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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)

Inspection

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

OMB No 1545-0047

<u>A_F</u>	or th	e 2009		ndar year, or tax year beginning 04/05, 2009, and ending		730, 20 10
Βo	heck if ap			C Name of organization EARTHSHARE CHAPTERS, INC.	D Employer identific	cation number
	Addre		use IRS label or	Doing Business As	27-391869	4
	Name	change	print or	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone numbe	r
X	Initial	return	type See	7735 Old Georgetown Road	(240) 333-0	300
	Termu	nated	Specific Instruc-	City or town, state or country, and ZIP + 4		
ļ-	Amen		tions	Bethesda, MD 20814	G Gross receipts \$	12,619.
\vdash	Applic	ation	F Na	ime and address of principal officer MARCI REED	H(a) Is this a group retu	
Ч-	pendir		7735	OLD GEORGETOWN ROAD BETHESDA, MD 20814	affiliates? H(b) Are all affiliates inc	tuded? Yes No
ī_	Tax-exe	empt sta		X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list	
<u>_</u> _				EARTHSHARE.ORG	H(c) Group exemption n	
					ation 2010 M State	
_	rt I		nmary		Ittori 2020 III State	or regar donnelle DC
L 6			-			
	1	Briefly	descri	be the organization's mission or most significant activitiese funds through various work place giving campaign:	e for local	
9				contal organizations		
Jan	}	61171		Tencar Organizacions.		
Ver	<u> </u>					
& Governance	2			if the organization discontinued its operations or disposed of more than 25%	1 1	0
ಿ		Numbe	er of vo	iting members of the governing body (Part VI, line 1a)	3	8
Activities				dependent voting members of the governing body (Part VI, line 1b)		8
₹				of employees (Part V, line 2a)		0
Ac				of volunteers (estimate if necessary)		0
	7a	Total g	ross u	nrelated business revenue from Part VIII, column (C), line 12	7a	
<u>``</u>	b	Net un	related	business taxable income from Form 990-T, line 34	7b	
	}				Prior Year	Current Year
ø	8	Contrib	outions	and grants (Part VIII, line 1h)		12,619.
Revenue	9	Progra	m serv	rice revenue (Part VIII, line 2g)		0.
ě	10	Investr	nent ir	come (Part VIII, column (A), lines 3, 4, and 7d)		0.
	11			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
=======================================				e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,619.
•	13	Grants	and s	ımılar amounts paid (Part IX, column (A), lines 1-3)		0.
*	14	Benefit	ts paid			0.
-, -, 10	1	Salarie	s. othe	to or for members (Part IX, column (A), line 4) er compensation, employee benefits (Part IX, column (A) lines (Part IX, column (A) lines (Part IX, column (A), line 1 le)		8,872.
Expenses	16a	Profes	sional	fundraising fees (Part IX, column (A), line 11e) RECEIVED		0.
ĕē	b			Ol		
٣ڔ	17			[m-1		3,747.
宀	1			121 - 1211 B.A. 2811 - 1211 - 12		12,619.
;			•	ovnences Subtract line 19 from line 12		
£ 8	13-	Keveni	ue iess		Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total a	onata (Part X, line 16)	Degining of tear	End of Ital
ss (Bala	21		•	· · · · · · · · · · · · · · · · · · ·		
25	22			s (Part X, line 26) fund balances Subtract line 21 from line 20,		
						-
F	art II			e Block		
		Under	penaltii elief. it	es of perjury, I declare that I have examined this return, including accompanying schedules an is true, correct, and complete. Declaration of preparer (other than officer) is based on all infi	id statements, and to ti ormation of which pres	he best of my knowledge parer has any knowledge
_				1 R 1/0 a of	1 210	19-11
	ign) 2		VIALUE DICEO	Date	16011
Н	lere		oignatu \	Red Real Real Clair	Date (· ·
		.	17	lara 12. 1/ced, Dourd Chair		
			Type or	print name and title		
Da:-		Prepa		Date / Check if self-	Preparer's (see instru	s identifying number ictions)
Paid	parer's	signa		$2/\varsigma/(/$ employed	▶	
	Only		name (employe	or yours CBIZ MHM, LLC		4-1862269
			s, and Z		Phone no ► 3	01-951 - 3636
Ma	y the II	RS disc	cuss th	is return with the preparer shown above? (see instructions)	<u> </u>	X Yes No
For	Priva	cy Act	and Pa	aperwork Reduction Act Notice, see the separate instructions.*		Form 990 (2009)

