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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 private foundations)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www IRS gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final 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 900 NO 900

City or town, state or province, country, and ZIP or foreign postal code  
BETHESDA, MD 20814

F Name and address of principal officer  
MERI-MARGARET DEOUDS  
7735 OLD GEORGETOWN ROAD 900 NO 900  
BETHESDA, MD 20814

H(a) Is this a group return for subordinates?  
No  
☐ Yes ☒ No

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

H(c) Group exemption number ▶

D Employer identification number  
52-1601960

E Telephone number  
(240) 333-0300

G Gross receipts \$ 7,066,790

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				
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO ENGAGE INDIVIDUALS AND ORGANIZATIONS IN CREATING A HEALTHY AND SUSTAINABLE ENVIRONMENT			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	29	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	29	
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	55	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	50	
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>9</b> Program service revenue (Part VIII, line 2g) . . . . . <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year	
		5,541,140	4,650,246	
		2,324,081	2,416,544	
Expenses		0	0	
		0	0	
		7,865,221	7,066,790	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶206,033 <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	5,541,140	4,650,246		
	0	0		
	1,543,368	1,320,337		
	0	0		
	846,022	1,048,120		
	Net Assets or Fund Balances		7,930,530	7,018,703
			-65,309	48,087
<b>20</b> Total assets (Part X, line 16) . . . . . <b>21</b> Total liabilities (Part X, line 26) . . . . . <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	Beginning of Current Year	End of Year		
	7,336,413	6,599,525		
	7,351,722	6,482,388		
	-15,309	117,137		

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

\*\*\*\*\*  
Signature of officer

2017-05-10  
Date

MARI-MARGARET DEOUDS CEO  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name  
DANIEL L WEAVER

Preparer's signature  
DANIEL L WEAVER

Date  
2017-05-10

Check ☐ if self-employed

PTIN  
P01249346

Firm's name ▶ COUNCILOR BUCHANAN & MITCHELL PC

Firm's EIN ▶ 52-1711839

Firm's address ▶ 7910 WOODMONT AVENUE SUITE 500  
BETHESDA, MD 20814

Phone no (301) 986-0600

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO ENGAGE INDIVIDUALS AND ORGANIZATIONS IN CREATING A HEALTHY AND SUSTAINABLE ENVIRONMENT

**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.

<b>4a</b>	(Code ) (Expenses \$	5,709,541	including grants of \$	4,650,246 ) (Revenue \$	1,625,889 )
MANAGED CAMPAIGNS - EARTHSHARE HAS BEEN AWARDED CONTRACTS TO MANAGE PUBLIC EMPLOYEE CAMPAIGNS IN NEW YORK, GEORGIA, AND NEW JERSEY					















<b>4b</b>	(Code ) (Expenses \$	106,866	including grants of \$	) (Revenue \$	108,231 )
CORPORATE ENGAGEMENT PROJECTS - EARTHSHARE HAS BEEN AWARDED COLLABORATION PROGRAMS WITH COMPANIES TO HELP FOSTER A HEALTHY AND SUSTAINABLE ENVIRONMENT BY CONNECTING EMPLOYEES WITH EARTHSHARE'S MEMBER NONPROFITS THROUGH ENGAGEMENT OPPORTUNITIES					

<b>4c</b>	(Code ) (Expenses \$	68,453	including grants of \$	) (Revenue \$	211,985 )
SUPPORT OF LOCAL ENVIRONMENTAL FEDERATION AFFILIATES					
See Additional Data					








<b>4d</b>	Other program services (Describe in Schedule O )				
	(Expenses \$	20,538	including grants of \$	) (Revenue \$	407,357 )

<b>4e</b>	<b>Total program service expenses ▶</b>	5,905,398
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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	No
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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)*

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . 	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . 	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . 	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . . 	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	33	
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	55	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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? <b>Note.</b> 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 or note to any line 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	29	
	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	29	
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, CA, CO, CT, DC, FL, GA, HI, IL, KS, LA, ME, MD, MA, MN, MS, MO, MT, NH, NJ, 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records	THE ORGANIZATION 7735 OLD GEORGETOWN ROAD 900 NO 900 BETHESDA, MD 20814 (240) 333-0300

Check if Schedule O contains a response or note to any line in this Part VII ☐

**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

[illegible]



