

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2010

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , **2010**, and ending

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	EARTH SANGHA 10123 COMMONWEALTH BLVD FAIRFAX, VA 22032	54-1868546
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		703-764-4830
<input type="checkbox"/> Terminated		F Group Exemption Number
<input type="checkbox"/> Amended return		▶
<input type="checkbox"/> Application pending		

G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ WWW.EARTHSANGHA.ORG	
J Tax-exempt status (ck only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **169,494.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I.

	1 Contributions, gifts, grants, and similar amounts received	1	151,255.
	2 Program service revenue including government fees and contracts	2	16,836.
	3 Membership dues and assessments	3	
	4 Investment income	4	1,229.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	174.
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	174.
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	169,494.
	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	132,175.
	13 Professional fees and other payments to independent contractors	13	13,190.
	14 Occupancy, rent, utilities, and maintenance	14	3,698.
	15 Printing, publications, postage, and shipping	15	1,984.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	47,915.
	17 Total expenses. Add lines 10 through 16	17	198,962.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-29,468.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	174,609.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	145,141.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	146,418.	125,037.
23 Land and buildings		
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>	28,393.	20,538.
25 Total assets	174,811.	145,575.
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	202.	434.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	174,609.	145,141.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

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

28 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	61,737.
29 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	48,631.
30 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	40,613.
31 Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	21,637.
32 Total program service expenses (add lines 28a through 31a)	32	172,618.

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

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
CHRIS BRIGHT 10123 COMMONWEALTH BLVD FAIRFAX, VA 22032-2707	PRESIDENT 50.00	51,200.	2,474.	0.
LISA BRIGHT 10123 COMMONWEALTH BLVD FAIRFAX, VA 22032-2707	TREASURER 50.00	33,000.	1,364.	0.
BRUCE ENGELBERT ARLINGTON, VA 22207	DIRECTOR 3.00	0.	0.	0.
ELIZABETH BURKE VIENNA, VA 22182	DIRECTOR 3.00	0.	0.	0.
RICHARD HAUEBER WASHINGTON, DC 20460	DIRECTOR 1.00	0.	0.	0.
CYNTHIA IRMER ARLINGTON, VA 22207	DIRECTOR 2.00	0.	0.	0.
ASHLEY MATTOON WASHINGTON, DC 20016	DIRECTOR 1.00	0.	0.	0.
ROBERT WEIGL ALEXANDRIA, VA 22307	DIRECTOR 1.00	0.	0.	0.
ROBERT JORDAN MCLEAN, VA 22101	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O

Check if the organization used Schedule O to respond to any question in this Part V. X

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed ▶ VA		

42 a The organization's books are in care of ▶ CHRIS BRIGHT Telephone no. ▶ 703-764-4830
 Located at ▶ 10123 COMMONWEALTH BLVD FAIRFAX VA ZIP + 4 ▶ 22032

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

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

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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: *Chris Bright* Date: 5/9/2011
 Type or print name and title: CHRIS BRIGHT PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: DAVID BRADSHER Preparer's signature: DAVID BRADSHER Date:
 Check if self-employed PTIN: P00290229
 Firm's name: BAY BUSINESS GROUP Firm's EIN: 20-3992688
 Firm's address: 180 SOUTH WASHINGTON STREET #200 FALLS CHURCH, VA 22046 Phone no.: (703) 533-0888

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization EARTH SANGHA	Employer identification number 54-1868546
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....		
(ii) A family member of a person described in (i) above?.....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	158,405.	360,773.	116,844.	186,811.	151,255.	974,088.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	158,405.	360,773.	116,844.	186,811.	151,255.	974,088.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						220,465.
6 Public support. Subtract line 5 from line 4.						753,623.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	158,405.	360,773.	116,844.	186,811.	151,255.	974,088.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	25.	345.	4,012.	2,128.	1,229.	7,739.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.		10.	132.	190.	174.	506.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						982,333.
12 Gross receipts from related activities, etc (see instructions).					12	46,336.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	76.7 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	73.5 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2010. 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 – 2009. 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.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization

EARTH SANGHA

Employer identification number

54-1868546

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

EARTH SANGHA

Employer identification number

54-1868546

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SOCIALLY ENGAGED BUDDHISM & ECOLOGICAL RESTORATION.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

WILD PLANT NURSERY: PROPAGATION FROM THE WILD OF ABOUT 200 PLANT SPECIES NATIVE TO THE GREATER WASHINGTON DC AREA FOR USE IN LOCAL ECOLOGICAL RESTORATION PROJECTS.

