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:.... 990

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 1545-0047
2009

Department of the Treasury Internal Revenue Service

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

	For the	e 2009 calenda	ar year, c	or tax year b	eginning		, 2005, 8	and e <u>ndin</u>	ıg				
В	Check if a	applicable	_	C Name of o	rganization	•				D Employ	er Ide	ntification Numbe	r
	Addr	ress change	Please use IRS label	GULF RE	STORATION	NETWORK				72-	144	7742	
		ne change	or print or type.			ox if mail is not delivere	d to street add	r) Room/s	suite	E Telepho			
	F-71	· ·	See		ONNE STRE			200		(50)	4 1	525-1528	
	H	al return	specific Instruc-		or country	361	State	ZIP code + 4	<u> </u>	(30	- /	323 1320	-
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	Appl			and address of p	•					a group retur affiliates incl		. 🗕	es X
					AME AS C ABO			 -		attach a list			es
<u> </u>	Tax-e	exempt status	X 501	(c) (3) ◀ (insert no	o.) 4947(a)(1) or	527	ļ				
J_	Webs	site: ► WWW	.HEAL	THYGULF	.ORG				H(c) Group	exemption nu	ımber	<u> </u>	
ĸ		of organization	X Corpora	ation Trus	t Associatio	on Other►	L Ye	ear of Forma	tion 199	4 M s	tate o	f legal domicile	LA
Pa	rt I	Summa	ry										
						st significant activi						RK'S PURE	OSE _
0						OF ITS MEMBI					E		
e l						OF THE GULI				TO			. _
Activities & Governance	_ <u>F</u>	PROTECT P	ND RE	STORE_T	HE RESOUP	RCES OF THE	GULF_O	F MEX	[<u>CO.</u>	. 			.
ŏ						nued its operation		ed of mor	e than 25°	% of its as			
8			-	_		(Part VI, line 1a)						11	
89			•	_	-	verning body (Par	t VI, line 1b))			4	11	
美		Total number o									5	89	
₹					te if necessary		. 10		• • • • • •	•	6	100	
`		-				VIII, Icolumn (C),	ine 12				7 a		(
	DIV	vet unrelated t	ousiness	taxable inco	ome from Form	1 990-T, line 34		··········		<u> </u>			
										rior Year		Curren	
9			_	•	line 1h)				1	,575,1			8,23
		_									0.		8,820
اق			-			, 4, and 7d)			٠	31,6			16,35
<u> </u>						8c, 9c, 10c, and 1				2,8			6,00
Revenue						ual Part VIII, colum	nn (A), line	12)	1	<u>,609,6</u>	<u> 95</u>	. 1,0	39,41
য	13 G	Grants and sim	ular amo	ounts paid (F	art IX, column	n (A), lines 1-3) .		•				<u> </u>	
,	14 B	Benefits paid to	o or for r	nembers (P	art IX, column	(A), line 4) .							
ا م	15 S	Salaries, other	compen	sation, emp	loyee benefits	(Part IX, column ((A), lines 5-	10)		733,1	74.	. 8	19,50
2 8	16a P	Professional fu	ndraisin	g fees (Part	IX, column (A)), line 11e)						<u> </u>	
xte or Expenses	ьт	Total fundraisir	na expen	ses (Part IX	(, column (D), l	line 25) ►	73	3,739.		•			
			_			1d, 11f-24f)				486,4	78	5.	16,36
- 1		-	-		•	IX, celumn (A), In	-	_ · ·	<u> </u>	,219,6			55,87
- [19 R	Povonuo loss s	veces	Subtract l	no 19 from line	e 12	/	1	·	390,0			76,46
-	19 1	revenue less e	xpenses	. Subtract ii	TIE TO HOTH THE	3 12		3	:			1	
5 5				4.00	15			2		ning of Y		End of	
Asset Balar		otal assets (P	-	•	· · 8	3 JUN 3 8	2010 - 1-9	٠ الإ	1	,630,3			92,81
35		Total liabilities	•				6	3: · · · ·	·	50,1			75,79
24					act line 21 from	n line 205		_	1	,580,2	70.	. 1,3	17,01
Pa	rt II	Signatu	re Bloc	:k			, & i						
		Under penalties	of perjury.	declare that I	nave examined this	return, including accomin pricer) is based on al	panying sched	jules and sta	atements, and	to the best	of my	knowledge and be	lief, it is
		lide, correct, and	Complete	geciaration y.	preparer (other than	Migricely is based on all	ii iiiioiiiiatioii o	willon prep	arer nas any	Anowieuge	1.	<i>ا</i> ر	
Sig	ın	- M	MIN	<u>~ [1.</u>	/ Yar	no				<u> </u>	<u> 18</u>	110	
	ro	Signature	officer	•					Da	te ´		•	
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Hei		CYNTH:	IA M 3			_							
Hei		CYNTH:		i title.			D ₂	ite				Preparer's identify (see instructions)	una numbe
Hei				1 title.			ا ا	iic		neck if	- 1	(See instructione)	ing nambe
Hei		Type or prin		title.		1		iic	se	neck if elf- nployed ►		(see instructions)	ing named
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Pai Pre par	id e- rer's	Preparer's signature	t name and	1 mg	Legale SLERY CPA	News Table		6/15/1	se	elf-		(see instructions)	
Pai Pre par Use	id e- rer's	Preparer's signature Firm's name (or yours if self.	BARI	A/L. DI		APAC			. O	elf- nployed ►		(see instructions)	
Pai Pre par	id e- rer's	Preparer's signature Firm's name (or yours if self.	BARI	L. DI 3 DOWNMA	AN RD.		0.	6/15/1	. O	nployed P			
Pai Pre par Uso On	id e- rer's e ly	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	BARI 7303 NEW	DIL. DI 3 DOWNMA ORLEANS	AN RD.	APAC LA ove? (see instruction	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6/15/1	. O	nployed P	(50		

