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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning <u>07/01, 2009</u> , and ending <u>06/30, 2010</u>																																	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">C Name of organization <u>EARTHSHARE</u></td> <td style="width:15%;">D Employer identification number <u>52-1601960</u></td> </tr> <tr> <td>Doing Business As</td> <td></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><u>7735 OLD GEORGETOWN ROAD</u></td> <td><u>900</u></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> </tr> <tr> <td colspan="2"><u>BETHESDA, MD 20814</u></td> </tr> <tr> <td colspan="2">F Name and address of principal officer <u>KALMAN STEIN</u></td> </tr> <tr> <td colspan="2"><u>7735 OLD GEORGETOWN ROAD BETHESDA, MD 20814</u></td> </tr> <tr> <td colspan="2"> E Telephone number <u>(240) 333-0300</u> </td> </tr> <tr> <td colspan="2"> G Gross receipts \$ <u>12,527,810.</u> </td> </tr> <tr> <td colspan="2"> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) </td> </tr> <tr> <td colspan="2"> H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="2"> I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> </tr> <tr> <td colspan="2"> J Website: ▶ <u>WWW.EARTHSHARE.ORG</u> </td> </tr> <tr> <td colspan="2"> K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> </tr> <tr> <td colspan="2"> L Year of formation <u>1988 M State of legal domicile <u>DC</u> </u></td> </tr> </table>	C Name of organization <u>EARTHSHARE</u>	D Employer identification number <u>52-1601960</u>	Doing Business As		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<u>7735 OLD GEORGETOWN ROAD</u>	<u>900</u>	City or town, state or country, and ZIP + 4		<u>BETHESDA, MD 20814</u>		F Name and address of principal officer <u>KALMAN STEIN</u>		<u>7735 OLD GEORGETOWN ROAD BETHESDA, MD 20814</u>		E Telephone number <u>(240) 333-0300</u>		G Gross receipts \$ <u>12,527,810.</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		H(c) Group exemption number ▶		I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ <u>WWW.EARTHSHARE.ORG</u>		K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation <u>1988 M State of legal domicile <u>DC</u> </u>	
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Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>TO ENGAGE INDIVIDUALS AND ORGANIZATIONS IN CREATING A HEALTHY AND SUSTAINABLE ENVIRONMENT.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	30
	5	Total number of employees (Part V, line 2a)	14
	6	Total number of volunteers (estimate if necessary)	100
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	
	b Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,152,241.
	9	Program service revenue (Part VIII, line 2g)	2,085,222.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,730.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,263,193.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,703,366.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,395,066.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	16b	Total fundraising expenses, Part IX, column (D), line 25	307,711.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,051,739.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,150,171.
	19	Revenue less expenses Subtract line 18 from line 12	113,022.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,935,699.
	21	Total liabilities (Part X, line 26)	9,053,137.
	22	Net assets or fund balances Subtract line 21 from line 20	882,562.

Part II Signature Block			
Sign Here	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 <u>[Signature]</u> Date <u>12/7/10</u>	Signature of preparer <u>Steven J. Kravitz, CFO</u> Type or print name and title	
Paid Preparer's Use Only	Preparer's signature <u>[Signature]</u>	Date <u>12/7/10</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>CBIZ MHM, LLC</u> <u>3 BETHESDA METRO CENTER, SUITE 600 BETHESDA, MD 20814</u>	EIN <u>34-1862269</u>	Phone no <u>301-951-3636</u>

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

SCANNED JAN 13 2011

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,773,959 including grants of \$ 10,427,884) (Revenue \$ 1,565,341)
 DISTRIBUTION OF FUNDS RAISED PRIMARILY THROUGH WORKPLACE
 GIVING FOR AND ON BEHALF OF MEMBERS OF EARTH SHARE AND ITS
 AFFILIATES

4b (Code:) (Expenses \$ 259,673 including grants of \$) (Revenue \$ 252,984)
 SUPPORT OF LOCAL ENVIRONMENTAL FEDERATION AFFILIATES

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 12,033,632.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	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	5	
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	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year?	12A Yes No	
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
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	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	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	17	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	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

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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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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 employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b	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? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		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)		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c	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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		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 organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter.		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 30	
b Enter the number of voting members that are independent	1b 30	
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
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?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b 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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 X	
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 X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
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?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," 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 the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3

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 ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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
240-333-0300