**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 ► 3

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

**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.

<p><b>2</b> 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</p>	
--	--

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	4,650,246	4,650,246			
	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 . . . . .						
Program Service Revenue			Business Code					
	2a	MEMBER FEES	900099	1,837,874	1,837,874			
	b	OTHER	900099	578,670	578,670			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			2,416,544			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .						
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
	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 . . . . .						
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
	a							
	b	Less direct expenses . . . . .						
	c	Net income or (loss) from gaming activities . . . . .						
	10a	Gross sales of inventory, less returns and allowances . . .						
	a							
	b	Less cost of goods sold . . . . .						
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 . . . . .			7,066,790	2,416,544	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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,650,246	4,650,246		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	268,064	65,730	113,346	88,988
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 . . . . .	744,956	452,300	245,650	47,006
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	307,317	158,136	123,546	25,635
10	Payroll taxes . . . . .				
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	3,547	1,254	2,293	
c	Accounting . . . . .	74,435		74,435	
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) . . . . .	182,119	34,702	147,417	
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	59,851	35,036	20,626	4,189
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	155,092	100,083	44,566	10,443
17	Travel . . . . .	90,156	6,345	71,600	12,211
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 . . . . .	4,630	2,253	1,897	480
23	Insurance . . . . .	14,369	10,550	2,382	1,437
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	CAMPAIGN EXPENSE	354,014	325,316	26,258	2,440
b	LOCAL REPRESENTATIVES	39,234	34,242		4,992
c	SUBSCRIPTION AND MEMBER	23,091	5,539	13,211	4,341
d	EXTERNAL FUNCTIONS	14,753	3,173	11,580	
e	All other expenses	32,829	20,493	8,465	3,871
25	<b>Total functional expenses.</b> Add lines 1 through 24e	7,018,703	5,905,398	907,272	206,033
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,138,762	1	1,058,308
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		4,305,862	3	4,186,047
	4	Accounts receivable, net		794,710	4	1,273,504
	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		52,079	9	43,695
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	510,996		
	b	Less: accumulated depreciation	10b	498,025	11,820	12,971
	10c					
	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	
Liabilities	15	Other assets. See Part IV, line 11.		33,180	15	25,000
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		7,336,413	16	6,599,525
	17	Accounts payable and accrued expenses		309,433	17	137,781
	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		261,862	24	771,597
	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.		6,780,427	25	5,573,010
Net Assets or Fund Balances	26	<b>Total liabilities.</b> Add lines 17 through 25.		7,351,722	26	6,482,388
	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		-15,309	27	117,137
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b>		-15,309	33	117,137
	34	<b>Total liabilities and net assets/fund balances</b>		7,336,413	34	6,599,525

**Part XI**    **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	7,066,790
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	7,018,703
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	48,087
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	<b>4</b>	-15,309
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	84,359
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	117,137

**Part XII**    **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☒

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	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?		No
<b>b</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		

**Additional Data**

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

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code	(Expenses \$	20,538	including grants of \$	(Revenue \$	407,357 )
DISTRIBUTION OF FUNDS RAISED PRIMARILY THROUGH WORKPLACE GIVING FOR AND ON BEHALF OF MEMBERS OF EARTHSHARE AND ITS AFFILIATES					

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			
ALAN GRAY ..... DIRECTOR	1 00 .....	X						0	0	0
ANA PAULA TAVARES ..... DIRECTOR	1 00 .....	X						0	0	0
ANGELA GRIMES ..... DIRECTOR	1 00 .....	X						0	0	0
BOB STOKES ..... DIRECTOR	1 00 .....	X						0	0	0
CHASE WARDEN ..... DIRECTOR	1 00 .....	X						0	0	0
DEB FURRY ..... DIRECTOR	1 00 .....	X		X				0	0	0
ELIZABETH HITCHCOCK ..... DIRECTOR	1 00 .....	X						0	0	0
HAYWARD MAJORS ..... DIRECTOR	1 00 .....	X						0	0	0
HEATHER BEARD ..... DIRECTOR	1 00 .....	X						0	0	0
JAY FELDMAN ..... 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			
JEFF WHITTON ..... DIRECTOR	1 00 .....	X						0	0	0
JENESSA JENSEN ..... DIRECTOR	1 00 .....	X						0	0	0
JON SCOTT ..... DIRECTOR	1 00 .....	X						0	0	0
LYNN WERNER ..... SECRETARY	1 00 .....	X		X				0	0	0
NANCY EIRING ..... DIRECTOR	1 00 .....	X						0	0	0
MADELINE REAMY ..... DIRECTOR	1 00 .....	X						0	0	0
MARCI REED ..... TREASURER	1 00 .....	X		X				0	0	0
MARIE CURTIS ..... DIRECTOR	1 00 .....	X						0	0	0
MARK CARLSON ..... CHAIR	1 00 .....	X		X				0	0	0
MARTIN ROSEN ..... 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			
MICHAEL CARREN ..... DIRECTOR	1 00 .....	X						0	0	0
MICHAEL LYNCH ..... DIRECTOR	1 00 .....	X						0	0	0
PATRICIA SMITH ..... DIRECTOR	1 00 .....	X						0	0	0
PAUL LAMBERT ..... DIRECTOR	1 00 .....	X						0	0	0
ROBERT CONNELLY ..... DIRECTOR	1 00 .....	X						0	0	0
SASHA DOYLE-WEISS ..... DIRECTOR	1 00 .....	X						0	0	0
SHERI TURNBOW ..... DIRECTOR	1 00 .....	X						0	0	0
TOM WOIWODE ..... VICE CHAIR	1 00 .....	X		X				0	0	0
TING LEE ..... DIRECTOR	1 00 .....	X						0	0	0
MARY MACDONALD ..... SENIOR VICE PRESIDENT	35 00 .....			X				105,000	0	28,080

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			
DONALD KANDEL ..... CFO	35 00 .....			X				240,000	0	27,857
MERI-MARGARET DEOUDES ..... CEO	35 00 .....			X				0	0	0
KALMAN STEIN ..... PRESIDENT/CEO	35 00 .....						X	192,758	0	25,308

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	9,272,971	9,940,797	6,474,839	5,541,140	4,650,246	35,879,993
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	9,272,971	9,940,797	6,474,839	5,541,140	4,650,246	35,879,993
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						35,879,993

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	9,272,971	9,940,797	6,474,839	5,541,140	4,650,246	35,879,993
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11 Total support.</b> Add lines 7 through 10						35,879,993

**12** Gross receipts from related activities, etc (see instructions)

**12**

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

Section C. Computation of Public Support Percentage

**14** Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

**14**100.000 %

**15** Public support percentage for 2014 Schedule A, Part II, line 14

**15**99.990 %

**16a 33 1/3% support test—2015.**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—2014.**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—2015.**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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐

**b 10%-facts-and-circumstances test—2014.**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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		