		72-1447742	!	P	age 3
<u>Par</u>	rt 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,' co Schedule A	mplete	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	[2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to of for public office? If 'Yes,' complete Schedule C, Part I	candidates	3		Х
4	C. II. Total Communication of the Communication of		4	х	
5	Section 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	otice and	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Scient	he right to hedule D,	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	the	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes complete Schedule D, Part III	,,	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	X;	9	х	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-end 'Yes,' complete Schedule D, Part V	owments? If	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VI X as applicable	I, VIII, IX, or	11	Х	
•	 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete D, Part VI 	Schedule			
•	 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 	of its total		***	
•	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or mor assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 	e of its total			
•	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets. Part X, line 16? If 'Yes,' complete Schedule D, Part IX. 	s reported in			
•	 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, F 	art X			
•	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that a the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X 	ddresses			i i
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' comp Schedule D, Parts XI, XII, and XIII	olete ·	12		х
12 <i>A</i>	A Was the organization included in consolidated, independent audited financial statement for the tax	Yes No		*	;
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	A X		*	
13	is the organization a school described in section $170(b)(1)(A)(ii)$? If 'Yes,' complete Schedule E		13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	· . <u> </u>	14a		Х
b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrais business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	ing,	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any o or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	rganization	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistant individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	e to	16		х

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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Form 990 (2009) GULF RESTORATION NETWORK

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>x</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		**	id.
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
ď	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R. Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
				·~~~

Form **990** (2009)

Page 5

Statements Regarding Other IRS Filings and Tax Compliance No 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1 a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1Ь c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 89 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За 3ь b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 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? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). 200 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х 7b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? ... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, 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? 7 f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 q 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any 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 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009)