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH HITCHCOCK DIRECTOR	1.00	X								
KEITH GROTY DIRECTOR	1.00	X								
LYNN WERNER SECRETARY	1.00	X		X						
PAUL BINGLE DIRECTOR	1.00	X								
LEE BODNER DIRECTOR	1.00	X								
WILLIAM BORDEN DIRECTOR	1.00	X								
MARK CARLSON TREASURER	1.00	X		X						
MARIE CURTIS DIRECTOR	1.00	X								
JAY DEAN DIRECTOR	1.00	X								
JAY FELDMAN DIRECTOR	1.00	X								
MARTHA FIELD DIRECTOR	1.00	X								
DEB FURRY VICE CHAIR	1.00	X		X						
ROBERT HOLLEY DIRECTOR	1.00	X								
PAUL LAMBERT DIRECTOR	1.00	X								
CHARLIE MCCABE DIRECTOR	1.00	X								
JOHN O'CONNELL DIRECTOR	1.00	X								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARCI REED CHAIR	1.00	X		X						
MARTY ROSEN DIRECTOR	1.00	X								
PATRICIA SMITH DIRECTOR	1.00	X								
MICHELLE SMITH DIRECTOR	1.00	X								
ANA PAULA TAVARES DIRECTOR	1.00	X								
TOM WOIWODE DIRECTOR	1.00	X								
ANGEL WRIGHT-FELDMAN DIRECTOR	1.00	X								
STEVE BLANK DIRECTOR	1.00	X								
DALE ANN BROOKS DIRECTOR	1.00	X								
MICHAEL CARREN DIRECTOR	1.00	X								
BONNIE DANNI DIRECTOR	1.00	X								
BETHANY LATHAM DIRECTOR	1.00	X								
TERRY MACKO DIRECTOR	1.00	X								
1b Total CONTINUED AT SCHEDULE J-2								458,364		78,549

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VIII Statement of Revenue

52-1601960

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 10,688,497				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$		10,688,497			
	h	Total. Add lines 1a-1f					
Program Service Revenue	Business Code						
	2a	MEMBER FEES	561000	1,324,334	1,324,334		
	b	AFFILIATE FEES	561000	241,007	241,007		
	c	FISCAL AGENT FEES	561000	252,984	252,984		
	d						
	e						
	f	All other program service revenue		1,818,325			
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		20,988			20,988
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real (ii) Personal					
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total Revenue. See instructions		12,527,810	1,818,325		20,988	

Form 990 (2009)

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	10,440,503.	10,440,503.		
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 U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	514,749.	209,077.	141,166.	164,506.
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	692,732.	563,752.	99,000.	29,980.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	59,677.	48,386.	6,887.	4,404.
9 Other employee benefits	150,898.	122,348.	17,414.	11,136.
10 Payroll taxes	25,449.	10,105.	6,201.	9,143.
11 Fees for services (non-employees)	0.			
a Management	13,123.	10,115.	2,325.	683.
b Legal	34,125.		34,125.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	13,243.	8,502.	2,831.	1,910.
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	152,315.	97,637.	30,213.	24,465.
16 Occupancy	46,384.	20,904.	14,785.	10,695.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	34,478.	1,487.	32,991.	
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	70,566.	58,654.	1,463.	10,449.
22 Depreciation, depletion, and amortization	11,336.	7,438.	2,154.	1,744.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a LOCAL REPRESENTATIVES	144,698.	144,234.		464.
b COMMUNICATIONS	33,815.	33,815.		
c CAMPAIGN EXPENSES	68,886.	68,886.		
d PROFESSIONAL FEES	120,718.	94,861.	9,730.	16,127.
e POSTAGE AND SHIPPING	36,597.	34,836.	1,369.	392.
f All other expenses	85,820.	58,092.	6,115.	21,613.
25 Total functional expenses. Add lines 1 through 24f	12,750,112.	12,033,632.	408,769.	307,711.
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,967,314.	1	1,529,719.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	7,376,479.	3	7,073,013.
	4 Accounts receivable, net	317,905.	4	262,783.
	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 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,046.	9	14,469.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	479,884.		
	b Less accumulated depreciation	393,068.	10b	
	10c	153,916.		86,816.
	11 Investments - publicly traded securities	86,039.	11	0.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	25,000.	15	25,000.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,935,699.	16	8,991,800.	
Liabilities	17 Accounts payable and accrued expenses	229,382.	17	237,339.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 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 persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	8,823,755.	25	8,094,201.
	26 Total liabilities. Add lines 17 through 25	9,053,137.	26	8,331,540.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	809,731.	27	638,277.
	28 Temporarily restricted net assets	72,831.	28	21,983.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	882,562.	33	660,260.	
34 Total liabilities and net assets/fund balances.	9,935,699.	34	8,991,800.	