Part IV

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes"		
To the organization about the bottom of heavy of the heavy to the heav		
complete Schedule A	Х	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		
Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		
notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		
the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	- [
complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,]	
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	İ	
complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		
X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	ł	
complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or]	
quasi-endowments? If" Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	J	
VII, VIII, IX, or X as applicable		_X
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Onto the D. Root M. On the distribution of the complete	}	
Schedule D, Part VI	- {	Í
 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 		
Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	ł	1
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	Ì	
• 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 162 If "Yes." complete Schedule D. Part IX	-	,
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	٠	
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ
the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	1	
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		
complete Schedule D, Parts XI, XII, and XIII		
12A Was the organization included in consolidated, independent audited financial statement for the tax year?		
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		
business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b		Χ
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		
organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		
to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
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		X
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		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1	
If "Yes," complete Schedule G, Part III		<u>X</u>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	[X

Form **990** (2009)

Part	IV Checklist of Required Schedules (continued)		_	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			,,
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			X
•	employees? If "Yes," complete 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 complete Schedule K If "No," go to question 25	24a	1	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	i	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			ļ —
	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 disqualified 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
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			,,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			, ,
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	290		Х
20	Part V	28c		X
29 30	Did the organization receive more than \$25,000 in hon-cash contributions in res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	{		1
	Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			,,
_	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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			, v
2.0	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38	х	
	19? Note. All Form 990 filers are required to complete Schedule O		990	

Form :	990 (2009) 27-3918694		ı	Page 5
Par				
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	-	•	, ,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	,	٠,	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
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 0			:
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			İ
	instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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	_		l v
	account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country ▶			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			l '
_	and Financial Accounts			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		<u> </u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
6.	Prohibited Tax Shelter Transaction?	36		\vdash
оа	organization solicit any contributions that were not tax deductible?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			}
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_		X
	organization, have excess business holdings at any time during the year?	8		 ^
9	Sponsoring organizations maintaining donor advised funds.		_`	- x
	Did the organization make any taxable distributions under section 4966?	9a 9b		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12	٠.		'
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		[
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
			000	(2000)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent		;	
2	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	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		_	
_	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8 b		X
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	9a		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			.,
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			v
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			<u> </u>
<u>C4</u>	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL, MD, PA, VA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	+	
	available for public inspection. Indicate how you make these available. Check all that apply Own website $\begin{bmatrix} X \end{bmatrix}$. Another's website $\begin{bmatrix} X \end{bmatrix}$. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization STEVEN KRAVITZ 7735 OLD GEORGETOWN ROAD BETHESDA, MD 20814	ne		
	240-333-0300			

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

|X| Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)	
Name and Title	Average hours per week	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
STEVE BLANK											
DIRECTOR	1.00	Х			i						
MARK CARLSON											
TREASURER	1.00	Х		Х							
JAY DEAN											
DIRECTOR	1.00	Х									
DEB FURRY											
VICE CHAIR	1.00	Х		Х			<u> </u>				
PAUL LAMBERT											
DIRECTOR	1.00	Х				L	L				
MARCI REED											
CHAIR	1.00	Х	$\lfloor \rfloor$	Х							
MICHELLE SMITH											
DIRECTOR	1.00	Х			L						
LYNN WERNER											
SECRETARY	1.00	Х		Х							
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Form 990 (2009)

Part VII Section A. Officers, Directors, Tru	Γ	y Em	plo			and I	lig		ed Employees	(continue	ed)
· (A)	(B)	(C) Position (check all that appl						(D)	(E)	_	(F)
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	com (com fr org: and	stimated nount of other pensation from the anization d related anizations
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1b Total	L		L	<u> </u>	<u> </u>		┢		<u>"</u>		
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste		bov	e) who	о ге	ceived more than	\$100,000 in		
reportable compensation from the organization											Yes No
3 Did the organization list any former office										: :	
employee on line 1a? If "Yes," complete Schede										3	X
4 For any individual listed on line 1a, is the the organization and related organizations											
individual	-						• •			4_	X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"										5	- x
Section B. Independent Contractors								····			
Complete this table for your five highest compensation from the organization	compensat	ted in	dep	enc	dent	cont	rac	tors that received	d more than \$	100,000	of
(A) Name and business add	ress							(B) Description of ser	vices	(C) Compens	
							+				
							\dagger				
2 Total number of independent contractors (in more than \$100,000 in compensation from th				nite	d to	thos	e li	isted above) who	received		
											000