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

Sec	tion A. Governing Body and Management				
				Yes	No
1 a	Enter the number of voting members of the governing body	1a 11	;		\$;
b	Enter the number of voting members that are independent	1b 11		1	ž.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a business relation, director, trustee or key employee?	ationship with any other	2	*	X
3	Did the organization delegate control over management duties customarily performed by or un	der the direct supervision	3		
А	of officers, directors or trustees, or key employees to a management company or other person	lf	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		-		
5	Did the organization become aware during the year of a material diversion of the organization	e accete?	5		х
5	Does the organization have members or stockholders?	s assets:	6		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or m	ore members of the		-	
F	governing body?	 er nersons?	7a 7b		X
		•	<u>.</u>	,	
	Did the organization contemporaneously document the meetings held or written actions under the following:	aken during the year by			
	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	X	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	not be reached at the	9		<u>x</u>
	tion B. Policies (This Section B requests information about policies not	required by the Interna	1		
Reve	enue Code.)		ı		
			_	Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	• • • •	10a		X
t	olf 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form? .	11	Х	
11 /	A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		L,		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	<u> </u>
t	Are officers, directors or trustees, and key employees required to disclose annually interests the conflicts?	nat could give rise	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the police Schedule O how this is done.	cy? If 'Yes,' describe in	12c	х	
13	Does the organization have a written whistleblower policy?		13	Х	
14	Does the organization have a written document retention and destruction policy?		. 14	Х	
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?	,	ń.	
	The organization's CEO, Executive Director, or top management official		. 15a	х	
	Other officers of key employees of the organization	•••	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	rrangement with a taxable			
	entity during the year?		16a	-4 .v	<u>x</u>
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to in joint venture arrangements under applicable federal tax law, and taken steps to safeguard to the procedure of the procedure o	o evaluate its participation he organization's exempt	* 1	*	
5	status with respect to such arrangements?tion C. Disclosures		16b		
	Let the state with which a complete the Comp 000 to required to be filed by				
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request	u 990-1 (301(c)(3)3 0111y) av	anaute	ioi pu	DIIC
19		ents, conflict of interest polic	v. and t	financ	ıal
	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public.				
	State the name, physical address, and telephone number of the person who possesses the bo-CYNTHIA SARTHOU 338 BARONNE ST, STE 200 NEW ORLEANS L		ization 5 <u>04)</u> 5		1 <u>528</u>

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

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

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

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

Check this box if the organization did no	compens	ate an	у сі	ırrer	nt of	ficer,	dire	ctor, or trustee.						
(A)	(B)			•	c)			(D)	(E)	(F)				
Name and Title	Average hours		tion (k all	that app		Reportable compensation from	Reportable compensation from	Estimated amount of other				
	per week	-ਸਥੀਆਂਟਾ ਕੀ ਵਿਚਲੇਵਵ ਹਵਾਈ ਸ਼ਾਹਿਤ ਵਿਚਲੇਵਵ	anstitutional trustee	Officer	key employee	High est compensated employes	र्रेवताल	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
CYNTHIA M SARTHOU														
EXECUTIVE DIRECTOR	40.00			х				82,100.	0.	9,659.				
HENRY CADDELL														
VICE CHAIR (PARTIAL YEAR)	1.00	х		Х				0.	0.	0.				
TERESA CARRILLO														
BOARD MEMBER	1.00	x						0.	0.	0.				
ROBERT W HASTINGS										· · · · · · · · · · · · · · · · · · ·				
CHAIR	1.00	x		х				0.	0.	0.				
BROOKE HIMOT														
BOARD MEMBER	1.00	x						0.	0.	0.				
JOSE MIRANDA														
TREASURER	1.00	x		х				0.	0.	0.				
JUAN PARRAS														
BOARD MEMBER	1.00	x						٥.	0.	0.				
BOB SCHAEFFER	1													
BOARD MEMBER	1.00	x				}		0.	0.	0.				
LOUIS SKRMETTA														
BOARD MEMBER	1.00	x]		0.	0.	0.				
SUSAN SPICER														
BOARD MEMBER	1.00	x	1			}		0.	0.	0.				
PAGE WILLIAMS									-	<u> </u>				
BOARD MEMBER	1.00	x					•	0.	0.	0.				
ROBERT WIYGUL														
VICE CHAIR (PARTIAL YEAR)	1.00	x		x				0.	0.	0.				
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Part VII Section A. Officers, Directors, Trust	tees, K	(ey	Em	ıplo	ye	es,	and	d Highest Con	npensated Ei	nplo	yees	(coi	nt.)
(A)	(B)			((;)			(D)	(E)		1	(F)	
Name and Title	Average hours			check				Reportable compensation from	Reportable compensation from	_	Est	mated	hor
	per week	Indiv	lnst	Officer	Key	Highest co employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	ns	comp	ensation the	
		rect	Institutional trust	ĕ	Key employee	love t	ner	(***21033-141130)	(***21033411130)	`	orga	nizatio	n
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1 h T. A. I	<u> </u>						<u> </u>	02 100		-		0 (
1 b Total								82,100.	l	0.			659.
2 Total number of individuals (including but not limited from the organization ► 0	to those	e iisi	ea a	abov	e) v	мпо	rece	eived more than \$	100,000 in repor	table (compe	nsatio	on
from the organization 0		-							.		$\overline{}$	Yes	No
										ſ		163	140
3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such inc	or truste dividual	e, k	еу е	mpl	oyee	e, or	r higi	hest compensated	l employee	Ì	3		х
4 For any individual listed on line 1a, is the sum of rep	ortable	com	pen	satio	on a	nd d	other	compensation from	om	Ì		á , <i>i</i>	10
the organization and related organizations greater the	an \$150),000)? If	'Ye	s' c	omp	lete	Schedule J for su	ch	ŀ		-	
ındıvıðual									• •	. }	4		X
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche	mpensa	tion	fror	n ar	y u	nrel	ated	organization for s	ervices	ŀ	5		x
Section B. Independent Contractors	edule 5	01 3	ucri	pers	5011		•	• •			<u> </u>		^_
Complete this table for your five highest compensate	d indep	ende	ent c	contr	acto	ors t	that	received more tha	n \$100,000 of				
compensation from the organization.													
(A)								(В)		(C)	
Name and business address	S							Description	of Services	<u>c</u>	omper	isatio	<u>n</u>
												_	
			Al .			:-4-	-						
2 Total number of independent contractors (including b		rnite	:u (0	, u10	56 I	15te(u aD	ove) who received	more man			\$.	~
\$100,000 in compensation from the organization	U									,	-	4	