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☒ 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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?
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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization

EARTHSHARE

Employer identification number

52-1601960

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ 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)

f ☐ 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 _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

(ii) A family member of a person described in (i) above?

11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
---------	--------------------------	--------------------------

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>
----------	--------------------------	--------------------------

h ☐ Provide the following information about the supported organization(s) _____

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar-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")	9,083,929	10,108,033	11,342,617	11,152,241	10,688,497	52,375,317
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.	9,083,929	10,108,033	11,342,617	11,152,241	10,688,497	52,375,317
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						52,375,317

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	9,083,929	10,108,033	11,342,617	11,152,241	10,688,497	52,375,317
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,324	116,818	90,523	25,730	20,988	326,383
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						52,701,700
12 Gross receipts from related activities, etc. (see instructions)					12	9,404,968
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.38 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.34 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 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		<input type="checkbox"/>
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 supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar 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")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

EARTHSHARE

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

52-1601960

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	143,052.		143,052.	
d Equipment	336,832.		250,016.	86,816.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				86,816.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other -----		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
CAMPAIGN FUNDS PAYABLE TO MEMBERS	8,056,963.
DEFERRED RENT	37,238.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	8,094,201.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,527,810.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,750,112.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-222,302.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-222,302.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,960,190.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,960,190.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	8,567,620.
c	Add lines 4a and 4b	4c	8,567,620.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,527,810.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,182,492.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,182,492.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	8,567,620.
c	Add lines 4a and 4b	4c	8,567,620.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	12,750,112.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

MEMBER CHARITIES

SCHEDULE D - PART XII & XIII - LINE 4B

NET CONTRIBUTION AMOUNT DESIGNATED TO MEMBER CHARITIES.

Part XIV Supplemental Information *(continued)*

Schedule D (Form 990) 2009

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**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

EARTHSHARE

Employer identification number

52-1601960

OMB No 1545-0047

2009

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	AFRICAN WILDLIFE FOUNDATION 1400 16TH STREET NW, STE 120	52-0781390	501(C)3	161,630.		BOOK		WORKPLACE GIVING
	ALASKA CONSERVATION FOUNDATION 441 WEST 5TH AVENUE, STE 402	92-0061466	501(C)3	27,428		BOOK		WORKPLACE GIVING
	AMAZON CONSERVATION TEAM 4211 NORTH FAIRFAX DRIVE	54-1915987	501(C)3	8,338.		BOOK		WORKPLACE GIVING
	AMERICAN FARMLAND TRUST 1200 18TH STREET NW, SUITE 800	52-1190211	501(C)3	56,213		BOOK		WORKPLACE GIVING
	AMERICAN FORESTS 734 15TH STREET NW, SUITE 800	53-0196544	501(C)3	79,154		BOOK		WORKPLACE GIVING
	AMERICAN RIVERS 1101 14TH STREET NW, SUITE 1400	23-7305963	501(C)3	85,753		BOOK		WORKPLACE GIVING
	AMERICAN SOLAR ENERGY SOCIETY 2400 CENTRAL AVENUE, SUITE A	59-1768923	501(C)3	21,419		BOOK		WORKPLACE GIVING
	AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110	54-1517707	501(C)3	5,085		BOOK		WORKPLACE GIVING
	ARBOR DAY FOUNDATION 211 N. 12TH STREET LINCOLN, NE 68508	23-7169265	501(C)3	34,835.		BOOK		WORKPLACE GIVING
	BAT CONSERVATION INTERNATIONAL 500 CAPITAL OF TEXAS HWY N AUSTIN, TX 78746	74-2553144	501(C)3	75,957.		BOOK		WORKPLACE GIVING
	BEYOND PESTICIDES 701 E STREET SE, SUITE 200	52-1360541	501(C)3	51,472		BOOK		WORKPLACE GIVING
	CENTER FOR HEALTH, ENVIRONMENT AND JUSTICE 150 SOUTH WASHINGTON STREET	52-1219489	501(C)3	38,814		BOOK		WORKPLACE GIVING

2 Enter total number of section 501(c)(3) and government organizations **103**

3 Enter total number of other organizations

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Schedule I (Form 990) 2009

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance . . .

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I- PART I- LINE 2

EARTHSHARE MONITORS GRANTS GIVEN BY REQUIRING REPORTS FROM THE

CRANTEES/ORGANIZATIONS THE ORGANIZATIONS ARE REQUIRED TO REPORT AS PART

OF THEIR APPLICATIONS THE USE OF FUNDS RECEIVED. THE REVIEW OF REPORTS IS

DONE ANNUALLY.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
EARTHSHARE

Employer identification number
52-1601960

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEAN WATER FUND							
1010 VERMONT AVENUE NW, SUITE 1100	52-1043444	501(C)3	63,225		BOOK		WORKPLACE GIVING
COMMUNITY SHARES OF ILLINOIS							
44 EAST MAIN, STE 208 CHAMPAIGN, IL 61820	36-3073918	501(C)3	13,059		BOOK		WORKPLACE GIVING
CONSERVATION INTERNATIONAL							
2011 CRYSTAL DRIVE, SUITE 500	52-1497470	501(C)3	65,879		BOOK		WORKPLACE GIVING
DEFENDERS OF WILDLIFE							
1130 SEVENTEENTH STREET NW	53-0183181	501(C)3	242,903		BOOK		WORKPLACE GIVING
EARTH DAY NETWORK							
1616 P STREET NW, SUITE 340	13-3798288	501(C)3	9,198		BOOK		WORKPLACE GIVING
EARTH ISLAND INSTITUTE							
2150 ALLSTON WAY, SUITE 460	94-2889684	501(C)3	6,108		BOOK		WORKPLACE GIVING
EARTHSHARE CALIFORNIA							
49 POWELL STREET, SUITE 500	94-2840364	501(C)3	138,041		BOOK		WORKPLACE GIVING
EARTHSHARE GEORGIA							
1447 PEACHTREE STREET, SUITE 214	58-2022001	501(C)3	24,074		BOOK		WORKPLACE GIVING
EARTHSHARE ILLINOIS							
35 EAST WACKER DRIVE, SUITE 1300	36-3871726	501(C)3	40,302		BOOK		WORKPLACE GIVING
EARTHSHARE MICHIGAN							
6380 DRUMHELLER ROAD BATH, MI 48808	38-2721314	501(C)3	19,232		BOOK		WORKPLACE GIVING
EARTHSHARE MISSOURI							
1222 SPRUCE STREET, ROOM 3 310	43-1679971	501(C)3	28,200		BOOK		WORKPLACE GIVING
EARTHSHARE NEW ENGLAND							
675 VIEW PARKWAY, #167	22-3151372	501(C)3	68,456		BOOK		WORKPLACE GIVING
EARTHSHARE NEW JERSEY							
425 GREENWOOD AVENUE, SUITE 2A	22-3323080	501(C)3	13,126		BOOK		WORKPLACE GIVING
EARTHSHARE NEW YORK							
305 7TH AVENUE, 15TH FLOOR	13-3632209	501(C)3	39,392		BOOK		WORKPLACE GIVING
EARTHSHARE NORTH CAROLINA							
331 WEST MAIN STREET, SUITE 505	56-1775025	501(C)3	35,177		BOOK		WORKPLACE GIVING