**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	b (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 on 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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		367,944	354,973	12,971
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				12,971



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	4,325,449
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) 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	1,040,103	
e	Add lines 2a through 2d . . . . .		2e	1,040,103
3	Subtract line 2e from line 1 . . . . .		3	3,285,346
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	3,781,444	
c	Add lines 4a and 4b . . . . .		4c	3,781,444
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .		5	7,066,790

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .		1	4,399,898
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	1,246,999	
e	Add lines 2a through 2d . . . . .		2e	1,246,999
3	Subtract line 2e from line 1 . . . . .		3	3,152,899
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	3,865,803	
c	Add lines 4a and 4b . . . . .		4c	3,865,803
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . .		5	7,018,702

Part XIII

Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2	PART X LINE 2 - FIN 48 FOOTNOTE UNDER ACCOUNTING STANDARDS CODIFICATION (ASC) 74010, 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 YEAR ENDED JUNE 30, 2016 AND 2015, 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 2013 FORWARD.

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XII LINE 2D & 4D OTHER EXPENSE AMOUNTS	LINE 2D - EXPENSES OF CONSOLIDATED ENTITY, EARTHSHARE CHAPTERS, INC 1,246,999 ELIMINATION ENTRY 183,732 NET CONTRIBUTION DESIGNATED TO MEMBER CHARITIES 3,682,071 _____ TOTAL LINE 4B 3,865,803

# 2015

**Open to Public Inspection**

52-1601960

☒ Yes      ☐ No

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ► \_\_\_\_\_



Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PROCEDURE FOR MONITORING GRANTS IN THE U S 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

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARBOR DAY FOUNDATION 211 NORTH 12TH STREET LINCOLN, NE 68508	23-7169265	501(C)(3)	11,327				WORKPLACE GIVING
CONSERVATION INTERNATIONAL 2011 CRYSTAL DRIVE STE 500 ARLINGTON, VA 22202	52-1497470	501(C)(3)	15,769				WORKPLACE GIVING
EARTH DAY NETWORK 1616 P STREET NW STE 340 WASHINGTON, DC 20036	13-3798288	501(C)(3)	1,864				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EARTHJUSTICE 50 CALIFORNIA STREET STE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	26,245				WORKPLACE GIVING
ENVIRONMENT AMERICA RESEARCH AND POLICY CENTER 218 D STREET SE 2ND FL WASHINGTON,DC 20003	13-4339865	501(C)(3)	988				WORKPLACE GIVING
JANE GOODALL INSTITUTE FOR WILDLIFE RESEARCH EDUCATION AND CONSERVATION 1595 SPRING HILL ROAD STE 550 VIENNA,VA 22182	94-2474731	501(C)(3)	17,462				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LAND TRUST ALLIANCE 1660 L STREET NW STE 1100 WASHINGTON,DC 20036	04-2751357	501(C)(3)	6,618				WORKPLACE GIVING
NATIONAL AUDUBON SOCIETY 225 VARICK STREET 7TH FLOOR NEW YORK,NY 10014	13-1624102	501(C)(3)	23,121				WORKPLACE GIVING
NATIONAL FISH AND WILDLIFE FOUNDATION 1133 15TH STREET NW STE 1100 WASHINGTON,DC 20005	52-1384139	501(C)(3)	21,929				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OCEANA 1350 CONNECTICUT AVENUE NW 5TH FLOOR WASHINGTON, DC 20036	51-0401308	501(C)(3)	16,393				WORKPLACE GIVING
PESTICIDE ACTION NETWORK NORTH AMERICA 1611 TELEGRAPH AVENUE STE 1200 OAKLAND, CA 94612	94-2949686	501(C)(3)	5,909				WORKPLACE GIVING
ROCKY MOUNTAIN INSTITUTE 1820 FOLSOM STREET BOULDER, CO 80302	74-2244146	501(C)(3)	6,482				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUARE CAMBRIDGE, MA 02138	04-2535767	501(C)(3)	58,073				WORKPLACE GIVING
WILDLIFE HABITAT COUNCIL 8737 COLESVILLE RD 800 SILVER SPRING, MD 20910	52-1558579	501(C)(3)	20,000				WORKPLACE GIVING
AFRICAN WILDLIFE FOUNDATION 1400 16TH STREET NW STE 120 WASHINGTON, DC 20036	52-0781390	501(C)(3)	76,981				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVENUE NW SUITE 600 WASHINGTON, DC 20036	52-1190211	501(C)(3)	19,402				WORKPLACE GIVING
AMERICAN FORESTS 1220 L STREET NW STE 750 WASHINGTON, DC 20005	53-0196544	501(C)(3)	21,445				WORKPLACE GIVING
AMERICAN RIVERS 1101 14TH STREET NW SUITE 1400 WASHINGTON, DC 200055637	23-7305963	501(C)(3)	25,222				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEYOND PESTICIDES 701 E STREET SE SUITE 200 WASHINGTON, DC 20003	52-1360541	501(C)(3)	19,364				WORKPLACE GIVING
CLEAN WATER FUND 1444 I EYE STREET NW STE 400 WASHINGTON, DC 20005	52-1043444	501(C)(3)	28,799				WORKPLACE GIVING
DEFENDERS OF WILDLIFE 1130 SEVENTEENTH STREET NW WASHINGTON, DC 200364604	53-0183181	501(C)(3)	68,929				WORKPLACE GIVING