The state of the s		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f: \$ 1a				
CON	h Total. Add lines 1a-1f	1,058,234.	¥ 84' 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NUE	Business Code				
PROGRAM SERVICE REVENUE	2a GULF GATHERING CONFERENCE 900099 b c d e f All other program service revenue	8,820.	8,820.	0.	0.
PRO	g Total. Add lines 2a-2f	8,820.			
	 Investment income (including dividends, interest and other similar amounts)	16,358.	0.	0.	16,358.
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss) ▶				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	44			
2	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	***************************************			
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	Live Andrews		्रिक स्मृत्युक्ता १ स्टूबर सेन्द्र	-
	11a MISCELLANEOUS REVENUE 900099 b_c	6,001.	6,001.	0.	0.
	d All other revenue	6 001	 	+	
	e Total. Add lines 11a-11d	6,001. 1,089,413.	14,821.	0.	16,358.

Page 10

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
	Benefits paid to or for members	 .			3.44 -34 4
5	Compensation of current officers, directors, trustees, and key employees	91,759.	64,974.	11,149.	15,636.
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	630,649.	571,501.	22,832.	36,316.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,253.	5,826.	229.	198.
9	Other employee benefits	33,748.		1,589.	1,653.
10	Payroll taxes	57,098.	51,336.	2,678.	3,084.
-	Fees for services (non-employees)	3.,030.	52,000.	2,0.0.	2,001.
	a Management			-	
	Legal	319.	319.	0.	0.
•	Accounting	24,115.	20,980.	1,447.	1,688.
•	Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç	Other	71,859.	71,859.	0.	0.
12	Advertising and promotion .	2,620.	2,620.	0.	0.
13	Office expenses	41,591.	36,948.	2,368.	2,275.
14	Information technology	15,660.	13,676.	906.	1,078.
15	Royalties				
16	Occupancy	28,933.	26,326.	1,155.	1,452.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	87,093.	86,700.	145.	248.
19	Conferences, conventions, and meetings .	20,324.	19,198.	518.	608.
20	Interest				
21	Payments to affiliates .				
	Depreciation, depletion, and amortization	11,362.	9,886.	681.	795.
23	Insurance	12,387.	11,112.	530.	745.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			A CONTRACTOR OF THE PROPERTY O	
ā	PRINTING & PUBLICATIONS	73,011.	64,816.	3,468.	4,727.
	CONSULTING/STRATEGIC PLANNING	58,476.	58,476.	0.	0.
	MEETING ROOMS	10,369.	10,369.	0.	0.
•	TELEPHONE/UTILITIES	23,757.	21,131.	1,497.	1,129.
•	OUTREACH	32,447.	31,912.	274.	261.
f	All other expenses	32,044.	28,479.	1,719.	1,846.
	Total functional expenses. Add lines 1 through 24f	1,365,874.	1,238,950.	53,185.	73,739.
	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Balance Sheet

