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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
EARTHSHARE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
7735 OLD GEORGETOWN ROAD NO 900

City or town, state or country, and ZIP + 4
BETHESDA, MD 20814

D Employer identification number
52-1601960

E Telephone number
(240) 333-0300

G Gross receipts $ 12,087,547

F Name and address of principal officer
KALMAN STEIN
7735 OLD GEORGETOWN RD
BETHESDA, MD 20814

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW EARTHSHARE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1988

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ENGAGE INDIVIDUALS AND ORGANIZATIONS IN CREATING A HEALTHY AND SUSTAINABLE ENVIRONMENT

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	31
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	21
6	Total number of volunteers (estimate if necessary)	**6**	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,272,971	9,940,797
9	Program service revenue (Part VIII, line 2g)	1,914,845	2,146,750
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,187,816	12,087,547
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,116,158	9,849,304
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,529,798	1,543,290
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶167,981		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	755,593	567,886
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,401,549	11,960,480
19	Revenue less expenses Subtract line 18 from line 12	-213,733	127,067

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,412,998	7,859,529
21	Total liabilities (Part X, line 26)	8,185,941	7,505,405
22	Net assets or fund balances Subtract line 21 from line 20	227,057	354,124

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-03-13
Signature of officer | Date

KALMAN STEIN PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEFFREY E SABOT				P00159255

Firm's name ▶ CBIZ MHM LLC | Firm's EIN ▶ 34-1862269

Firm's address ▶ 3 BETHESDA METRO CENTER SUITE 600
BETHESDA, MD 20814 | Phone no (301) 951-3636

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 8,734,884 including grants of $ 7,773,744) (Revenue $ 1,503,681)

DISTRIBUTION OF FUNDS RAISED PRIMARILY THROUGH WORKPLACE GIVING FOR AND ON BEHALF OF MEMBERS OF EARTHSHARE AND ITS AFFILIATES

4b (Code) (Expenses $ 130,993 including grants of $) (Revenue $ 178,781)

SUPPORT OF LOCAL ENVIRONMENTAL FEDERATION AFFILIATES

4c (Code) (Expenses $ 2,598,309 including grants of $ 2,075,560) (Revenue $ 464,288)

MANAGED CAMPAIGNS - EARTHSHARE HAS BEEN AWARDED CONTRACTS TO MANAGE PUBLIC EMPLOYEE CAMPAIGNS IN NEW YORK, GEORGIA, AND NEW JERSEY

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 11,464,186

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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*	11b		No
c	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*	11c		No
d	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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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, Parts II and IV*	15		No
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, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**23**	Yes	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	21		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21		
b	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 (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	31		
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**			No
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**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
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*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ 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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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 (240) 333-0300

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								342,547	0	88,916

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

			Yes	No
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*	**3**		No
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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(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 9,940,797				
	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 $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		9,940,797			
Program Service Revenue			Business Code				
	2a	MEMBER FEES	561000	1,145,973	1,145,973		
	b	CAMPAIGN MANAG FEES	561000	439,707	439,707		
	c	SPEC MEMB ASSESSMENT	561000	205,690	205,690		
	d	AFFILIATION FEES	561000	178,781	178,781		
	e	FISCAL AGENT FEES	561000	152,018	152,018		
	f	All other program service revenue		24,581	24,581		
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,146,750			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶					
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
	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 . . ▶					
	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 . . . ▶					
	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 . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		12,087,547	2,146,750	0	0

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	9,849,304	9,849,304		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	416,291	279,103	112,086	25,102
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	827,965	674,227	77,004	76,734
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,072	85,710	9,288	10,074
9 Other employee benefits	115,150	93,931	10,179	11,040
10 Payroll taxes	78,812	64,289	6,967	7,556
11 Fees for services (non-employees)				
a Management				
b Legal	2,737	2,462	275	
c Accounting	34,500		34,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,956	42,358	1,008	5,590
12 Advertising and promotion				
13 Office expenses	21,761	17,854	2,938	969
14 Information technology				
15 Royalties . .				
16 Occupancy	158,495	122,844	25,300	10,351
17 Travel	30,258	16,524	12,162	1,572
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,056	3,960	539	557
23 Insurance	20,449	17,543	1,887	1,019
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a LOCAL REPRESENTATIVES	91,790	85,106	0	6,684
b CAMPAIGN EXPENSES	34,799	34,799	0	0
c SUBSCRIPTIONS AND MEMBE	28,606	17,290	3,681	7,635
d EXTERNAL FUNCTIONS	28,591	1,726	26,490	375
e All other expenses	61,888	55,156	4,009	2,723
25 **Total functional expenses.** Add lines 1 through 24e	11,960,480	11,464,186	328,313	167,981
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,361,734	1	541,578
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		6,393,654	3	6,496,786
	4	Accounts receivable, net		600,213	4	762,977
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		15,270	9	16,620
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 490,899			
	b	Less accumulated depreciation	10b 481,967	13,541	10c	8,932
	11	Investments—publicly traded securities			11	
	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		28,586	15	32,636
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,412,998	16	7,859,529
Liabilities	17	Accounts payable and accrued expenses		240,269	17	222,446
	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	Loans and other 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		0	24	691,211
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		7,945,672	25	6,591,748
	26	**Total liabilities.** Add lines 17 through 25		8,185,941	26	7,505,405
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		227,057	27	354,124
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		227,057	33	354,124
	34	Total liabilities and net assets/fund balances		8,412,998	34	7,859,529