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ENVIRONMENTAL AND ENERGY STUDY INSTITUTE 1112 16TH STREET NW STE 300 WASHINGTON, DC 20036	52-1268030	501(C)(3)	27,587				WORKPLACE GIVING
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	67,185				WORKPLACE GIVING
ENVIRONMENTAL LAW INSTITUTE 1730 M STREET NW STE 700 WASHINGTON, DC 20036	52-0901863	501(C)(3)	13,157				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF THE EARTH 1101 15TH STREET NW 11TH FLOOR WASHINGTON,DC 20005	23-7420660	501(C)(3)	25,213				WORKPLACE GIVING
IZAAK WALTON LEAGUE OF AMERICA 707 CONSERVATION LANE GAITHERSBURG,MD 20878	36-1930035	501(C)(3)	15,408				WORKPLACE GIVING
NATIONAL PARKS CONSERVATION ASSOCIATION 777 6TH STREET NW STE 700 WASHINGTON,DC 20001	53-0225165	501(C)(3)	133,833				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 201905362	53-0204616	501(C)(3)	85,614				WORKPLACE GIVING
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	117,422				WORKPLACE GIVING
OCEAN CONSERVANCY 1300 19TH STREET NW SUITE 800 WASHINGTON, DC 20036	23-7245152	501(C)(3)	51,519				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RAILS-TO-TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FLOOR WASHINGTON, DC 200371213	52-1437006	501(C)(3)	125,704				WORKPLACE GIVING
RAINFOREST ALLIANCE 233 BROADWAY 28TH FLOOR NEW YORK, NY 10279	13-3377893	501(C)(3)	44,692				WORKPLACE GIVING
SCENIC AMERICA 1307 NEW HAMPSHIRE AVENUE NW WASHINGTON, DC 20036	23-2188166	501(C)(3)	10,957				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	175,240				WORKPLACE GIVING
SURFRIDER FOUNDATION PO BOX 6010 SAN CLEMENTE, CA 926746010	95-3941826	501(C)(3)	70,994				WORKPLACE GIVING
THE CONSERVATION FUND 1655 N FORT MYER DRIVE STE 1300 ARLINGTON, VA 22209	52-1388917	501(C)(3)	98,680				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE STE 100 ARLINGTON, VA 222031606	53-0242652	501(C)(3)	406,955				WORKPLACE GIVING
THE PEREGRINE FUND 5668 WEST FLYING HAWK LANE BOISE, ID 83709	23-1969973	501(C)(3)	48,355				WORKPLACE GIVING
THE WILDERNESS SOCIETY 1615 M STREET NW WASHINGTON, DC 20036	53-0167933	501(C)(3)	33,370				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET STE 900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	23,363				WORKPLACE GIVING
WILDLIFE CONSERVATION SOCIETY BRONX ZOO 2300 SOUTHERN BOULEVARD BRONX, NY 104601099	13-1740011	501(C)(3)	29,097				WORKPLACE GIVING
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	351,420				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALASKA CONSERVATION FOUNDATION 911WEST 8TH AVENUE STE 300 ANCHORAGE,AK 99501	92-0061466	501(C)(3)	9,527				WORKPLACE GIVING
ALLIANCE FOR CLIMATE EDUCATION 4696 BROADWAY SUITE 2 BOULDER,CO 80304	26-3106566	501(C)(3)	1,301				WORKPLACE GIVING
ALLIANCE TO SAVE ENERGY 1850 M STREET NW STE 610 WASHINGTON,DC 20036	52-1082991	501(C)(3)	2,048				WORKPLACE GIVING



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMAZON CONSERVATION ASSOCIATION 1012 14TH STREET NW STE 625 WASHINGTON,DC 20005	52-2211305	501(C)(3)	2,147				WORKPLACE GIVING
AMAZON CONSERVATION TEAM 4211 NORTH FAIRFAX DRIVE ARLINGTON,VA 22203	54-1915987	501(C)(3)	1,541				WORKPLACE GIVING
BAT CONSERVATION INTERNATIONAL 500 CAPITAL OF TEXAS HWY N BLDG 1 SUITE 200 AUSTIN,TX 78746	74-2553144	501(C)(3)	50,238				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CARBONFUNDORG FOUNDATION 3 BETHESDA METRO CENTER SUITE 700 BETHESDA, MD 20814	20-0231609	501(C)(3)	12,571				WORKPLACE GIVING
CERES INC 99 CHAUNCY STREET 6TH FLOOR BOSTON, MA 02111	22-3053747	501(C)(3)	1,306				WORKPLACE GIVING
CHILDREN'S ENVIRONMENTAL HEALTH NETWORK 110 MARYLAND AVENUE NE STE 404 WASHINGTON, DC 20002	52-2305620	501(C)(3)	1,308				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY PARKS ALLIANCE 2121 WARD COURT NW 5TH FLOOR WASHINGTON,DC 20037	80-0015566	501(C)(3)	448				WORKPLACE GIVING
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY STE 460 BERKELEY,CA 94704	94-2889684	501(C)(3)	2,488				WORKPLACE GIVING
EARTH UNIVERSITY FOUNDATION 8 PIEDMONT CENTER 3525 PIEDMONT ROAD NE STE 520 ATLANTA,GA 30305	38-2920639	501(C)(3)	1,174				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EARTHWORKS 1612 K STREET NW STE 808 WASHINGTON,DC 20006	52-1557765	501(C)(3)	8,380				WORKPLACE GIVING
ECOHEALTH ALLIANCE 460 WEST 34TH STREET 17TH FLOOR NEW YORK,NY 10001	31-1726494	501(C)(3)	276				WORKPLACE GIVING
ECOLOGIC DEVELOPMENT FUND 186 ALEWIFE BROOK PARKWAY 214 CAMBRIDGE,MA 02138	25-1704582	501(C)(3)	1,424				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ENVIRONMENTAL INTEGRITY PROJECT 1000 VERMONT AVENUE NW STE 1100 WASHINGTON, DC 20005	20-1326922	501(C)(3)	450				WORKPLACE GIVING
ENVIRONMENTAL LAW ALLIANCE WORLDWIDE 1412 PEARL ST EUGENE, OR 97401	94-3116602	501(C)(3)	1,455				WORKPLACE GIVING
FOOD & WATER WATCH 1616 P STREET NW STE 300 WASHINGTON, DC 20036	32-0160439	501(C)(3)	5,473				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOREST SERVICE EMPLOYEES FOR ENVIRONMENTAL ETHICS 56 E 15TH AVE EUGENE, OR 97401	93-1162218	501(C)(3)	3,522				WORKPLACE GIVING
FOREST STEWARDSHIP COUNCIL 212 THIRD AVENUE NORTH STE 445 MINNEAPOLIS, MN 55401	03-0355315	501(C)(3)	58				WORKPLACE GIVING
FOREST TRENDS ASSOCIATION 1203 19TH STREET NW 4TH FLOOR WASHINGTON, DC 20036	52-2135531	501(C)(3)	907				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF THE NATIONAL ZOO 3001 CONNECTICUT AVE NW WASHINGTON, DC 20008	52-0853312	501(C)(3)	19,916				WORKPLACE GIVING
GALAPAGOS CONSERVANCY 11150 FAIRFAX BLVD STE 408 FAIRFAX, VA 22030	13-3281486	501(C)(3)	9,019				WORKPLACE GIVING
GREEN AMERICA 1612 K STREET NW STE 600 WASHINGTON, DC 20006	52-1660746	501(C)(3)	2,127				WORKPLACE GIVING