Part X

(B) End of year (A) Beginning of year 59,956. 5,273. 1 Cash - non-interest-bearing 485,890. 2 861,732. 2 Savings and temporary cash investments ... 3 Pledges and grants receivable, net 433,916. 178,000. 11,343. 16,697. 4 Accounts receivable, net . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . ASSETS 7 Notes and loans receivable, net 8 Inventories for sale or use. 9 640. **9** Prepaid expenses and deferred charges . . 10a Land, buildings, and equipment: cost or other basis. 10 a 73,804. Complete Part VI of Schedule D 10b 30,436. 28,978. **b** Less: accumulated depreciation. ... 44.826. 250,991. 656,934. 11 11 Investments – publicly-traded securities 12 Investments – other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11. 14 intangible assets . . . 15 15 Other assets. See Part IV. line 11 1,171. 1,630,398. 16 1,392,811. 16 Total assets Add lines 1 through 15 (must equal line 34) . 13,793. 36,877. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 1,350. 21 Escrow or custodial account liability. Complete Part IV of Schedule D Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 36,335. 25 37,569. 25 Other liabilities, Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . . 50,128. 75,796. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 523,456. 27 502,007. Unrestricted net assets 28 1,056,814. Temporarily restricted net assets . 815,008. Permanently restricted net assets .. . ģ and complete Charles and A state of the Organizations that do not follow SFAS 117, check here FUZD lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances. 1,580,270. 33 1,317,015. 34 Total liabilities and net assets/fund balances 1,630,398. 1,392,811. BAA Form **990** (2009) Part XI **Financial Statements and Reporting** Yes No X Accrual Other 1 Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2Ь b Were the organization's financial statements audited by an independent accountant? ... Х c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2ç If the organization changed either its oversight process or selection process during the tax year, explain ın Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Consolidated basis Both consolidated and separate basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За Х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. . . .

BAA

Form 990 (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

OMB No 1545-0047

Openho Tübliç İnspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

		RESTORATION N								47742			
Par	tl-	Reason for Pul	olic Charity Statu	s (All organizations	must c	comple	te this	part.)	See ii	nstructi	ons		
The c	orgai	nization is not a priva	ate foundation becaus	e it is: (For lines 1 throug	gh 11, ch	neck onl	y one bo	x.)					
1	П	A church, conventio	n of churches or asso	ciation of churches descr	ibed in s	section '	170(b)(1)(A)(i).					
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E.	.)								
3	П	A hospital or cooper	rative hospital service	organization described in	n sectio	n 170(b)	(1)(A)(ii).					
4	П			I in conjunction with a ho					Ь)(1)(A) (iii). Ente	r the hospi	tal's	
	_	name, city, and stat	= :	·									
5		An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit of	f a college or university of	owned o	r operat	ed by a	governr	nental u	nit descr	bed in sec	tion	
6		A federal, state, or	local government or g	overnmental unit describe	ed in se	ction 17	0(b)(1)(A	۱)(v).					
7	X	An organization tha in section 170(b)(1)	t normally receives a : (A)(vi). (Complete Pa	substantial part of its sup irt II.)	port froi	m a gov	ernment	al unit d	or from t	ne gener	al public de	escribe	ed
8	Ш	A community trust of	described in section 1 3	70(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 org	anized and operated e	exclusively to test for pub	lic safet	y. See s	ection 5	i09(a)(4).				
11													
	a Type I b Type II c Type III – Functionally integrated d Type III – Other												
е	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	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, 20	006, has the organizat	ion accepted any gift or	contribu	ition fror	n any of	the foll	owing pe	ersons?			
												Yes	No
		(i) a person who below, the gov	directly or indirectly c verning body of the su	ontrols, either alone or to pported organization?	gether v		sons des	cribed	ın (ıı) an	d (III)	11 g (i)		
		(ii) a family mem	ber of a person descr	ibed in (i) above?			•				11 g (ii)		
		(iii) a 35% control	led entity of a person	described in (i) or (ii) abo	ove? .	• • • • • •					11 g (iii)		
h		Provide the following	g information about th	e 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))	organizat	Is the tion in col. I in your erning ment?	(v) Did y the organ col. o your su	ization in (i) of	(vi) I organizati (i) organiz U.S	on in col	(vii) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			
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		Privacy Act and Panerw	ork Reduction Act Notice	see the Instructions for Form	990 or 990	D-F7.	1		Schedule	A (For	n 990 or 99	90-F7)	2009