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,087,547
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,960,480
3	Revenue less expenses Subtract line 2 from line 1	3	127,067
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	227,057
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	354,124

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 52-1601960
Name: EARTHSHARE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH HITCHCOCK DIRECTOR	1 00	X						0	0	0
KEITH GROTY DIRECTOR	1 00	X						0	0	0
SERGIO FURMAN DIRECTOR	1 00	X						0	0	0
LEE BODNER DIRECTOR	1 00	X						0	0	0
MIKE LYNCH DIRECTOR	1 00	X						0	0	0
MARIE CURTIS DIRECTOR	1 00	X						0	0	0
ALAN GRAY DIRECTOR	1 00	X						0	0	0
JAY FELDMAN DIRECTOR	1 00	X						0	0	0
MARTHA FIELD DIRECTOR	1 00	X						0	0	0
PAUL LAMBERT DIRECTOR	1 00	X						0	0	0
JESSICA HULCE DIRECTOR	1 00	X						0	0	0
JOHN O'CONNELL DIRECTOR	1 00	X						0	0	0
MARTY ROSEN DIRECTOR	1 00	X						0	0	0
PATRICIA SMITH DIRECTOR	1 00	X						0	0	0
MICHELLE SMITH DIRECTOR	1 00	X						0	0	0
ANA PAULA TAVARES DIRECTOR	1 00	X						0	0	0
TOM WOIWODE DIRECTOR	1 00	X						0	0	0
STEVE BLANK VICE CHAIR	1 00	X		X				0	0	0
HAYWARD MAJORS DIRECTOR	1 00	X						0	0	0
JONATHAN SCOTT DIRECTOR	1 00	X						0	0	0
MICHAEL CARREN DIRECTOR	1 00	X						0	0	0
BILL PECK DIRECTOR	1 00	X						0	0	0
JERRY RAMPELT DIRECTOR	1 00	X						0	0	0
CRISTA PETERSON DIRECTOR	1 00	X						0	0	0
TERENCE MACKO DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BEGONA VAZQUEZ-SANTOS DIRECTOR	1 00	X						0	0	0
LYNN WERNER DIRECTOR	1 00	X						0	0	0
MARK CARLSON CHAIR	1 00	X		X				0	0	0
DEB FURRY SECRETARY	1 00	X		X				0	0	0
MARCI REED TREASURER	1 00	X		X				0	0	0
BOB STOKES DIRECTOR	1 00	X						0	0	0
KALMAN STEIN PRESIDENT & CEO	35 00			X				193,087	0	44,194
STEVEN KRAVITZ CFO	35 00			X				149,460	0	44,722

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

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 - Non-functionally integrated

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?

		Yes	No
(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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,152,241	10,688,497	10,588,518	9,272,971	9,940,797	51,643,024
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	11,152,241	10,688,497	10,588,518	9,272,971	9,940,797	51,643,024
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)						178,386
6 **Public support.** Subtract line 5 from line 4						51,464,638

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	11,152,241	10,688,497	10,588,518	9,272,971	9,940,797	51,643,024
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,730	20,988	4,437			51,155
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)						51,694,179

12 Gross receipts from related activities, etc (see instructions)	12	9,626,557

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99 560 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	99 730 %

16a **33 1/3% support test—2012.** 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 ▶ ☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2011.** 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 ▶ ☐

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 ▶ ☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EARTHSHARE

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)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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, and not on a historic structure listed in the National Register	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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(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	0
d Equipment		347,847	338,915	8,932
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				8,932

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
(1) Financial derivatives		
(2) 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) Book value
Federal income taxes	
CAMPAIGN FUNDS PAYABLE TO MEMBER AGENCIES	6,543,904
DEFERRED RENT	47,844
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	6,591,748

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	3,740,236
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	3,740,236
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 XIII)	4b	8,347,311		
c	Add lines **4a** and **4b**			4c	8,347,311
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	12,087,547

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

1	Total expenses and losses per audited financial statements			1	3,613,169
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	3,613,169
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 XIII)	4b	8,347,311		
c	Add lines **4a** and **4b**			4c	8,347,311
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	11,960,480

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	UNDER ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECORDED FOR THE YEARS ENDED JUNE 30, 2013 AND 2012, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES THE ORGANIZATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2010 FORWARD
PART XI, LINE 4B - OTHER ADJUSTMENTS		NET CONTRIBUTION AMOUNT DESIGNATED TO MEMBER CHARITIES
PART XII, LINE 4B - OTHER ADJUSTMENTS		NET CONTRIBUTION AMOUNT DESIGNATED TO MEMBER CHARITIES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EARTHSHARE

Employer identification number
52-1601960

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 162

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 EARTHSHARE MONITORS GRANTS GIVEN BY REQUIRING REPORTS FROM THE GRANTEE/ORGANIZATIONS THE ORGANIZATIONS ARE REQUIRED TO REPORT THE USE OF FUNDS RECEIVED AS PART OF THEIR APPLICATIONS THE REVIEW OF REPORTS IS DONE ANNUALLY