ALL STOCK IS LOCAL ECOTYPE (PROPAGATED DIRECTLY FROM LOCAL WILD NATIVE-PLANT POPULATIONS). OUR PLANTS ARE USED IN OUR OWN RESTORATION PROJECTS AND IN THOSE OF OTHER NONPROFITS, "FRIENDS OF" GROUPS, INDIVIDUAL RESTORATIONISTS, AND LOCAL GOVERNMENT AGENCIES. DURING 2010, OVER 6,000 NATIVE TREES, SHRUBS, AND HERBACEOUS PLANTS WERE DISTRIBUTED FROM THE NURSERY TO LOCAL NATURAL AREAS.

FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OTHER PARKLAND RESTORATION: COLLABORATION WITH THE FEDERAL BUREAU OF LAND MANAGEMENT, THE FAIRFAX COUNTY PARK AUTHORITY, AND THE NATIONAL PARK SERVICE ON INVASIVE ALIEN PLANT CONTROL AND NATIVE SPECIES PLANTING IN THREE NORTHERN VIRGINIA PARKS.

FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TROPICAL AGROFORESTRY: DEVELOPMENT OF A COMMUNITY TREE NURSERY AND TREE-PLANTING PROGRAM ON THE DOMINICAN SIDE OF A PORTION OF THE DOMINICAN REPUBLIC - HAITI BORDER, TO SLOW DEFORESTATION AND HELP IMPOVERISHED FARMERS INCREASE THEIR INCOMES. BY THE END OF 2010, 24 LOCAL FARMS WERE PARTICIPATING, 13 ACRES OF NATIVE-FOREST PLANTINGS HAD BEEN ESTABLISHED, AND 11 SPECIES OF NATIVE TREES WERE IN PRODUCTION.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

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

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54-1868546

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

CONSTRUCTION MATERIALS FIELD.....	\$	365.
CONTAINERS FIELD.....		2,613.
DEPRECIATION.....		9,167.
EQUIPMENT R & M OTHER.....		1,530.
EQUIPMENT R & M TREE BANK.....		41.
EVENTS SUPPLIES.....		362.
FIELD SUPPLIES.....		117.
FUEL FIELD.....		749.
FUEL TREE BANK.....		1,735.
GREENHOUSE SUPPLIES.....		855.
INFORMATION TECHNOLOGY.....		1,312.
INSURANCE.....		2,175.
LOCAL TRAVEL TREE BANK.....		102.
MISCELLANEOUS FEES.....		445.
MISCELLANEOUS FEES TREE BANK.....		225.
MISCELLANEOUS FIELD SUPPLIES.....		2,706.
NURSERY SUPPLIES TREE BANK.....		190.
OFFICE EXPENSES.....		780.
OUTREACH SUPPLIES.....		296.
OVERAGE TREE BANK.....		228.
RESEARCH EXPENSES.....		1,503.
SOIL AND SAND FIELD.....		6,153.
TOOLS FIELD.....		699.
TRAVEL.....		305.
TRUCK EXPENSES TREE BANK.....		10,313.
VOLUNTEER REFRESHMENTS FIELD.....		768.
WATERING EQUIPMENT FIELD.....		2,181.
TOTAL	\$	<u>47,915.</u>

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT.....	\$ 28,393.	\$ 20,538.
TOTAL	<u>\$ 28,393.</u>	<u>\$ 20,538.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 202.	\$ 434.
TOTAL	<u>\$ 202.</u>	<u>\$ 434.</u>