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GREEN CORPS INC 1543 WAZEE STREET STE 300 DENVER, CO 80202	23-2687791	501(C)(3)	2,570				WORKPLACE GIVING
INSTITUTE FOR TRANSPORTATION & DEVELOPMENT POLICY 9 EAST 19TH STREET 7TH FLOOR NEW YORK, NY 10003	52-1399520	501(C)(3)	2,125				WORKPLACE GIVING
KEEP AMERICA BEAUTIFUL 1010 WASHINGTON BLVD STAMFORD, CT 06901	13-1761633	501(C)(3)	1,155				WORKPLACE GIVING



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LEAGUE OF CONSERVATION VOTERS EDUCATION FUND 1920 L STREET NW STE800 WASHINGTON,DC 20036	52-1379661	501(C)(3)	9,443				WORKPLACE GIVING
LEAVE NO TRACE CENTER FOR OUTDOOR ETHICS 1000 NORTH STREET BOULDER,CO 80304	84-1303335	501(C)(3)	2,555				WORKPLACE GIVING
NATIONAL AQUARIUM IN BALTIMORE 501 EAST PRATT STREET PIER 3 BALTIMORE,MD 212023194	52-1121163	501(C)(3)	6,526				WORKPLACE GIVING

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NATIONAL ENVIRONMENTAL EDUCATION FOUNDATION 4301 CONNECTICUT AVENUE NW STE 160 WASHINGTON, DC 20008	54-1557043	501(C)(3)	2,727				WORKPLACE GIVING
NATIONAL FOREST FOUNDATION FORT MISSOULA ROAD BLDG 27 STE 3 MISSOULA, MT 59804	52-1786332	501(C)(3)	22,431				WORKPLACE GIVING
NATURESERVE 4600 NORTH FAIRFAX DRIVE 7TH FLOOR ARLINGTON, VA 22203	52-1884438	501(C)(3)	1,461				WORKPLACE GIVING

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PHYSICIANS FOR SOCIAL RESPONSIBILITY 1111 14TH STREET NW STE 700 WASHINGTON, DC 20005	23-7059731	501(C)(3)	1,435				WORKPLACE GIVING
RESTORE AMERICA'S ESTUARIES 2300 CLARENDON BLVD STE 603 ARLINGTON, VA 22201	54-1965304	501(C)(3)	5,208				WORKPLACE GIVING
RIVER NETWORK 434 NW 6TH AVE STE 304 PORTLAND, OR 97209	93-0969979	501(C)(3)	1,115				WORKPLACE GIVING

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SEAWEB 8403 COLESVILLE ROAD STE 1100 SILVER SPRING, MD 20910	52-2156577	501(C)(3)	49				WORKPLACE GIVING
SUSTAINABLE HARVEST INTERNATIONAL 104 MAIN STREET ELLSWORTH, ME 04605	43-2023182	501(C)(3)	4,235				WORKPLACE GIVING
THE FIELD MUSEUM OF NATURAL HISTORY 1400 S LAKE SHORE DRIVE CHICAGO, IL 606052496	36-2167011	501(C)(3)	1,459				WORKPLACE GIVING

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WILD DOLPHIN PROJECT 612 NORTH ORANGE AVENUE STE A-12 JUPITER, FL 33458	65-0264660	501(C)(3)	3,519				WORKPLACE GIVING
WILD FOUNDATION (INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION) 717 POPLAR AVENUE BOULDER, CO 80304	23-7389749	501(C)(3)	3,989				WORKPLACE GIVING
WORLD RESOURCES INSTITUTE 10 G STREET NE STE 800 WASHINGTON, DC 20002	52-1257057	501(C)(3)	4,225				WORKPLACE GIVING