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1601960
Name: EARTHSHARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THE NATURE CONSERVANCY4245 NORTH FAIRFAX DRIVE STE 100 ARLINGTON,VA 222031606	53-0242652	501(C)(3)	966,611				WORKPLACE GIVING
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON,DC 20037	52-1693387	501(C)(3)	662,551				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SIERRA CLUB FOUNDATION85 2ND STREET STE 750 SAN FRANCISCO,CA 941053441	94-6069890	501(C)(3)	350,561				WORKPLACE GIVING
NATURAL RESOURCES DEFENSE COUNCIL40 WEST 20TH STREET NEW YORK,NY 10011	13-2654926	501(C)(3)	294,010				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THE CONSERVATION FUND 1655 N FORT MYER DRIVE STE 1300 ARLINGTON,VA 222093199	52-1388917	501(C)(3)	269,913				WORKPLACE GIVING
RAILS-TO-TRAILS CONSERVANCY2121 WARD COURT NW 5TH FLOOR WASHINGTON,DC 200371213	52-1437006	501(C)(3)	255,698				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NATIONAL PARKS CONSERVATION ASSOCIATION777 6TH STREET NW STE 700 WASHINGTON,DC 20001	53-0225165	501(C)(3)	242,470				WORKPLACE GIVING
NATIONAL WILDLIFE FEDERATION11100 WILDLIFE CENTER DRIVE RESTON,VA 201905362	53-0204616	501(C)(3)	212,300				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SURFRIDER FOUNDATION PO BOX 6010 SAN CLEMENTE, CA 926746010	95-3941826	501(C)(3)	147,473				WORKPLACE GIVING
DEFENDERS OF WILDLIFE 1130 SEVENTEENTH STREET NW WASHINGTON, DC 200364604	53-0183181	501(C)(3)	141,550				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 FOUNDATION1400 16TH STREET NW STE 120 WASHINGTON,DC 20036	52-0781390	501(C)(3)	140,912				WORKPLACE GIVING
ENVIRONMENTAL DEFENSE FUND257 PARK AVENUE SOUTH NEW YORK,NY 10010	11-6107128	501(C)(3)	133,362				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 WASHINGTON, DC 20036	23-7245152	501(C)(3)	123,950				WORKPLACE GIVING
RAINFOREST ALLIANCE 233 BROADWAY 28TH FLOOR NEW YORK, NY 10279	13-3377893	501(C)(3)	108,754				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
JANE GOODALL INSTITUTE FOR WILDLIFE RESEARCH EDUCATION AND CONSERVATION1595 SPRING HILL ROAD STE 550 VIENNA,VA 22182	94-2474731	501(C)(3)	104,414				WORKPLACE GIVING
UNION OF CONCERNED SCIENTISTS2 BRATTLE SQUARE CAMBRIDGE,MA 02138	04-2535767	501(C)(3)	104,092				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE WILDERNESS SOCIETY 1615 M STREET NW WASHINGTON,DC 20036	53-0167933	501(C)(3)	91,914				WORKPLACE GIVING
THE PEREGRINE FUND5668 WEST FLYING HAWK LANE BOISE,ID 83709	23-1969973	501(C)(3)	91,328				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BAT CONSERVATION INTERNATIONAL500 CAPITAL OF TEXAS HWY N BLDG 1 SUITE 200 AUSTIN,TX 78746	74-2553144	501(C)(3)	71,601				WORKPLACE GIVING
WILDLIFE CONSERVATION SOCIETYBRONX ZOO 2300 SOUTHERN BOULEVARD BRONX,NY 104601099	13-1740011	501(C)(3)	68,707				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET STE 900 SAN FRANCISCO,CA 94104	23-7222333	501(C)(3)	68,350				WORKPLACE GIVING
AMERICAN FORESTS734 15TH STREET NW SUITE 800 WASHINGTON,DC 200051013	53-0196544	501(C)(3)	66,831				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN RIVERS1101 14TH STREET NW SUITE 1400 WASHINGTON,DC 200055637	23-7305963	501(C)(3)	63,742				WORKPLACE GIVING
ENVIRONMENTAL AND ENERGY STUDY INSTITUTE 1112 16TH STREET NW STE 300 WASHINGTON,DC 20036	52-1268030	501(C)(3)	63,708				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NATIONAL FISH AND WILDLIFE FOUNDATION 1133 15TH STREET NW STE 1100 WASHINGTON,DC 20005	52-1384139	501(C)(3)	53,508				WORKPLACE GIVING
CLEAN WATER FUND1444 I EYE STREET NW STE 400 WASHINGTON,DC 20005	52-1043444	501(C)(3)	52,386				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
OCEANA1350 CONNECTICUT AVENUE NW 5TH FLOOR WASHINGTON,DC 20036	51-0401308	501(C)(3)	47,896				WORKPLACE GIVING
STUDENT CONSERVATION ASSOCIATION689 RIVER ROAD PO BOX 550 CHARLESTOWN,NH 036030550	91-0880684	501(C)(3)	46,902				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
FRIENDS OF THE EARTH 1100 15TH STREET NW 11TH FLOOR WASHINGTON, DC 20005	23-7420660	501(C)(3)	46,441				WORKPLACE GIVING
NATIONAL AUDUBON SOCIETY225 VARICK STREET 7TH FLOOR NEW YORK, NY 10014	13-1624102	501(C)(3)	46,313				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CONSERVATION INTERNATIONAL2011 CRYSTAL DRIVE STE 500 ARLINGTON,VA 22202	52-1497470	501(C)(3)	39,997				WORKPLACE GIVING