Par	t VIII	Statement of Revenue	-	27-3918694						
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
s, grants mounts	1a b c	Federated campaigns								
s, gift nilar a	d	Related organizations	12,619							
Contributions, gifts, grants and other similar amounts	e f	Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f				i				
Con	9	Noncash contributions included in lines 1a-1f \$		12,619						
ļ	h	Total. Add lines 1a-1f	ss Code	12,619						
Program Service Revenue	2a									
e.	b									
Š	С				 					
มูรูเ	d		_			<u> </u>				
grar	0	All all and an analysis					 			
5	f g	All other program service revenue	▶	0			ļ			
	3	Investment income (including dividends, interest, and								
		other similar amounts)	▶	0						
	4	Income from investment of tax-exempt bond proceeds		0						
	5	Royalties · · · · · · · · · · · · · · · · · · ·	▶ ersonal	0			 			
	6a b	Gross Rents				!				
	c	Rental income or (loss)								
	d	Net rental income or (loss)		0						
	7 a	Gross amount from sales of (i) Securities (ii) (Other							
		assets other than inventory		:						
	b	Less cost or other basis and sales expenses			•		,			
	С	Gain or (loss)								
	d	Net gain or (loss)	▶	0						
ne	8a	Gross income from fundraising								
Other Revenue		events (not including \$								
Re		of contributions reported on line 1c)] .			
ē	b	See Part IV, line 18								
듉	c	Net income or (loss) from fundraising events	, ▶	0						
	9a	Gross income from gaming activities					1			
		See Part IV, line 19								
	b	Less direct expenses	>	0						
	1	Gross sales of inventory, less								
		returns and allowances								
	b	Less cost of goods sold b			-	-	1			
	С	Net income or (loss) from sales of inventory	ss Code	0						
					-					
	11a b									
	C									
	d	All other revenue								
	е	Total. Add lines 11a-11d								
	12	Total Revenue. See instructions	▶	12,619		l				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete	not required to co	mplete columns (B), (C),	and (D).	
	not include amounts reported on lines 6b, 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 governments and		•		
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	0.		1	
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
•	trustees, and key employees	0.			
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.			
7	Other salaries and wages	6,908.		6,908.	
8	Pension plan contributions (include section 401(k)			1	
J	and section 403(b) employer contributions)	0.			
9	Other employee benefits	1,964.		1,964.	 -
	Payroll taxes	0.			
10	·			 	
11	Fees for services (non-employees)	0.			
	Management	2,360.		2,360.	
	Legal	0.1			······································
_	Accounting	0.		 	
d		0.		 	
	Professional fundraising services See Part IV, line 17	0.		 	
	Investment management fees	0.1			
_	Other	0.		-	
12	Advertising and promotion	0.		 	
13	Office expenses			 	
14	Information technology	0.1		 	
15	Royalties	990.	· · · · · · · · · · · · · · · · · · ·	990.	
16	Occupancy	39.		39.	
17	Travel	39.		39.	
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.			
19		0.		 	
20	Interest	0.			
21	Payments to affiliates	0.	 	 	
22		71.		71.	
23	Insurance				
24	Other expenses Itemize expenses not	1			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	117		117.	· -
	OFFICE SUPPLIES	117.		70.	
	TELEPHONE/INTERNET			100.	
C	CHARITABLE REGISTRATIONS	100.		100.	
d			_ 	 	
е				 	
	All other expenses	10 (10		12 (10	
_	Total functional expenses. Add lines 1 through 24f	12,619.		12,619.	
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation			1	

art X	Balance Sheet		1	
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
	Savings and temporary cash investments		2	
	Pledges and grants receivable, net		3	
	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
.	Part II of Schedule L		6	
7 8	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment cost or 10a			
	other basis Complete Part VI of Schedule D			
•	Less accumulated depreciation		10c	
	Investments - publicly traded securities		11	
	Investments - other securities See Part IV, line 11		12	
	Investments - program-related See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	Intangible assets		14	
	Other assets See Part IV, line 11		15	
	Total assets. Add lines 1 through 15 (must equal line 34)		16	-
	Accounts payable and accrued expenses		17	
	Grants payable		18	
	Deferred revenue		19	
	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified			
1	persons Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties		23	
1	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	•	26	
	Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
27 28 29	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances		33	
34	Total liabilities and net assets/fund balances		34	