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XERCES SOCIETY 628 NE BROADWAY STE 200 PORTLAND, OR 97232	51-0175253	501(C)(3)	4,408				WORKPLACE GIVING
YELLOWSTONE TO YUKON CONSERVATION INITIATIVE PO BOX 157 BOZEMAN, MT 59771	81-0535303	501(C)(3)	3,788				WORKPLACE GIVING
EARTHSHARE CALIFORNIA 870 MARKET STREET 703 SAN FRANCISCO, CA 94102	94-2840364	501(C)(3)	21,187				WORKPLACE GIVING

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EARTHSHARE ILLINOIS 35 E WACKER DR SUITE 1600 CHICAGO, IL 606012110	27-3918694	501(C)(3)	19,994				WORKPLACE GIVING
EARTHSHARE MICHIGAN 7735 OLD GEORGETOWN RD STE 900 BETHESDA, MD 20814	27-3918694	501(C)(3)	6,740				WORKPLACE GIVING
EARTHSHARE MID-ATLANTIC 7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA, MD 20814	27-3918694	501(C)(3)	10,988				WORKPLACE GIVING

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EARTHSHARE NEW ENGLAND 675 VFW PARKWAY 167 CHESTNUT HILL, MA 02467	27-3918694	501(C)(3)	11,342				WORKPLACE GIVING
EARTHSHARE NEW JERSEY 407 GREENWOOD AVENUE SUITE 209 TRENTON, NJ 08609	22-3323080	501(C)(3)	1,510				WORKPLACE GIVING
EARTHSHARE NEW YORK 7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA, MD 20814	27-3918694	501(C)(3)	10,846				WORKPLACE GIVING



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EARTHSHARE NORTH CAROLINA 331 WEST MAIN STREET SUITE 602 PO BOX 196 DURHAM, NC 27702	56-1775025	501(C)(3)	10,761				WORKPLACE GIVING
EARTHSHARE OF GEORGIA 100 PEACHTREE STREET NW STE 1960 ATLANTA, GA 30303	58-2022001	501(C)(3)	11,811				WORKPLACE GIVING
EARTHSHARE OF TEXAS PO BOX 1911 AUSTIN, TX 78767	74-2627643	501(C)(3)	29,726				WORKPLACE GIVING

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EARTHSHARE OHIO 4400 N HIGH STREET SUITE 415 COLUMBUS, OH 432144090	31-1428289	501(C)(3)	8,857				WORKPLACE GIVING
EARTHSHARE OREGON PO BOX 40333 PORTLAND, OR 972400333	93-1001285	501(C)(3)	1,496				WORKPLACE GIVING
EARTHSHARE PENNSYLVANIA 1500 WALNUT STREET SUITE 502 PHILADELPHIA, PA 19102	27-3918694	501(C)(3)	9,111				WORKPLACE GIVING

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EARTHSHARE WASHINGTON 1402 THIRD AVENUE SUITE 525 SEATTLE,WA 98101	91-1363472	501(C)(3)	7,562				WORKPLACE GIVING
AUDUBON FLORIDA 4500 BISCAYNE BLVD STE 205 MIAMI,FL 33137	59-0245495	501(C)(3)	1,436				WORKPLACE GIVING
CITIZENS FOR A BETTER SOUTH FLORIDA 138 NW 16TH AVENUE MIAMI,FL 33125	65-0114889	501(C)(3)	733				WORKPLACE GIVING

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CONSERVATION TRUST FOR FLORIDA PO BOX 134 MICANOPY, FL 32667	59-3613021	501(C)(3)	878				WORKPLACE GIVING
FLORIDA DEFENDERS OF THE ENVIRONMENT 309 STATE ROAD 26 MELROSE, FL 32666	59-1297777	501(C)(3)	1,336				WORKPLACE GIVING
FLORIDA DIVISION OF THE IZAAK WALTON LEAGUE OF AMERICA PO BOX 97 ESTERO, FL 33928	59-0098701	501(C)(3)	622				WORKPLACE GIVING

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FLORIDA NATIVE PLANT SOCIETY PO BOX 278 MELBOURNE, FL 329020278	59-2676375	501(C)(3)	1,156				WORKPLACE GIVING
FLORIDA TRAIL ASSOCIATION 5413 SW 13TH STREET GAINESVILLE, FL 32608	23-7079720	501(C)(3)	1,438				WORKPLACE GIVING
FLORIDA WILDFLOWER FOUNDATION 225 S SWOOPE AVE SUITE 110 MAITLAND, FL 32751	59-3700304	501(C)(3)	1,128				WORKPLACE GIVING

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FLORIDA WILDLIFE FEDERATION PO BOX 6870 TALLAHASSEE, FL 32314	59-1398265	501(C)(3)	4,425				WORKPLACE GIVING
FRIENDS OF THE EVERGLADES 11767 SOUTH DIXIE HIGHWAY SUITE 232 MIAMI, FL 33156	23-7099893	501(C)(3)	1,954				WORKPLACE GIVING
SIERRA CLUB FOUNDATION - FL CHAPTER 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	2,025				WORKPLACE GIVING

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SOUTHERN ALLIANCE FOR CLEAN ENERGY PO BOX 1842 KNOXVILLE, TN 37902	58-1620669	501(C)(3)	693				WORKPLACE GIVING
TAMPA BAY WATCH 3000 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715	59-3191962	501(C)(3)	3,283				WORKPLACE GIVING
TROPICAL AUDUBON SOCIETY INC 5530 SUNSET DRIVE MIAMI, FL 33143	59-6147345	501(C)(3)	1,181				WORKPLACE GIVING