AMERICAN FARMLAND TRUST1150 CONNECTICUT AVENUE NW SUITE 600 WASHINGTON,DC 20036	52-1190211	501(C)(3)	39,647				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
IZAAK WALTON LEAGUE OF AMERICA707 CONSERVATION LANE GAITHERSBURG,MD 20878	36-1930035	501(C)(3)	38,777				WORKPLACE GIVING
NATIONAL FOREST FOUNDATIONBLDG 27 STE 3 FORT MISSOULA ROAD MISSOULA,MT 59804	52-1786332	501(C)(3)	38,473				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BEYOND PESTICIDES701 E STREET SE SUITE 200 WASHINGTON,DC 20003	52-1360541	501(C)(3)	34,678				WORKPLACE GIVING
FRIENDS OF THE NATIONAL ZOO3001 CONNECTICUT AVE NW WASHINGTON,DC 20008	52-0853312	501(C)(3)	29,848				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CENTER FOR HEALTH ENVIRONMENT AND JUSTICEPO BOX 6806 150 SOUTH WASHINGTON STREET SUITE 300 FALLS CHURCH,VA 22046	52-1219489	501(C)(3)	27,534				WORKPLACE GIVING
ENVIRONMENTAL LAW INSTITUTE2000 L STREET NW STE 620 WASHINGTON,DC 20036	52-0901863	501(C)(3)	26,835				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EARTHJUSTICE50 CALIFORNIA STREET STE 500 SAN FRANCISCO,CA 94111	94-1730465	501(C)(3)	25,418				WORKPLACE GIVING
ALASKA CONSERVATION FOUNDATION911WEST 8TH AVENUE STE 300 ANCHORAGE,AK 99501	92-0061466	501(C)(3)	23,160				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SCENIC AMERICA1307 NEW HAMPSHIRE AVENUE NW WASHINGTON,DC 20036	23-2188166	501(C)(3)	23,111				WORKPLACE GIVING
ARBOR DAY FOUNDATION 211 NORTH 12TH STREET LINCOLN,NE 68508	23-7169265	501(C)(3)	21,953				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CARBONFUND3 BETHESDA METRO CENTER SUITE 700 BETHESDA,MD 20814	20-0231609	501(C)(3)	14,333				WORKPLACE GIVING
ROCKY MOUNTAIN INSTITUTE2317 SNOWMASS CREEK ROAD SNOWMASS,CO 816549199	74-2244146	501(C)(3)	13,745				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GALAPAGOS CONSERVANCY11150 FAIRFAX BLVD STE 408 FAIRFAX,VA 22030	13-3281486	501(C)(3)	13,452				WORKPLACE GIVING
RESTORE AMERICA'S ESTUARIES2300 CLARENDON BLVD STE 603 ARLINGTON,VA 22201	54-1965304	501(C)(3)	12,066				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LEAGUE OF CONSERVATION VOTERS EDUCATION FUND1920 L STREET NW STE800 WASHINGTON,DC 20036	52-1379661	501(C)(3)	10,627				WORKPLACE GIVING
WILD FOUNDATION (INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION)717 POPLAR AVENUE BOULDER,CO 80304	23-7389749	501(C)(3)	9,726				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PESTICIDE ACTION NETWORK NORTH AMERICA1611 TELEGRAPH AVENUE STE 1200 OAKLAND,CA 94612	94-2949686	501(C)(3)	9,570				WORKPLACE GIVING
LAND TRUST ALLIANCE 1660 L STREET NW STE 1100 WASHINGTON,DC 20036	04-2751357	501(C)(3)	9,243				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
GREEN AMERICA1612 K STREET NW STE 600 WASHINGTON,DC 20006	52-1660746	501(C)(3)	8,943				WORKPLACE GIVING
SUSTAINABLE HARVEST INTERNATIONAL779 NORTH BEND ROAD SURREY,ME 04684	43-2023182	501(C)(3)	8,739				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EARTH ISLAND INSTITUTE 2150 ALLSTON WAY STE 460 BERKELEY,CA 94704	94-2889684	501(C)(3)	6,857				WORKPLACE GIVING
FOOD & WATER WATCH 1616 P STREET NW STE 300 WASHINGTON,DC 20036	32-0160439	501(C)(3)	6,027				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
GREEN CORPS44 WINTER STREET FOURTH FLOOR BOSTON,MA 02108	23-2687791	501(C)(3)	5,580				WORKPLACE GIVING
FOREST SERVICE EMPLOYEES FOR ENVIRONMENTAL ETHICS 56 E 15TH STREET EUGENE,OR 97401	93-1162218	501(C)(3)	5,454				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMAZON CONSERVATION TEAM4211 NORTH FAIRFAX DRIVE ARLINGTON,VA 22203	54-1915987	501(C)(3)	5,366				WORKPLACE GIVING
XERCES SOCIETY628 NE BROADWAY STE 200 PORTLAND,OR 97232	51-0175253	501(C)(3)	5,172				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 NEW ENGLAND675 VFW PARKWAY 167 CHESTNUT HILL,MA 02467	22-3151372	501(C)(3)	98,150				WORKPLACE GIVING
EARTHSHARE CALIFORNIA 870 MARKET STREET 703 SAN FRANCISCO,CA 94102	94-2840364	501(C)(3)	93,967				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EARTHSHARE OF TEXAS 1301 SOUTH INTERSTATE 35 SUITE 314 AUSTIN,TX 78741	74-2627643	501(C)(3)	62,098				WORKPLACE GIVING
EARTHSHARE MID-ATLANTIC7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA,MD 20814	27-3918694	501(C)(3)	59,657				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 ILLINOIS35 E WACKER DR SUITE 1600 CHICAGO,IL 606012110	36-3871726	501(C)(3)	50,981				WORKPLACE GIVING