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Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSHARE OHIO							WORKPLACE GIVING
3528 N HIGH STREET, STE. E	31-1428289	501(C)3	32,209		BOOK		WORKPLACE GIVING
EARTHSHARE OREGON							WORKPLACE GIVING
P.O. BOX 40333 PORTLAND, OR 97240	93-1001285	501(C)3	56,155		BOOK		WORKPLACE GIVING
EARTHSHARE TEXAS							WORKPLACE GIVING
707 WEST AVENUE, SUITE 203 AUSTIN, TX 78701	74-2627643	501(C)3	80,013		BOOK		WORKPLACE GIVING
EARTHSHARE WASHINGTON							WORKPLACE GIVING
1402 THIRD AVENUE, STE 817	91-1363472	501(C)3	30,211		BOOK		WORKPLACE GIVING
ENVIRONMENTAL AND ENERGY STUDY INSTITUTE							WORKPLACE GIVING
1112 16TH STREET NW, SUITE 300	52-1268030	501(C)3	108,601.		BOOK		WORKPLACE GIVING
ENVIRONMENTAL DEFENSE FUND							WORKPLACE GIVING
257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)3	164,918.		BOOK		WORKPLACE GIVING
ENVIRONMENTAL FUND FOR MARYLAND							WORKPLACE GIVING
1209 N CALVERT ST BALTIMORE, MD 21202	52-1811300	501(C)3	5,226.		BOOK		WORKPLACE GIVING
ENVIRONMENTAL FUND FOR PENNSYLVANIA							WORKPLACE GIVING
1420 WALNUT ST STE 1304	23-2672152	501(C)3	8,736.		BOOK		WORKPLACE GIVING
ENVIRONMENTAL FUND OF ARIZONA							WORKPLACE GIVING
14700 N FRANK LLOYD WRIGHT BLVD	86-0731684	501(C)3	13,118		BOOK		WORKPLACE GIVING
ENVIRONMENTAL LAW INSTITUTE							WORKPLACE GIVING
2000 L STREET NW, SUITE 620	52-0901863	501(C)3	35,327		BOOK		WORKPLACE GIVING
FLORIDA WILDLIFE FEDERATION							WORKPLACE GIVING
P O BOX 6870 TALLAHASSEE, FL 32314	59-1398265	501(C)3	10,215		BOOK		WORKPLACE GIVING
FOREST SERVICE EMPLOYEES FOR ENVIRONMENTAL							WORKPLACE GIVING
P.O. BOX 11615 EUGENE, OR 97440	93-1162218	501(C)3	8,286		BOOK		WORKPLACE GIVING
FRIENDS OF THE EARTH							WORKPLACE GIVING
1717 MASSACHUSETTS AVE NW, STE 600	23-7420660	501(C)3	51,504		BOOK		WORKPLACE GIVING
FRIENDS OF THE EVERGLADES							WORKPLACE GIVING
7800 RED ROAD, SUITE 215K	23-7099893	501(C)3	5,099		BOOK		WORKPLACE GIVING
FRIENDS OF THE NATIONAL ZOO							WORKPLACE GIVING
P O BOX 37012, MRC 5516	52-0853312	501(C)3	38,719		BOOK		WORKPLACE GIVING

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
EARTHSHARE

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

52-1601960

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALAPAGOS CONSERVANCY 11150 FAIRFAX BLVD , SUITE 408	13-3281486	501(C)3	15,169.		BOOK		WORKPLACE GIVING
GLOBAL IMPACT 66 CANAL CENTER PLAZA SUITE 310	52-1273585	501(C)3	8,553		BOOK		WORKPLACE GIVING
GREEN CORPS 44 WINTER STREET, FOURTH FLOOR	23-2687791	501(C)3	11,468.		BOOK		WORKPLACE GIVING
IZAAK WALTON LEAGUE OF AMERICA 707 CONSERVATION LANE	36-1930035	501(C)3	55,910		BOOK		WORKPLACE GIVING
JANE GOODALL INSTITUTE FOR WILDLIFE RESEARC 4245 NORTH FAIRFAX DRIVE, SUITE 600	94-2474731	501(C)3	37,519.		BOOK		WORKPLACE GIVING
KEEP AMERICA BEAUTIFUL 1010 WASHINGTON BLVD STAMFORD, CT 06901	13-1761633	501(C)3	10,431.		BOOK		WORKPLACE GIVING
LAND TRUST ALLIANCE 1660 L STREET NW SUITE 1100	04-2751357	501(C)3	13,193		BOOK		WORKPLACE GIVING
LEAGUE OF CONSERVATION VOTERS EDUCATION FUN 1920 L STREET NW, SUITE 800	52-1379661	501(C)3	10,835.		BOOK		WORKPLACE GIVING
MINNESOTA ENVIRONMENTAL FUND 450 SYNDICATE ST N , STE 320	41-1693030	501(C)3	67,732		BOOK		WORKPLACE GIVING
NATIONAL AUDUBON SOCIETY 225 VARICK STREET, 7TH FLOOR	13-1624102	501(C)3	44,157		BOOK		WORKPLACE GIVING
NATIONAL FISH AND WILDLIFE FOUNDATION 1133 15TH STREET, NW, STE 1100	52-1384139	501(C)3	80,856		BOOK		WORKPLACE GIVING
NATIONAL FOREST FOUNDATION BLDG 27 STE 3, FORT MISSOULA RD	52-1786332	501(C)3	33,840.		BOOK		WORKPLACE GIVING
NATIONAL PARKS CONSERVATION ASSOCIATION 1300 19TH STREET, NW SUITE 300	53-0225165	501(C)3	254,116		BOOK		WORKPLACE GIVING
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE	53-0204616	501(C)3	317,219.		BOOK		WORKPLACE GIVING
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10010	13-2654926	501(C)3	329,906		BOOK		WORKPLACE GIVING