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		•	
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Name of the organization

Internal Revenue Service

Employer identification number EARTHSHARE CHAPTERS, INC. 27-3918694 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II C Type III - Functionally integrated Type III - Other Type I b | 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 q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11a(ı) (ii) A family member of a person described in (i) above? 11g(u) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) Is the organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? No No Yes No Yes Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Total

	tule A (Form 990 or 990-EZ) 2009 Support Schedule for Org	anizations D	escribed in Se		-3918694 b)(1)(A)(iv) ai	nd 170(b)(1)(A)	Page 2
	(Complete only if you check	ed the box or	line 5, 7, or 8	of Part I.)			
eċ	tion A. Public Support	<u> </u>				r	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					12,619	12,619
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				*****		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	· · · ·			<u> </u>	12,619	12,619
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)						12 (10
	Public support. Subtract line 5 from line 4					<u> </u>	12,619
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(-,			<u>`-</u> :	12,619	12,619
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10				<u> </u>	<u> </u>	12,619
2	Gross receipts from related activities, etc. (s					12	
3	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
<u>Sec</u>	tion C. Computation of Public Supp				*	1 1	100 00
4	Public support percentage for 2009 (lin						100.00%
5	Public support percentage from 2008	Schedule A, Pa	art II, line 14			15	0.00%
6a	331/3% support test - 2009. If the o						
b	this box and stop here. The organization 331/3% support test - 2008. If the ocheck this box and stop here. The organization of the check this box and stop here.	rganization did	I not check a bo	ox on line 13 o	or 16a, and line	e 15 is 331/3% c	or more,
7a	10%-facts-and-circumstances test - 2 or more, and if the organization me	009. If the orga	anization did not -and-circumstand	check a box or ces" test, chec	n line 13, 16a o ck this box an	r 16b, and line 14 d stop here. Ex	lis 10% plain in

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include					1	
	any "unusual grants ")			_			
2	Gross receipts from admissions, merchandise		•			ĺ	
	sold or services performed, or facilities		1				
	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		ļ				
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified	1				İ	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
C	Add lines 7a and 7b	-					
8	Public support (Subtract line 7c from						
	line 6)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>l</u>	
	tion B. Total Support	(a) 200E	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2000	(6) 2007	(u) 2008	(e) 2009	(i) i otai
9	Amounts from line 6			-		 	+
104	payments received on securities loans,						
	rents, royalties and income from similar						
_	Unrelated business taxable income (less					<u> </u>	
D	· '				1		
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
	Net income from unrelated business						
11	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 IV)				•		
13	Total support. (Add lines 9, 10c, 11,	-	 	1			
	and 12)				!		
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth. or	fifth tax vear a	as a section 5	01(c)(3)
• •	organization, check this box and stop here	_					. □
Sec	tion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2009 (line 8	, column (f) divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2008 Sche	edule A, Part III, In	ne 15	<u> </u>	<u></u>	16	%
Sec	tion D. Computation of Investmen	nt Income Per	rcentage			,	
17	Investment income percentage for 2009 (li	ne 10c, column	(f) divided by line	13, column (f))		17	%_
18	Investment income percentage from 2008						%_
19a	33 1/3% support tests - 2009. If the o						
	17 is not more than 33 1/3 %, check the						
b	33 1/3% support tests - 2008. If the org						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19i			
JSA						ocneaule A (For	m 990 or 990-EZ) 2009

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. See instructions

SCHEDULE O

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EARTHSHARE CHAPTERS, INC.

Employer identification number 27-3918694

Attachment 1

NO COMMITTEES

PART VI, SECTION A- LINE 8A

EARTHSHARE CHAPTERS, INC. IS GOVERNED BY THE GOVERNING BODY. THERE ARE NO COMMITTESS ASSIGNED AT EARTHSHARE CHAPTERS, INC. TO ACT ON BEHALF OF THE GOVERNING BODY.