EARTHSHARE NEW YORK 7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA,MD 20814	13-3632209	501(C)(3)	33,357				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EARTHSHARE OHIO4400 N HIGH STREET SUITE 415 COLUMBUS,OH 432144090	31-1428289	501(C)(3)	33,198				WORKPLACE GIVING
EARTHSHARE NORTH CAROLINA331 WEST MAIN STREET SUITE 602 PO BOX 196 DURHAM,NC 27702	56-1775025	501(C)(3)	27,887				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EARTHSHARE OF GEORGIA 100 PEACHTREE STREET NW STE 1960 ATLANTA,GA 30303	58-2022001	501(C)(3)	25,573				WORKPLACE GIVING
EARTHSHARE WASHINGTON1402 THIRD AVENUE SUITE 817 SEATTLE,WA 98101	91-1363472	501(C)(3)	22,725				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EARTHSHARE MISSOURI 1222 SPRUCE ST RM 3310 ST LOUIS,MO 63103	43-1679971	501(C)(3)	21,461				WORKPLACE GIVING
EARTHSHARE OREGONPO BOX 40333 PORTLAND,OR 972400333	93-1001285	501(C)(3)	18,780				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EARTHSHARE MICHIGAN PO BOX 363 6380 DRUMHELLER ROAD BATH,MI 488080363	27-3918694	501(C)(3)	13,850				WORKPLACE GIVING
EARTHSHARE NEW JERSEY 407 GREENWOOD AVENUE SUITE 209 TRENTON,NJ 08609	22-3323080	501(C)(3)	11,603				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EARTHSHARE PENNSYLVANIA7735 OLD GEORGETOWN ROAD 900 BETHESDA,MD 20814	27-3918694	501(C)(3)	8,008				WORKPLACE GIVING
EARTHSHARE OPERATIONS 7735 OLD GEORGETOWN ROAD 900 BETHESDA,MD 20814	52-1601960	501(C)(3)	7,957				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FLORIDA WILDLIFE FEDERATIONPO BOX 6870 TALLAHASSEE,FL 32314	59-1398265	501(C)(3)	7,867				WORKPLACE GIVING
AGRICULTURAL STEWARDSHIP ASSOCIATION2531 STATE ROUTE 40 GREENWICH,NY 12834	22-3084628	501(C)(3)	5,000				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MINNESOTA ENVIRONMENTAL FUND450 NORTH SYNDICATE STREET SUITE 90 ST PAUL,MN 55104	41-1693030	501(C)(3)	105,633				WORKPLACE GIVING
COALITION FOR CHARITABLE CHOICE1122 EAST PIKE STREET 1057 SEATTLE,WA 98122	86-0777693	501(C)(3)	24,453				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ENVIRONMENTAL FUND OF ARIZONAPMB 292 14700 N FRANK LLOYD WRIGHT BLVD 157 SCOTTSDALE,AZ 85260	86-0731684	501(C)(3)	21,490				WORKPLACE GIVING
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY51 SLEEPER STREET BOSTON,MA 02210	04-2382233	501(C)(3)	19,546				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY HEALTH CHARITIES200 NORTH GLEBE ROAD SUITE 801 ARLINGTON,VA 22203	52-1089036	501(C)(3)	15,679				WORKPLACE GIVING
GLOBAL IMPACT66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA,VA 22314	52-1273585	501(C)(3)	14,999				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY,VA 20151	54-1517707	501(C)(3)	13,449				WORKPLACE GIVING
COMMUNITY SHARES OF ILLINOIS44 EAST MAIN SUITE 208 CHAMPAIGN,IL 61820	36-3073918	501(C)(3)	12,177				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOUTHFACE241 PINE STREET ATLANTA,GA 30308	58-1357547	501(C)(3)	10,000				WORKPLACE GIVING
UNITED WAY OF THE NATIONAL CAPITAL AREA 95 M STREET SW WASHINGTON,DC 20024	53-0234290	501(C)(3)	6,493				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ENVIRONMENTAL FUND OF PENNSYLVANIA1420 WALNUT STREET SUITE 1304 PHILADELPHIA,PA 19102	23-2672152	501(C)(3)	6,137				WORKPLACE GIVING
EARTH DAY NEW YORK35 E 38TH ST PHC NEW YORK,NY 10016	13-3558789	501(C)(3)	5,000				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NEW YORK LEAGUE OF CONSERVATION VOTERS 30 BROAD STREET - 30TH FLOOR NEW YORK, NY 10004	13-3727122	501(C)(3)	5,000				WORKPLACE GIVING
ST JUDE CHILDREN'S RESEARCH HOSPITAL262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	52,763				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNITED WAY OF NORTHEAST GEORGIA INC 465 HUNTINGTON RD STE 140 ATHENS,GA 30606	58-6008133	501(C)(3)	45,316				WORKPLACE GIVING
AMERICAN CANCER SOCIETY250 WILLIAMS ST ATLANTA,GA 30343	23-7040934	501(C)(3)	43,161				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE ATLANTA COMMUNITY FOOD BANK732 JOSEPH E LOWERY BLVD NW ATLANTA,GA 30318	58-1376648	501(C)(3)	36,157				WORKPLACE GIVING
ATLANTA METROPOLITAN UNITED WAY100 EDGEWOOD AVE STE 200 ATLANTA,GA 30303	58-0566194	501(C)(3)	31,323				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DOCTORS WITHOUT BORDERS USA INCMEDECINS SANS FRONTIERES USA INC333 7TH AVE NEW YORK, NY 10001	13-3433452	501(C)(3)	29,407				WORKPLACE GIVING