'Schedule' A (Form 990 or 990-EZ) 2009 GULF RESTORATION NETWORK 72-1447742 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 4,738,<u>519.</u> 754, 342. 1, 575, 187. 1, 058, 234. 677,906 672,850 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 677,906 ,575,187 1,058,234 4,738,519. Total. Add lines 1-through 3 672,850 754,342 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 بدائنة تأفيك that exceeds 2% of the amount 745,189. shown on line 11, column (f) Public support. Subtract line 5 3,993,330. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total 677,906 754,342. 1,575,187. 1,058,234 4,738,519. 672,850 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 1,378 16,358 97,769. 11,060 37,339 31,634 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . .. Other income. Do not include gain or loss from the sale of capital assets (Explain in 2,874 6,001 5,436. 10,875 35,705 60,891. Part IV.) Total support. Add lines 7 through 10 4,897,179. Gross receipts from related activities, etc. (see instructions) 19,758. 12 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 2009 (line 6, column (f) divided by line 11, column (f) 14 81.54% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 66.22% 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box \mathbf{x} b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

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

Schedule A (Form 990 or 990-EZ) 2009 GULF RESTORATION NETWORK 72-1447742 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 . . . 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources . . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

13 Total support. (add ins 9, 10c, 11, and 12) 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 14

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

Section C. Computation of Public Support Percentage									
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	%						
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%						
Sec	Section D. Computation of Investment Income Percentage								
		T							

17 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Other Income Part II, Line 10
Description: REIMBURSEMENT INCOME
2005: 5416.
Description: MISCELLANEOUS INCOME
2005: 20.
2006: 10875.
2007: 35705.
2008: 2874.
2009: 6001.

Schedule A (Form 990 or 990-EZ) 2009 GULF RESTORATION NETWORK

72-1447742

Page 4

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered 'Yes,' to Form 990, Pa	art IV, line 3, or Form 990-EZ	, Part VI, line 46 (Political Ca	mpaign Activities), then
 Section 501(c)(3) organizations: complete Parts 	s I-A and B. Do not complete	Part I-C	

- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization	answered 'Yes,	' to Form 990,	Part IV, line	5 (Proxy 🗅	Tax), then
---------------------	----------------	----------------	---------------	------------	------------

• 5	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
Name	of organization			Employer Identific	ation number
GUI	F RESTORATION NETW	ORK		72-144774	
		rganization is exempt under section			zation.
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in P	art IV.	
2	Political expenditures .				
	Volunteer hours				
		rganization is exempt under section			
1	Enter the amount of any exce	se tax incurred by the organization under se	ection 4955		S
	•	se tax incurred by organization managers u		▶ \$	S
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4 a	Was a correction made?				∐ Yes ☐ No
	o If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3)	·
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities . ► Ş	S
2	Enter the amount of the filing function activities	organization's funds contributed to other or		on 527 exempt ► Ş	\$
3		enditures. Add lines 1 and 2. Enter here and		▶ Ş	S
4	Did the filing organization file	Form 1120-POL for this year?		• • •	∐ Yes ∐ No
5	made. For each organization contributions received that we	and employer identification number (EIN) or listed, enter the amount paid from the filing ere promptly and directly delivered to a sep e (PAC). If additional space is needed, pro	ı organızatıon's funds. arate political organiz	. Also enter the amount ation, such as a separa	t of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