REVIEW OF FORM 990

PART VI, SECTION B - LINE 11

THE FORM 990 IS COMPLETED BY AN INDEPENDENT ACCOUNTANT, AND IS REVIEWED BY THE SENIOR STAFF OF EARTHSHARE. IT IS ALSO TRANSMITTED TO THE BOARD OF DIRECTORS, PRIOR TO FILING.

ENFORCEMENT OF CONFLICT OF INTEREST

PART VI, SECTION B- LINE 12C

BOARD MEMBERS ARE FURNISHED ANNUALLY WITH A CONFLICT OF INTEREST

QUESTIONNAIRE FOR THE PURPOSES OF IDENTIFYING AND REVIEWING TRANSACTIONS

OR RELATIONSHIPS THAT HAVE THE POTENTIAL TO LEAD TO A CONFLICT OF

INTEREST.

PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B - LINE 15A & 15B

EARTHSHARE CHAPTERS, INC. DOES NOT HAVE KEY EMPLOYEES, EXECUTIVE

DIRECTORS AND/OR TOP OFFICIALS. THE ACTIVITY AS OF JUNE 30, 2010 IS BASED

ON AN ALLOCATION FROM EARTHSHARE, EIN 52-1601960 FOR WHICH THERE HAS BEEN

Page 2 Schedule O (Form 990) 2009

Name of the organization EARTHSHARE CHAPTERS, INC. Employer identification number 27-3918694

Attachment 1 (Cont'd)

A SEPARATE 990 FILED.

EXPENSE ALLOCATION

990- PART IX- LINE 25

THIS IS AN INITIAL RETURN FOR EARTHSHARE CHAPTERS, INC., A NOT-FOR-PROFIT CORPORATION. THE EXPENSE UNDERTAKEN AS OF JUNE 30, 2010 IS BASED ON AN ALLOCATION OF TOTAL EXPENSES FROM EARTHSHARE, EIN 52-1601960. THE ALLOCATION IS BASED ON THE TIME SPENT FOR EARTHSHARE CHAPTERS, INC. FOR THE PERIOD ENDING JUNE 30,2010.

2009 TAX FORM

PART A, TAX YEAR

EARTHSHARE CHAPTERS, INC. WAS FORMED ON APRIL 5, 2010. SINCE THE 2010 TAX FORMS ARE NOT AVAILABLE, A 2009 FORM 990 HAS BEEN USED TO PREPARE THE RETURN FOR THE PERIOD ENDING JUNE 30, 2010. WHEN THE 2010 FORMS ARE RELEASED, IF THERE ARE ANY SIGNIFICANT CHANGES AN AMENDED 2010 FORM WILL BE FILED.

Attachment 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

EarthShare Chapters, Inc. is a not-for-profit corporation created to raise funds through various work place giving campaigns for local environmental organizations. The corporation engages individuals and organizations to create a healthy and sustainable environment, and a simple effective way to donate to environmental and conservation charities.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

EARTHSHARE CHAPTERS, INC.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. ▶ Attach to Form 990.

▼ See separate instructions.

Related Organizations and Unrelated Partnerships

2009 OMB No 1545-0047	
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Open to Public

27-3918694

Employer identification number

Part I	Identification of Disregarded Entities (Complete if the organizat	if the organization answered "Yes" on Form 990, Part IV, line 33.)	n Form 990, Parl	t IV, line 33.)		
	(a) Name, address, and ElN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		·				
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	the organization ansar)	swered "Yes" on	Form 990, Part IV	V, line 34 becaus	±=
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
FADTHSHADE	4 A B F 52 - 1 6 0 1 9 6 0					***

Had one of filore letated tax-exempt organizations during the tax year y	/				
(a)	(q)	(၁)	(p)	(0)	€
Name, address, and EIN of related organization	Primary activity	ale (state sountry)	Exempt Code section Public charty status (if section 501(c)(3))	Public chanty status (if section 501(c)(3))	Direct controlling entity
EARTHSHARE 52-1601960 7735 OLD GEORGETOWN ROAD BETHESDA, MD 20814	WK PLACE GIV. MD		501(C)(3)	7	N/A
					i
					:

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

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a partnership during the tax year.)