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FRIENDS OF THE ROUGE RIVER 4901 EVERGREEN ROAD KM DEARBORN, MI 48128	38-2672879	501(C)(3)	500				WORKPLACE GIVING
AUDUBON MISSOURI 2101 W BROADWAY COLUMBIA, MO 65203	43-6051440	501(C)(3)	196				WORKPLACE GIVING
CENTER FOR ECOTECHNOLOGY 112 ELM STREET PITTSFIELD, MA 01201	04-2611726	501(C)(3)	250				WORKPLACE GIVING



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CONNECTICUT RIVER WATERSHED COUNCIL 15 BANK ROW GREENFIELD, MA 01301	04-2148397	501(C)(3)	250				WORKPLACE GIVING
ADIRONDACKS COUNCIL 103 HAND AVE STE 3 ELIZABETH TOWN, NY 12932	14-1594386	501(C)(3)	109				WORKPLACE GIVING
AGRICULTURAL STEWARDSHIP ASSOCIATION 2531 STATE ROUTE 40 GREENWICH, NY 12834	22-3084628	501(C)(3)	88				WORKPLACE GIVING

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NEW YORK RESTORATION PROJECT 254 WEST 31ST STREET 10TH FL NEW YORK, NY 10001	13-3959056	501(C)(3)	23,000				WORKPLACE GIVING
NYS COUNCIL OF TROUT UNLIMITED PO BOX 815 PORT EWEN, NY 12466	23-7355317	501(C)(3)	27				WORKPLACE GIVING
CITIZENS FOR PENNSYLVANIA'S FUTURE PENNFUTURE 610 N THIRD ST HARRISBURG, PA 17101	31-1607866	501(C)(3)	250				WORKPLACE GIVING

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ENERGY COORDINATING AGENCY 106 W CLEARFIELD ST PHILADELPHIA, PA 19133	22-2602113	501(C)(3)	250				WORKPLACE GIVING
POCONO ENVIRONMENTAL EDUCATION CENTER SPA 538 EMERY RD DINGMANS FERRY, PA 18328 9614	23-2424742	501(C)(3)	100				WORKPLACE GIVING
ALDO LEOPOLD FOUNDATION PO BOX 77 BARABOO, WI 53913	39-1423225	501(C)(3)	5,038				WORKPLACE GIVING

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ALLIANCE FOR THE GREAT LAKES 371 ANN ST PLYMOUTH, MI 48170	23-7104524	501(C)(3)	3,053				WORKPLACE GIVING
DOOR COUNTY LAND TRUST PO BOX 65 STURGEON BAY, WI 54235	39-1561423	501(C)(3)	607				WORKPLACE GIVING
DRIFTLESS AREA LAND CONSERVANCY 118 S IOWA ST PO BOX 323 DODGEVILLE, WI 53533	39-2017802	501(C)(3)	279				WORKPLACE GIVING

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ENVIRONMENTAL LAW AND POLICY CENTER OF THE MIDWEST 35 EAST WACKER DRIVE STE 1600 CHICAGO, IL 60601	36-3866530	501(C)(3)	265				WORKPLACE GIVING
FRIENDS OF SCHLITZ AUDUBON NATURE CENTER 1111 E BROWN DEER RD MILWAUKEE, WI 53217	39-1231819	501(C)(3)	694				WORKPLACE GIVING
ICE AGE TRAIL ALLIANCE 2110 MAIN ST CROSS PLAINS, WI 53528	39-6076028	501(C)(3)	6,280				WORKPLACE GIVING

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MISSISSIPPI VALLEY CONSERVANCY PO BOX 2611 LA CROSSE, WI 54602	39-1871201	501(C)(3)	265				WORKPLACE GIVING
NATIONAL PARKS OF LAKE SUPERIOR FOUNDATION 1901 WEST RIDGE STREET STE 9 MARQUETTE, MI 49855	26-0203614	501(C)(3)	753				WORKPLACE GIVING
NATURAL HERITAGE LAND TRUST 303 S PATERSON ST STE 6 MADISON, WI 53703	39-1452825	501(C)(3)	2,785				WORKPLACE GIVING

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NORTH CENTRAL CONSERVANCY TRUST PO BOX 124 STEVENS POINT, WI 54481	39-1855857	501(C)(3)	838				WORKPLACE GIVING
NORTH COUNTRY TRAIL ASSOCIATION 229 E MAIN ST LOWELL, MI 49331	38-2423480	501(C)(3)	65				WORKPLACE GIVING
NORTHWOODS LAND TRUST PO BOX 321 EAGLE RIVER, WI 54521	31-1776860	501(C)(3)	1,200				WORKPLACE GIVING

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OZAUKEE WASHINGTON LAND TRUST 200 WISCONSIN ST WEST BEND, WI 53095	39-1741288	501(C)(3)	1,401				WORKPLACE GIVING
RENEW WISCONSIN 222 S HAMILTON ST MADISON, WI 53703	39-1702164	501(C)(3)	2,128				WORKPLACE GIVING
RIVEREDGE NATURE CENTER PO BOX 26 NEWBERG, WI 53060	39-6108549	501(C)(3)	68				WORKPLACE GIVING