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**FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
<p>STREAM-BUFFER RESTORATION: COLLABORATION WITH FAIRFAX COUNTY, VIRGINIA, THE FEDERAL BUREAU OF LAND MANAGEMENT, AND ONE PRIVATE FARM ON THE RESTORATION OF NATIVE PLANT COMMUNITIES TO DEGRADED STREAM BANK IN FAIRFAX AND RAPPAHANNOCK COUNTIES, VIRGINIA. OUR BUFFER RESTORATION PROGRAM INCLUDES ABOUT 35 SITES COVERING OVER 20 ACRES ALONG MORE THAN TWO MILES OF STREAM BANK. DURING 2010, THE PROGRAM FOCUSSED ON 10 ESTABLISHED FAIRFAX COUNTY SITES AND TWO NEW SITES IN RAPPAHANNOCK COUNTY, WHERE WE SUPPRESSED INVASIVE ALIEN PLANTS AND INSTALLED 1,900 NATIVE TREES, SHRUBS, AND HERBACEOUS PLANTS.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		12,733.
<p>MEDITATION: THE PRACTICE OF TRADITIONAL BUDDHIST MEDITATION IN A NONDENOMINATIONAL FORMAT, IN THE WASHINGTON, DC, AREA. DURING 2010, SESSIONS WERE GENERALLY CONDUCTED TWICE A WEEK. ABOUT 50 PEOPLE ATTENDED AT LEAST ONE SITTING; THERE WERE ABOUT 20 REGULAR ATTENDEES.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		7,034.
<p>SCHOOL GREENING: COLLABORATION WITH OTHER LOCAL NONPROFITS AND SCHOOLS TO CREATE EDUCATIONAL NATIVE-PLANT DISPLAYS ON SCHOOL PROPERTIES IN THE WASHINGTON DC AREA. DURING 2010, WE SUPPLIED STOCK FOR EIGHT SUCH PLANTINGS.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		1,870.
TOTAL	\$ <u>0.</u>	\$ <u>21,637.</u>

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PART V, LINE 35:

THE ORGANIZATION HAD INCOME OF \$16,836 FROM SALES OF NATIVE PLANTS REPORTED ON LINE 2 OF PART I. THESE SALES ARE DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE. SEE SCHEDULE O DESCRIPTION OF PART III LINE 28.

THE ORGANIZATION HAD INCOME OF \$174 FROM OCCASIONAL SALES OF T-SHIRTS BEARING THE EARTH SANGHA LOGO, REPORTED ON LINE 7A OF PART I. THIS INCOME IS NOT REPORTED AS UNRELATED BUSINESS INCOME UNDER THE EXCLUSION FOR INCOME FROM ACTIVITIES THAT ARE NOT REGULARLY CARRIED ON (IRC §512(A)(1)). THE T-SHIRTS ARE SOLD AT OR NEAR COST; THE ENTIRE COST OF T-SHIRT PURCHASES IS RECORDED AS AN EXPENSE AT THE TIME OF PURCHASE BY THE ORGANIZATION.

STATEMENT ON THE VALUE OF IN-KIND DONATIONS (VOLUNTEER HOURS)

DURING 2010, VOLUNTEERS CONTRIBUTED AT LEAST 6,024 HOURS OF SERVICE TO OUR WILD PLANT NURSERY AND ECOLOGICAL RESTORATION SITES. WE VALUE THIS EFFORT AT \$22.03 PER HOUR, WHICH IS THE 2010 VALUATION SET BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES. THE TOTAL VALUE OF OUR 2010 VOLUNTEER EFFORT WAS THEREFORE AT LEAST \$132,709.

FAIRFAX COUNTY (VIRGINIA) DONATED 16 WORK HOURS PLUS THE USE OF HEAVY EQUIPMENT TO LEVEL AN AREA AT OUR WILD PLANT NURSERY. WE VALUE THIS EFFORT AT \$500.