FOOD BANK OF NORTHEAST GEORGIAPO BOX 48857 ATHENS, GA 30604	58-1938066	501(C)(3)	29,400				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CHILDREN'S HEALTHCARE OF GEORGIA1600 TULLIE CIRCLE NE ATLANTA,GA 30329	58-1710601	501(C)(3)	26,794				WORKPLACE GIVING
UNIVERSITY SYSTEM OF GEORGIA FOUNDATION INC270 WASHINGTON ST SW STE 5175 ATLANTA,GA 30334	58-6333106	501(C)(3)	20,936				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SALVATION ARMY (GA) THE1424 NORTHEAST EXPRESSWAY NE ATLANTA,GA 30329	59-1737149	501(C)(3)	20,050				WORKPLACE GIVING
ATLANTA HUMANE SOCIETY & SPCA OF GEORGIA981 HOWELL MILL RD NW ATLANTA,GA 30318	58-0685900	501(C)(3)	19,259				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GEORGIA PUBLIC BROADCASTING260 14TH ST NW ATLANTA,GA 303185360	58-1510475	501(C)(3)	18,471				WORKPLACE GIVING
UNITED NEGRO COLLEGE FUND120 WALL ST NEW YORK,NY 10005	13-1624241	501(C)(3)	16,198				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AMERICAN DIABETES ASSOCIATION1701 N BEAUREGARD ST ALEXANDRIA,VA 22311	13-1623888	501(C)(3)	16,078				WORKPLACE GIVING
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)(3)	15,453				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN RED CROSS IN GREATER NEW YORK520 W 49TH ST NEW YORK,NY 10019	53-0196605	501(C)(3)	14,865				WORKPLACE GIVING
CANINE ASSISTANTS3160 FRANCIS RD MILTON,GA 30004	58-1974410	501(C)(3)	14,355				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AMERICAN RED CROSS METRO ATLANTA CHAPTER PO BOX 101508 ATLANTA,GA 30392	53-0196605	501(C)(3)	13,935				WORKPLACE GIVING
ALZHEIMER'S ASSOCIATION GA CHAPTER41 PERIMETER CTR E STE 550 ATLANTA,GA 30346	58-1492046	501(C)(3)	13,138				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
UNITED NEGRO COLLEGE FUND (GA)229 PEACHTREE ST NE STE 2350 ATLANTA,GA 30303	13-1624241	501(C)(3)	12,976				WORKPLACE GIVING
HEIFER INTERNATIONAL1 WORLD AVE LITTLE ROCK,AR 72202	35-1019477	501(C)(3)	12,211				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CITY HARVEST INC6 E 32ND ST 5TH FL NEW YORK,NY 10016	13-3170676	501(C)(3)	11,324				WORKPLACE GIVING
FEED THE CHILDREN333 N MERIDIAN OKLAHOMA CITY,OK 73107	73-6108657	501(C)(3)	11,251				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
UJA- FEDERATION OF NEW YORK130 E 59TH ST NEW YORK,NY 10022	51-0172429	501(C)(3)	11,153				WORKPLACE GIVING
PROJECT SAFEPO BOX 7532 ATHENS,GA 30604	58-1908469	501(C)(3)	11,082				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CHILDREN'S HEALTHCARE OF ATLANTA1600 TULLIE CIRCLE NE ATLANTA,GA 30329	58-1710601	501(C)(3)	11,021				WORKPLACE GIVING
ASPCA CRUELTY TO ANIMAL (ASPCA)424 E 92ND ST NEW YORK,NY 10128	13-1623829	501(C)(3)	10,976				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CATHOLIC RELIEF SERVICES - USCCB228 W LEXINGTON ST BALTIMORE,MD 21201	13-5563422	501(C)(3)	10,628				WORKPLACE GIVING
ATHENS AREA HOMELESS SHELTER620 BARBER ST ATHENS,GA 30601	58-1940081	501(C)(3)	10,061				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 OF GEORGIA 100 PEACHTREE ST NW STE 1960 ATLANTA,GA 30303	58-2022001	501(C)(3)	10,042				WORKPLACE GIVING
LAGUARDIA COMMUNITY COLLEGE FOUNDATION31-10 THOMSON AVE RM E508 LONG ISLAND CITY,NY 11101	11-3623769	501(C)(3)	8,976				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MAKE A WISH FOUNDATION OF GEORGIA 1775 THE EXCHANGE SE ATLANTA,GA 30339	58-2146828	501(C)(3)	8,945				WORKPLACE GIVING
CHILDREN'S CENTER AT SUNY BROOKLYN440 LENOX RD BROOKLYN,NY 11203	11-2907961	501(C)(3)	8,863				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
FOOD BANK FOR NEW YORK CITY39 BROADWAY FL 10 NEWYORK,NY 10006	13-3179546	501(C)(3)	8,635				WORKPLACE GIVING
SHEPHERD CENTER2020 PEACHTREE RD NW ATLANTA,GA 30309	51-0141601	501(C)(3)	8,148				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
LEUKEMIA & LYMPHOMA SOCIETY1311 MAMARONECK AVE WHITE PLAINS,NY 10605	13-5644916	501(C)(3)	7,939				WORKPLACE GIVING
CITYMEALS-ON-WHEELS 355 LEXINGTON AVE FL 3 NEW YORK,NY 10017	13-3634381	501(C)(3)	7,630				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THE NATURE CONSERVANCY GEORGIA CHAPTER1330 W PEACHTREE ST ATLANTA,GA 30309	53-0242652	501(C)(3)	7,621				WORKPLACE GIVING
ARTHUR ASHE INSTITUTE FOR URBAN HEALTH450 CLARKSON AVE BOX 1232 BROOKLYN,NY 11203	11-3185372	501(C)(3)	7,581				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ST JUDE'S CHILDREN RESEARCH HOSPITAL (1) 14 PENN PLAZA NEW YORK, NY 10122	35-1044585	501(C)(3)	7,317				WORKPLACE GIVING