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAVE THE PRAIRIE SOCIETY 11225 CONSTITUTION DRIVE WESTCHESTER, IL 60154	51-0188383	501(C)(3)	1,000				WORKPLACE GIVING
THE NATURE CONSERVANCY - WI CHAPTER 633 W MAIN ST MADISON, WI 53703	53-0242652	501(C)(3)	6,402				WORKPLACE GIVING
THE PRAIRIE ENTHUSIAST PO BOX 824 VIROQUA, WI 54665	39-1601574	501(C)(3)	2,770				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UPPER PENINSULA ENVIRONMENTAL COALTION 13498 ROVA RD ATLANTIC MINE, MI 49905	38-2561218	501(C)(3)	259				WORKPLACE GIVING
WEST WISCONSIN LAND TRUST 500 E MAIN ST STE 307 MENOMONIE, WI 54751	39-1618389	501(C)(3)	1,356				WORKPLACE GIVING
WISCONSIN ENVIRONMENTAL INITIATIVE 16 N CARROLL ST STE 840 MADISON, WI 53703	39-1842423	501(C)(3)	994				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	54-1517707	501(C)(3)	1,828				WORKPLACE GIVING
CENTER FOR HEALTH ENVIRONMENT AND JUSTICE PO BOX 6806 105 ROWELL COURT 1ST FLOOR FALLS CHURCH, VA 22046	52-1219489	501(C)(3)	9,325				WORKPLACE GIVING
COMMUNITY HEALTH CHARITIES 1199 N FAIRFAX ST SUITE 600 ARLINGTON, VA 22314	52-1089036	501(C)(3)	2,156				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY SHARES OF ILLINOIS 44 EAST MAIN SUITE 208 CHAMPAIGN, IL 61820	36-3073918	501(C)(3)	2,864				WORKPLACE GIVING
GLOBAL IMPACT 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	2,230				WORKPLACE GIVING
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	53-0225390	501(C)(3)	146				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STUDENT CONSERVATION ASSOCIATION 689 RIVER ROAD PO BOX 550 CHARLESTOWN, NH 036030550	91-0880684	501(C)(3)	7,049				WORKPLACE GIVING
TREE HOUSE HUMANE SOCIETY 1212 WEST CARMEN AVENUE CHICAGO, IL 60640	23-7444825	501(C)(3)	366				WORKPLACE GIVING
UNITED STATES PUBLIC INTEREST RESEARCH GROUP EDUCATION FUND INC 218 D STREET SE SECOND FLOOR WASHINGTON, DC 20003	52-1384240	501(C)(3)	-3				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF METRO CHICAGO 333 SOUTH WABASH AVENUE 30TH FLOOR CHICAGO, IL 60604	30-0200478	501(C)(3)	1,755				WORKPLACE GIVING
WASHINGTON TRAILS ASSOCIATION 705 SECOND AVE SUITE 300 SEATTLE, WA 98104	91-0900134	501(C)(3)	250				WORKPLACE GIVING
ENVIRONMENTAL ALLIANCE FOR SENIOR INVOLVEMENT 5615 26TH STREET N ARLINGTON, VA 222071407	52-1704037	501(C)(3)	3				WORKPLACE GIVING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIGHTHAWK PO BOX 2710 TELLURIDE, CO 81435	84-0852104	501(C)(3)	96				WORKPLACE GIVING

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" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
EARTHSHARE

Employer identification number  
52-1601960

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> For persons listed on 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.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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 on 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DONALD KANDELCFO	(i)	207,663 -----	25,000 -----	7,337 -----	21,500 -----	6,357 -----	267,857 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 KALMAN STEIN PRESIDENT/CEO	(i)	192,233 -----	0 -----	525 -----	19,276 -----	6,032 -----	218,066 -----	0 -----
	(ii)	0	0	0	0	0	0	0

**Part III** **Supplemental Information**

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.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
EARTHSHARE**Employer identification number**

52-1601960

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EARTHSHARE HAS ORGANIZATIONS THAT ARE BENEFICIARIES OF THE CORPORATION THEY ELECT THE GOVERNING 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 GOVE RNING BODY/BOARD AND HAVE AUTHORITY TO APPROVE ANY SIGNIFICANT DECISIONS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 TRANSMITTED 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 FOR THE PURPOSES OF IDENTIFYING AND REVIEWING TRANSACTIONS OR RELATIONSHIPS THAT HAVE THE POTENTIAL TO LEAD TO A CONFLICT OF INTEREST.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 COMPENSATION DISCUSSIONS THE FINAL ANNUAL COMPENSATION DECISION IS COMMUNICATED IN WRITING FROM THE CHAIR OF THE BOARD OF DIRECTORS TO THE PRESIDENT/CEO AND THE CHIEF FINANCIAL OFFICER THE PRESIDENT/CEO ESTABLISHES AND REVIEWS THE COMPENSATION OF THE KEY EMPLOYEES OF THE ORGANIZATION BASED UPON JOB DUTIES, PERFORMANCE AND SALARY SURVEY INFORMATION FROM OTHER COMPARABLE NONPROFIT ORGANIZATIONS
FORM 990, PART VI, SECTION C, LINE 19	EARTHSHARE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST BY PROVIDING COPIES OR INSPECTION AT THE OFFICE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	MEMBER DISTRIBUTION OF PUBLIC SUPPORT FROM CAMPAIGN CLOSE-OUT 84,359
FORM 990, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
EARTHSHARE

Employer identification number  
52-1601960

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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" on 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	No
(1)EARTHSHARE CHAPTERS INC 7735 OLD GEORGETOWN RD STE 600  BETHESDA, MD 20814 27-3918694	WORKPLACE	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" on 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) Disproportionate 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(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" on 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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .

b

Gift, grant, or capital contribution to related organization(s) . . . . .

c

Gift, grant, or capital contribution from related organization(s) . . . . .

d

Loans or loan guarantees to or for related organization(s) . . . . .

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k

Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l

Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

Other transfer of cash or property to related organization(s) . . . . .

s

Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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