· · · · · · · · · · · · · · · · · · ·					55.40
Schedule C'(Form 990 or 990-EZ) 20 Part II-A Complete if section 501	the organization	is exempt under se	ction 501(c)(3) and	72-144 I filed Form 5768 (e	
A Check ► If the fili	ng organization belon	gs to an affiliated group.		-	
		ed box A and 'limited con	trol' provisions apply.		
	Limits on Lobbyin			(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence publ	c opinion (grass roots lob	bying)		
b Total lobbying expendition	ures to influence a leg	islative body (direct lobby	ring)		
c Total lobbying expenditi	ures (add lines 1a and	d 1b)			
d Other exempt purpose e	•				
e Total exempt purpose e	xpenditures (add line	s 1c and 1d)			
f Lobbying nontaxable an both columns.	nount. Enter the amo	unt from the following table	e ın		
If the amount on line 1e, col	umn (a) or (b) is:	he lobbying nontaxable a	mount is:	وا تقويات	
Not over \$500,000] :	20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	\$1,500,000	175,000 plus 10% of the excess	over \$1,000,000.		A CONTRACTOR OF THE CONTRACTOR
Over \$1,500,000 but not over \$	\$17,000,000	225,000 plus 5% of the excess of	over \$1,500,000.	***	
Over \$17,000,000		31,000,000.		THE STATE OF THE S	
g Grassroots nontaxable a	amount (enter 25% of	line 1f)			
h Subtract line 1g from lir	ne 1a. If zero or less,	enter -0			
i Subtract line 1f from lin	e 1c. If zero or less,	enter -0-			
j If there is an amount ot section 4911 tax for this		er line 1h or line 1i, did the	e organization file Form	4720 reporting	Yes No
(Sor	ne organizations that	-Year Averaging Period L made a section 501(h) el s below. See the instructi	ection do not have to c	complete all of the five h 2f.)	
	Lobb	ing Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable					

Calendar year (or fiscal year beginning in)

(a) 2006
(b) 2007
(c) 2008
(d) 2009
(e) Total

2 a Lobbying non-taxable amount

b Lobbying ceiling amount (150% of line 2a, column (e))

c Total lobbying expenditures

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e)).

f Grassroots lobbying expenditures

BAA

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(crosticit arider section sorting).	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?		X	1	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .	_X_			
c Media advertisements?		Х		
d Mailings to members, legislators, or the public?	<u> </u>	Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>		25,344.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities? If 'Yes,' describe in Part IV		X		
j Total. Add lines 1c through 1i	ļ	ļ.,	25,344.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If 'Yes,' enter the amount of any tax incurred under section 4912		y V		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	. b. 1024-14	~		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l .		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section 501(c)(6).	
				
			Yes No	
1 Were substantially all (90% or more) dues received nondeductible by members?			1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).			. 3	
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		2a		
a Current year		2b		
b Carryover from last year		2 c		
c Total		3		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		-		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		1		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	al	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information	<u> </u>	, ,	<u> </u>	
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.			ne 1ı.	
Pt II-B Line 1i OTHER LOBBYING ACTIVITIES:				
GULF RESTORATION NETWORK'S ACTIVITIES CONSTITUTE G	RASS	ROO'	<u>rs</u>	
LOBBYING. THE ORGANIZATION HAS ONE EMPLOYEE WHO SP	ENDS			
ABOUT 70% OF HIS TIME ORGANIZING SUPPORT IN LOUISI.	ANA_			
FOR THE PASSAGE OF A GLOBAL WARMING BILL IN CONGRE	ss.			
LOBBYING ACTIVITIES INCLUDE CALLS TO CONGRESS, MEE			rm 990 or 990 EZ) 2009	

Schedule C (Form 990 or 990-EZ) 200	9GULF RESTORATION NETWORK	72-1447742	Page 4
	Information (continued)		
	ACTION ALERTS TO MOVE PEOPLE TO CALL THEIR CONG	RESSMEN.	- -
	IN ADDITION TO GLOBAL WARMING, GULF RESTORATION	NETWORK	-
	LOBBIES FOR CLEAN WATER, COASTAL RESTORATION, A	<u>ND</u>	-
	FISHERIES LEGISLATION.		
			-
			- <i></i>
			- -
			-
			- -
		 	
			-
			_ _
			- -
	-		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Rublic Inspection