UNITED STATES FUND FOR UNICEF125 MAIDEN LN NEW YORK, NY 10038	13-1760110	501(C)(3)	7,191				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
MARCH OF DIMES - GEORGIA CHAPTERS1776 PEACHTREE ST STE 100 ATLANTA,GA 30309	13-1846366	501(C)(3)	7,151				WORKPLACE GIVING
PLANNED PARENTHOOD OF GEORGIA75 PIEDMONT AVE NE STE 800 ATLANTA,GA 30303	58-6045874	501(C)(3)	7,122				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ATHENS JUSTICE PROJECT PO BOX 447 ATHENS,GA 30603	58-2444257	501(C)(3)	6,868				WORKPLACE GIVING
AMERICAN RED CROSS (GA)195 HOLT AVE MACON,GA 31201	53-0196605	501(C)(3)	6,834				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
METHODIST HOME OF THE NORTH GEORGIA500 S COLUMBIA DR DECATUR,GA 30030	58-0632081	501(C)(3)	6,784				WORKPLACE GIVING
HABITAT FOR HUMANITY-NEW YORK CITY INC111 JOHN ST NEW YORK,NY 10038	11-2857055	501(C)(3)	6,693				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CARE (COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC)151 ELLIS ST NE ATLANTA,GA 30303	13-1685039	501(C)(3)	6,667				WORKPLACE GIVING
NEW YORK CITY COLLEGE OF TECHNOLOGY FOUNDATION300 JAY ST BROOKLYN,NY 11201	11-2529356	501(C)(3)	6,637				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
YORK COLLEGE FUND94-20 GUY R BREWER BLVD STE AC-2H03 JAMAICA,NY 11451	11-2982841	501(C)(3)	6,569				WORKPLACE GIVING
AMERICAN CANCER SOCIETY EASTERN DIVISION132 W 32ND ST NEW YORK,NY 10001	16-0743902	501(C)(3)	6,530				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BOYS AND GIRLS CLUB - ATHENS705 4TH ST ATHENS,GA 30601	58-0830085	501(C)(3)	6,527				WORKPLACE GIVING
ST VINCENT DE PAUL SOCIETY INC2050 CHAMBLEE TUCKER RD STE C ATLANTA,GA 30341	58-0967972	501(C)(3)	6,460				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
CURE CHILDHOOD CANCER1117 PERIMETER CENTER WEST STE N402 ATLANTA,GA 30338	58-1244138	501(C)(3)	6,404				WORKPLACE GIVING
THE GEORGIA 4-H FOUNDATION INC309 HOKE SMITH ANNEX ATHENS,GA 30602	58-0832988	501(C)(3)	6,371				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
COVENANT HOUSE461 8TH AVE NEW YORK,NY 10001	13-2725416	501(C)(3)	6,347				WORKPLACE GIVING
UNITED WAY OF THE COASTAL EMPIRE428 BULL ST SAVANNAH,GA 31402	58-0623603	501(C)(3)	6,337				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
METHODIST HOME OF THE SOUTH GEORGIA CONFERENCE304 PIERCE AVE MACON,GA 31204	58-0622971	501(C)(3)	6,074				WORKPLACE GIVING
OXFAM AMERICA226 CAUSEWAY ST BOSTON,MA 02114	23-7069110	501(C)(3)	6,052				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ALZHEIMER'S ASSOC HUDSON VALLEY ROCKLAND AND WESTCHESTER NY CHAPTER360 LEXINGTON AVE NEW YORK, NY 10017	13-3277408	501(C)(3)	6,012				WORKPLACE GIVING
MEMORIAL SLOAN-KETTERING CANCER CENTER1275 YORK AVE NEW YORK, NY 10021	13-1924236	501(C)(3)	5,927				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AUTISM SPEAKS1E 33RD ST FL 4 NEW YORK,NY 10016	20-2329938	501(C)(3)	5,890				WORKPLACE GIVING
SAVE THE CHILDREN54 WILTON RD WESTPORT,CT 06880	06-0726487	501(C)(3)	5,887				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AIDS ATHENS112 PARK AVENUE ATHENS,GA 30601	58-1761043	501(C)(3)	5,822				WORKPLACE GIVING
BREAST CANCER RESEARCH FOUNDATION INC60 E 56TH ST NEW YORK,NY 10022	13-3727250	501(C)(3)	5,802				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNITED WAY OF NEW YORK CITY205 E 42ND ST 12 FL NEW YORK,NY 10017	13-2617681	501(C)(3)	5,726				WORKPLACE GIVING
EXTRA SPECIAL PEOPLE 189 VFW DR WATKINSVILLE,GA 30677	58-1710803	501(C)(3)	5,631				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
GEORGIA SHARESPO BOX 3628 DECATUR,GA 30031	58-2018845	501(C)(3)	5,395				WORKPLACE GIVING
BOY SCOUTS OF AMERICA NORTHEAST GEORGIA COUNCIL148 BOY SCOUT TRAIL PENDERGRASS,GA 30567	58-0566207	501(C)(3)	5,328				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AUGUSTA - CSRA UNITED WAY1765 BROAD ST AUGUSTA,GA 30904	58-0566155	501(C)(3)	5,281				WORKPLACE GIVING
HUMANE SOCIETY OF NEW YORK306 E 59TH ST NEWYORK,NY 10022	13-1624041	501(C)(3)	5,248				WORKPLACE GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BULLOCH COUNTY DIVISION515 DENMARK ST STE 1100 STATESBORO,GA 30458	58-1427518	501(C)(3)	5,083				WORKPLACE GIVING
ATHENS AREA HABITAT FOR HUMANITYPO BOX 1261 ATHENS,GA 30603	91-1914868	501(C)(3)	5,072				WORKPLACE GIVING