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

EARTHSHARE

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

52-1601960

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEAN CONSERVANCY 1300 19TH STREET, NW SUITE 800 OCEANA	23-7245152	501(C)3	120,480.		BOOK		WORKPLACE GIVING
1350 CONNECTICUT AVE NW, 5TH FLOOR PESTICIDE ACTION NETWORK NORTH AMERICA 49 POWELL STREET, SUITE 500	51-0401308 94-2949686	501(C)3 501(C)3	22,770 8,814.		BOOK BOOK		WORKPLACE GIVING WORKPLACE GIVING
RAILS-TO-TRAILS CONSERVANCY 2121 WARD COURT, NW, 5TH FLOOR RAINFOREST ALLIANCE	94-2949686 52-1437006	501(C)3 501(C)3	8,814. 339,628		BOOK BOOK		WORKPLACE GIVING WORKPLACE GIVING
665 BROADWAY, SUITE 500 NEW YORK, NY 10012 RESTORE AMERICA'S ESTUARIES 2020 14TH STREET, SUITE 210	13-3377893 54-1965304	501(C)3 501(C)3	143,664 11,409.		BOOK BOOK		WORKPLACE GIVING WORKPLACE GIVING
ROCKY MOUNTAIN INSTITUTE 2317 SNOWMASS CREEK ROAD SNOWMASS, CO 81654 SCENIC AMERICA	74-2244146 23-2188166	501(C)3 501(C)3	41,401. 12,095		BOOK BOOK		WORKPLACE GIVING WORKPLACE GIVING
1250 I STREET, NW WASHINGTON, DC 20005 SIERRA CLUB FOUNDATION 85 2ND STREET, SUITE 750	94-6069890 91-0880684	501(C)3 501(C)3	418,558 47,028		BOOK BOOK		WORKPLACE GIVING WORKPLACE GIVING
STUDENT CONSERVATION ASSOCIATION 689 RIVER ROAD, PO BOX 550 SURFRIDER FOUNDATION	91-0880684 95-3941826	501(C)3 501(C)3	212,102. 308,892		BOOK BOOK		WORKPLACE GIVING WORKPLACE GIVING
P O BOX 6010 SAN CLEMENTE, CA 92674 THE CONSERVATION FUND 1655 N FORT MYER DRIVE, SUITE 1300	52-1388917 53-0242652	501(C)3 501(C)3	1,466,658. 125,321.		BOOK BOOK		WORKPLACE GIVING WORKPLACE GIVING
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE, SUITE 100 THE PEREGRINE FUND	23-1969973 53-0167933	501(C)3 501(C)3	83,637.		BOOK BOOK		WORKPLACE GIVING WORKPLACE GIVING
5668 WEST FLYING HAWK LANE BOISE, ID 83709 THE WILDERNESS SOCIETY 1615 M STREET, NW WASHINGTON, DC 20036							

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

Schedule I-1 (Form 990) 2009

JSA

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PAGE 30

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

EARTHSHARE

Employer identification number

52-1601960

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

- b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?

- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?

- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?

- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
----------------	---

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

EARTHSHARE

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**

Employer identification number

52-1601960

ATTACHMENT 1

MEMBERS OF ORGANIZATION

PART VI, SECTION A- LINE 6

EARTHSHARE HAS ORGANIZATIONS THAT ARE BENEFICIARIES OF THE CORPORATION,
WHO ELECT THE BOARD AND HAVE AUTHORITY TO APPROVE ANY SIGNIFICANT
DECISIONS OF THE GOVERNING BODY/BOARD OF DIRECTORS.

