES, AND WORKING WITH FEDERATION COMMITTEES TO DEVELOP AND IMPLEMENT OTHER PROGRAM INTERESTS.

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STATEMENT

6

TO SUPPORT PROGRAMS THAT ESTABLISH AND IMPROVE SCIENCE-BASED END-TO-END INFORMATION SYSTEMS AND TO SUPPORT EARTH SCIENCE RESEARCH AND EARTH SCIENCE USER COMMUNITIES.

Form	8868 (Rev. 4-2009)			Page 2					
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be	ox		ightharpoons					
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	l Form	8868						
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)								
Par	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).								
Туре	Name of Exempt Organization	Emp	loyer identıf	ication number					
print	FOUNDATION FOR EARTH SCIENCES								
File by	INFORMATION	1	1-2156	197					
extend	Number, street, and room or suite no. If a PO box, see instructions.	For II	RS use only						
due dat	6 0304 WOODBILKE TEACH								
return instruct									
Chec	k type of return to be filed (File a separate application for each return)								
	Form 990 X Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Fo	orm 5227	Form 8870					
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Fo	orm 6069						
STOP	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	ısly file	d Form 886	8.					
	CAROL MEYER								
• Th	e books are in the care of \triangleright 6504 WOODSHIRE PLACE - RALEIGH, NC 2761	2							
Te	lephone No. ▶ 919-870-7140 FAX No. ▶								
• If t	he organization does not have an office or place of business in the United States, check this box			▶ □					
• If t	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	is is fo	r the whole g	roup, check this					
box	▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	memb	ers the exter	nsion is for					
4	I request an additional 3-month extension of time until AUGUST 15, 2010								
5	For calendar year, or other tax year beginning OCT 1, 2008, and ending	$\overline{}$							
6	If this tax year is for less than 12 months, check reason. Initial return Final return	Ш	Change in a	ccounting period					
7	State in detail why you need the extension								
	THE TAXPAYER NEEDS ADDITIONAL TIME TO COMPLETE ITS AND	IUAL	AUDIT	•					
	If this application is far Form 000 PL 000 PE 000 T 4700, or 5050, onter the tentative tay less and	Τ							
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$						
h	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	Oa	-						
b	tax payments made Include any prior year overpayment allowed as a credit and any amount paid								
	previously with Form 8868.	8b	\$						
С	Balance Due, Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	<u> </u>	-						
-	with ETD courses or if required by using EETDS (Electronic Enderd Tay Dayment System). Sociential strong		ه ا	NT / A					

Signature and Verification

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

Signature

Title

Form 8868 (Rev. 4-2009)

Date ►