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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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EARTHSHARE

Employer identification number
52-1601960

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are 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	**1b**		
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?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)KALMAN STEIN	(i)	193,087	0	0	0	44,194	237,281	0
PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
(2)STEVEN KRAVITZ	(i)	149,460	0	0	0	44,722	194,182	0
CFO	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EARTHSHARE

Employer identification number
52-1601960

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	
	FORM 990, PART VI, SECTION A, LINE 7A	EARTHSHARE HAS ORGANIZATIONS THAT ARE BENEFICIARIES OF THE CORPORATION THEY ELECT THE GOV ERNING BODY/BOARD AND HAVE AUTHORITY TO APPROVE ANY SIGNIFICANT DECISIONS
	FORM 990, PART VI, SECTION A, LINE 7B	EARTHSHARE HAS ORGANIZATIONS THAT ARE BENEFICIARIES OF THE CORPORATION THEY ELECT THE GOV ERNING BODY/BOARD AND HAVE AUTHORITY TO APPROVE ANY SIGNIFICANT DECISIONS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS COMPLETED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM, AND IS REVIEWED BY THE SENIOR STAFF, THE CHAIR OF FINANCE COMMITTEE, AND THE EXECUTIVE COMMITTEE IT IS ALSO TRA NSMITTED TO THE BOARD OF DIRECTORS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND STAFF ARE FURNISHED ANNUALLY WITH A CONFLICT OF INTEREST QUESTIONNAIRE F OR THE PURPOSES OF IDENTIFYING AND REVIEWING TRANSACTIONS OR RELATIONSHIPS THAT HAVE THE P OTENTIAL TO LEAD TO A CONFLICT OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	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 COMPENSAT ION DISCUSSIONS THE FINAL ANNUAL COMPENSATION DECISION IS COMMUNICATED IN WRITING FROM TH E CHAIR OF THE BOARD OF DIRECTORS TO THE PRESIDENT/CEO AND THE CHIEF FINANCIAL OFFICER TH E PRESIDENT/CEO ESTABLISHES AND REVIEWS THE COMPENSATION OF THE KEY EMPLOYEES OF THE ORGAN IZATION BASED UPON JOB DUTIES, PERFORMANCE AND SALARY SURVEY INFORMATION FROM OTHER COMPAR ABLE NONPROFIT ORGANIZATIONS
	FORM 990, PART VI, SECTION C, LINE 19	EARTHSHARE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATE MENTS AVAILABLE UPON REQUEST BY PROVIDING COPIES OR INSPECTION AT THE OFFICE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
EARTHSHARE

Employer identification number
52-1601960

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) EARTHSHARE CHAPTERS INC 7735 OLD GEORGETOWN ROAD SUITE 600 BETHESDA, MD 20814 27-3918694	WORKPLACE GIVING	MD	501(C)(3)	LINE 7	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EARTHSHARE CHAPTERS INC	Q	294,008	

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1601960
Name: EARTHSHARE

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

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