MEMBERS' AUTHORITIES

PART VI, SECTION A- LINE 7A & 7B

EARTHSHARE HAS ORGANIZATIONS THAT ARE BENEFICIARIES OF THE CORPORATION.
THEY ELECT THE GOVERNING BODY/BOARD AND HAVE AUTHORITY TO APPROVE ANY
SIGNIFICANT DECISIONS.

REVIEW OF FORM 990

PART VI, SECTION B - LINE 11

THE FORM 990 IS COMPLETED BY AN INDEPENDENT AUDITOR, AND IS REVIEWED BY
THE SENIOR STAFF, THE CHAIR OF FINANCE COMMITTEE, AND THE EXECUTIVE
COMMITTEE. 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 AND STAFF 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

Name of the organization

EARTHSHARE

Employer identification number

52-1601960

ATTACHMENT 1 (CONT'D)

CONFLICT OF INTEREST.

AVAILABILITY OF STMTS TO THE PUBLIC

PART VI, SECTION C- LINE 19

EARTHSHARE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST BY PROVIDING COPIES OR INSPECTION AT THE OFFICE.

PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B - LINE 15A

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DOES AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT/CEO THAT INCLUDES A CONFIDENTIAL PERFORMANCE SURVEY SENT TO ALL DIRECTORS AND A REVIEW OF COMPARABLE SALARIES AMONG PEER AND LOCAL ORGANIZATIONS. THE EXECUTIVE COMMITTEE MEETS ONCE EACH MONTH AND MINUTES ARE KEPT FOR THOSE MEETINGS. THE PRESIDENT/CEO IS AN EX OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE, BUT HE IS EXCUSED FOR THE REVIEW AND COMPENSATION DISCUSSIONS. THE FINAL ANNUAL COMPENSATION DECISION IS COMMUNICATED IN WRITING FROM THE CHAIR OF THE BOARD OF DIRECTORS TO THE PRESIDENT/CEO AND THE CHIEF FINANCIAL OFFICER.

PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B - LINE 15B

THE PRESIDENT/CEO ESTABLISHES AND REVIEWS THE COMPENSATION OF THE KEY EMPLOYEES OF THE ORGANIZATION BASED UPON JOB DUTIES, PERFORMANCE AND SALARY SURVEY INFORMATION FROM OTHER COMPARABLE NONPROFIT ORGANIZATIONS.

ATTACHMENT 2

Name of the organization

EARTHSHARE

Employer identification number

52-1601960

ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

EARTHSHARE IS A MEMBERSHIP FEDERATION OF LOCAL, NATIONAL, AND INTERNATIONAL ENVIRONMENTAL AND CONSERVATION CHARITIES. ITS MISSION IS TO BUILD AN EXPANDING, SUSTAINABLE FUNDING SOURCE FOR ITS MEMBER GROUPS BY INVOLVING INDIVIDUALS AND EMPLOYERS, PRIMARILY THROUGH WORKPLACE GIVING; AND, THROUGH ITS MEMBER GROUPS, TO PROMOTE AND PROTECT PUBLIC HEALTH AND WELFARE AND CONSERVE NATURAL RESOURCES FOR FUTURE GENERATIONS.

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
FL, GA, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 4FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	14,469.
TOTALS	<u>14,469.</u>

ATTACHMENT 5

Name of the organization

EARTHSHARE

Employer identification number

52-1601960

ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIESDESCRIPTION

MUTUAL FUNDS-EQUITY SECURITIES

TOTALS

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

Identifying number
52-1601960**EARTHSHARE**

Business or activity to which this form relates

GENERAL DEPRECIATION**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount. See the instructions for a higher limit for certain businesses	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5
6 (a) Description of property (b) Cost (business use only) (c) Elected cost	
7 Listed property Enter the amount from line 29 7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8
9 Tentative deduction Enter the smaller of line 5 or line 8	9
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶ 13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use											
		%				S/L -					
		%				S/L -					
		%				S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6						
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

DEPRECIATION

*Assets Retired
JSA
9X9024 1 000

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

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization EARTHSHARE	Employer identification number 52-1601960
	Number, street, and room or suite no. If a P.O. box, see instructions. 7735 OLD GEORGETOWN ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHESDA, MD 20814	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **STEVEN KRAVITZ**

Telephone No. ► **240 333-0300**

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
 ► ☒ tax year beginning **07/01, 2009**, and ending **06/30, 2010**.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)