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# 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)

2009

Open to Public  
Inspection

► 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A For the 2009 calendar year, or tax year beginning</b>		<b>and ending</b>	
<input checked="" type="checkbox"/> <b>Check if applicable</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Partial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>GEOOTHERMAL HEAT PUMP CONSORTIUM</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>1050 CONNECTICUT AVE., NW</b> Room/suite <b>1000</b> City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20036-5334</b>	
		<b>D Employer identification number</b> <b>52-1905415</b>	
		<b>E Telephone number</b> <b>888-255-4436</b>	
		<b>F Group Exemption Number</b> ►	
<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		<b>G Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	
<b>I Website:</b> ► <b>WWW.GEOEXCHANGE.ORG</b>		<b>H Check</b> ► <input checked="" type="checkbox"/> <b>if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>	
<b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c)(6) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Check</b> ► <input type="checkbox"/> <b>if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.</b>			
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ</b>		<b>\$</b> <b>134,850.</b>	
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	9,525.
	2 Program service revenue including government fees and contracts	2	124,711.
	3 Membership dues and assessments	3	171.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b 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)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
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	7a		
b 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 ► <b>MISCELLANEOUS</b> )	8	443.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	134,850.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	48,000.
	13 Professional fees and other payments to independent contractors	13	28,382.
	14 Occupancy, rent, utilities, and maintenance	14	4,173.
	15 Printing, publications, postage, and shipping	15	3,917.
	16 Other expenses (describe ► <b>OGDEN, UT</b> )	16	31,988.
	17 Total expenses. Add lines 10 through 16	17	116,460.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,390.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	293,039.	
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	311,429.	
<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)			
Net Assets	22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
	23 Land and buildings	304,018.	22 327,069.
	24 Other assets (describe ► <b>SEE STATEMENT 2</b> )	23	
	25 Total assets	4,956.	24 1,296.
	26 Total liabilities (describe ► <b>SEE STATEMENT 3</b> )	308,974.	25 328,365.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,935.	26 16,936.
		293,039.	27 311,429.

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

## Expenses

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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 CERTIFICATION PROGRAM PROVIDES ASSISTANCE TO OTHER  
ORGANIZATIONS TO EDUCATE ARCHITECTS, ENGINEERS AND  
CONTRACTORS ON GEOTHERMAL HEAT PUMP TECHNOLOGY.

**(Grants \$**  **) If this amount includes foreign grants, check here**

288

29 DISSEMINATE INFORMATION AND PUBLICATIONS TO FULFILL  
REQUESTS ABOUT GEOTHERMAL HEAT PUMP TECHNOLOGY.

If this amount includes foreign grants, check here

298

30 CONTINUE PUBLIC AWARENESS AND TECHNOLOGY TRANSFER  
INITIATIVES IN PARTNERSHIP WITH GHPC MEMBERS.

**(Grants \$**  **) If this amount includes foreign grants, check here**

308

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here

31

**32 Total program service expenses (add lines 28a through 31a)**

32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

## Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  
 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  
 b If "Yes," has it filed a tax return on Form 990-T for this year?

	Yes	No
33		X
34		X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

► 37a 0.

35a	X
35b	N/A

36	X
37b	X

38a	X
38b	N/A

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?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

39a N/A

39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A

38b	N/A
39a	N/A

39b	N/A
40b	N/A

40b	N/A
40c	N/A

40c	N/A
40d	X

41 List the states with which a copy of this return is filed. ► NONE

42a The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 888-255-4436  
 Located at ► 1050 CONNECTICUT AVE., NW, #1000, WASHINGTON, DC ZIP + 4 ► 20036-5334

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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: ►

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 N/A

43	N/A
44	X

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

44	X
45	X

45	X
Form 990-EZ (2009)	

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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 Yes  No   
46 48

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47

48 Is the organization 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 a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than \$100,000 N/A	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	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		
► Signature of officer <i>John Kelly</i>	Date <i>3/31/2010</i>	Preparer's identifying number (See instr.)	
► Type or print name and title <i>JOHN KELLY chief operating officer</i>			
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>R.H.A.</i>	Date <i>3/22/10</i>	Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ► Phone no. ► 202-822-5000		
► <b>RAFFA, PC</b> ► <b>1899 L STREET NW, SUITE 900</b> ► <b>WASHINGTON, DC 20036</b>			

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2009)

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14080322 786783 GHPC

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2009.03020 GEOTHERMAL HEAT PUMP CONSOR GHPC 1

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
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DESCRIPTION	AMOUNT
OFFICE EXPENSES	5,114.
INFORMATION TECHNOLOGY	9,231.
TRAVEL	8,314.
INSURANCE	2,317.
BANK FEES	3,199.
OFFICE STORAGE	1,500.
MISCELLANEOUS	988.
MEETING EXPENSES	1,325.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>31,988.</b>

FORM 990-EZ	OTHER ASSETS	STATEMENT 2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	3,663.	0.
PREPAID EXPENSES	843.	800.
SECURITY DEPOSIT	450.	450.
TRAVEL ADVANCE	0.	46.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>4,956.</b>	<b>1,296.</b>

FORM 990-EZ	OTHER LIABILITIES	STATEMENT 3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	15,935.	16,936.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>15,935.</b>	<b>16,936.</b>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

TO PROMOTE GEOTHERMAL HEAT PUMP TECHNOLOGY WITH THE DESIGN AND INSTALLATION OF GEOEXCHANGE HEATING AND COOLING SYSTEMS, THE MOST ENERGY EFFICIENT AND ENVIRONMENTALLY FRIENDLY HEATING AND COOLING TECHNOLOGY IN THE WORLD.