() General or managing partner?	Yes No	_					(h) Percentage ownership	
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)						orm 990, Part		
(h) Disproportorate allocations?	Yes No					s" on F	ешоо	
(g) Share of end-of-year assets			į			answered "Ye x year.)	(f) Share of total income	
			,			organization during the ta	(e) Type of entity (C corp, S corp, or trust)	
(f) Share of total income		:				complete if the or	(d) Direct controlling entity	
(e) Predominant income (related, unrelated, excluded from tax under	512-514)					ation or Trust (C	(c) Legal domicite (state or foreign country)	
(d) Direct controlling entity						able as a Corpored organizations	(b) Primary activity	
(c) Legal domicile (state or foreign	(Kuumoo					ions Tax		
(b) Primary activity						elated Organizati	ท์ related organization	
(a) Name, address, and EIN of related organization						Partive Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization	

Schedule R (Form 990) 2009

δA

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Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 ¦× ş Yes Amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds E 1n 1p 19 9 4 79 # = Performance of services or membership or fundraising solicitations by other organization(s).................... Gift, grant, or capital contribution to other organization(s) Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36 Transaction type (a-r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity...... Reimbursement paid to other organization for expenses Performance of services or membership or fundraising solicitations for other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule (a)
Name of other organization Other transfer of cash or property from other organization(s). Exchange of assets Part V Ε 0 ۵ **3** bч Ξ 2 ପ (5) 9

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets, or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) Name address and EIN of entity Section Section (etals or forein Section (etals or forein Section (etals or forein Section (etals or forein Section (etals or forein Section (etals or forein Section (etals or forein etals or	(b) Primary activity	(c) Legal domicile	(d) Are all partners	(e) Share of	(f) Disproportionate	1	(h) General or managing
			501(c)(3) organizations?			of Schedule K-1 (Form 1065)	partr
			Yes No		Yes		Yes
			-				
						Schedule R (Form 990) 2009	1 990) 2009

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application

OMB No 1545-1709

Internal Revenue S	ervice	File a separate application for each return.					
 If you are f 	iling for an Automatic 3-l	Month Extension, complete only Part I and check th	is box				
		ot Automatic) 3-Month Extension, complete only Pa already been granted an automatic 3-month extensi					
Part I Auto	matic 3-Month Exten	sion of Time. Only submit original (no copies ne	eded).				
		-T and requesting an automatic 6-month extension -		ox and complete			
•							
All other corp time to file inco		-C filers), partnerships, REMICs, and trusts must u	use Form 7	104 to request an extension of			
one of the re- electronically i returns, or a c	turns noted below (6 n if (1) you want the add omposite or consolidate	can electronically file Form 8868 if you want a 3 cenths for a corporation required to file Form 990 cional (not automatic) 3-month extension or (2) you form 990-T Instead, you must submit the fully coc filing of this form, visit www.irs.gov/efile and click or	D-T) Howev I file Forms mpleted and	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form			
Type or	Name of Exempt Organiza	tion		Employer identification number			
print		HAPTERS, INC.		27-3918694			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions						
due date for filing your	7735 OLD GEORGETOWN ROAD						
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions	BETHESDA, MD	20814					
Check type o	f return to be filed (file a	separate application for each return)					
X Form 990)	Form 990-T (corporation)	For	m 4720			
Form 990	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227						
Form 990	-EZ	Form 990-T (trust other than above)	For	m 6069			
Form 990	-PF	Form 1041-A	For	m 8870			
• If this is for for the whole gnames and Ell	a Group Return, enter the group, check this box. Ns of all members the expensions.		(GEN) ▶ ar	. If this is not attach a list with the			
until		$rac{1}{2}$, to file the exempt organization return for the					
X	tax year beginning			06/30, 2010			
2 If this tax	year is for less than 12	months, check reason Initial return Fina	al return	Change in accounting period			
	oplication is for Form 99 dable credits. See instru	0-BL, 990-PF, 990-T, 4720, or 6069, enter the te	entative tax,	less any 3a \$			
		P-PF or 990-T, enter any refundable credits and est	imated tax p				
		payment allowed as a credit	·	Зъ \$			
		om line 3a Include your payment with this form, or	r, if required				
		ed, by using EFTPS (Electronic Federal Tax Pay					
instructio		- · ·		3c \$			
		ectronic fund withdrawal with this Form 8868, see F	orm 8453-E				
for payment in							
		ction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)			