Employer Identification number

GUI	F RESTORATION NETWORK			72-1447742
Pai		r Advised Funds or Other	Similar Funds or Acco	ounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line	6.	,
		(a) Donor advised fu	nds (b) F	unds and other accounts
1	Total number at end of year .			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	or advisors in writing that the as to the organization's exclusive le	sets held in donor advised gal control?	Yes No
6	Did the organization inform all grantees, donoi used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor.	advisor or for any other	. Yes No
Pai	rt II Conservation Easements Compl			00, Part IV, line 7.
	Purpose(s) of conservation easements held by		· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., re		Preservation of an historica	illy important land area
	Protection of natural habitat	· · · · ·	Preservation of certified his	toric structure
	Preservation of open space	_	_	
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation of	contribution in the form of a c	onservation easement on the
				Held at the End of the Year
ä	Total number of conservation easements		2a	
ı	Total acreage restricted by conservation easer	nents		
•	Number of conservation easements on a certif	ied historic structure included in	(a)	
•	Number of conservation easements included in	n (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified,	transferred, released, extinguish	ed, or terminated by the orga	nization during the tax
	year ►			
4	Number of states where property subject to co	nservation easement is located i	·	
5	Does the organization have a written policy reand enforcement of the conservation easement	garding the periodic monitoring, it it holds?	nspection, handling of violati	ons, Yes No
6	Staff and volunteer hours devoted to monitoring during the year ►	g, inspecting, and enforcing con-	servation easements	<u> </u>
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conserva	ation easements \$	
8		line 2(d) above satisfy the requi	rements of section	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in in the organization's financial state	ts revenue and expense state tements that describes the or	ement, and balance sheet, and ganization's accounting for
Pai	Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical T wered 'Yes' to Form 990,	reasures, or Other Sin Part IV, line 8.	nilar Assets
1 8	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or resea	venue statement and balance rch in furtherance of public s	e sheet works of art, historical ervice, provide, in Part XIV,
1	 If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items: 	ic exhibition, education, or resea	rch in furtherance of public s	ervice, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		. - \$
	(ii) Assets included in Form 990, Part X			> \$
	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other s l 16 relating to these items:	ımılar assets for fınancıal gar	n, provide the following
	a Revenues included in Form 990, Part VIII, line	1		►\$
	Assets included in Form 990, Part X			

4 Describe in Part XIV the intended uses of the o	organization's endowmen	t funds.		
Part VI Investments-Land, Buildings, a	nd Equipment. See	Form 990, Part X,	line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land	=			
b Buildings				
c Leasehold improvements				
d Equipment		73,804.	44,826.	28,978.
e Other				
Total. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part X, col	umn (B), line 10(c).) .		28,978.

BAA

Schedule **D** (Form 990) 2009

Part VII Investments-Other Securities See	Form 990, Part X, line	12.	
(a) Description of security or category	(b) Book value	(c) Method of valuat	ion
(including name of security) Financial derivatives		Cost or end-of-year mark	tet value
Closely-held equity interests	''		
Other			
			·
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (Se	e Form 990, Part X, Iir	ne 13)	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
		Cost or end-of-year mark	tet value
			
			
T. I. J. Co. J.			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) Part IX Other Assets (See Form 990, Part >			
	Description		(b) Book value
ACCRUED INTEREST RECEIVABLE	Description		1,171.
ACCROED INTEREST RECEIVABLE			1,171.
			
			
· · · · · · · · · · · · · · · · · · ·			
		-	
		-	
Total. (Column (b) must equal Form 990, Part X, col.(B),	line 15)	>	1,171.
Part X Other Liabilities (See Form 990, Pa			
(a) Description of Liability	(b) Amount	- 49.47	# ~~ ~
Federal Income Taxes	(2) (1)		
ACCRUED VACATION & SICK LEAVE	36,080	6.	
EMPLOYEE BENEFITS PAYABLE	1,48		
		The state of the s	
	-		
		TOTAL	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	37,56	9.	建 工作。

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

Sche	edule 10 (Form 990) 2009 GULF RESTORATION NETWORK	72-1447742	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	·	
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities	''	
6			
-	·	· ··	
7			
8	· ·	····	
9	Total adjustments (net). Add lines 4 through 8	· ·	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 .	<u> </u>	
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
	Total revenue, gains, and other support per audited financial statements	1	
ā	a Net unrealized gains on investments	_ •	
ŀ	Donated services and use of facilities		
(Recoveries of prior year grants	- 4-	
(d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
•	a Investments expenses not included on Form 990, Part VIII, line 7b		
	O Other (Describe in Part XIV)	-	
	- Add lives As and Ale	10	
		4c 5	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities 2a		
	Prior year adjustments	_	
	Other losses	_	
	d Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ā	Investments expenses not included on Form 990, Part VIII, line 7b 4a		
Ŀ	Other (Describe in Part XIV)		
(Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information		
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part ation.	, lines 1b and 2b; Pa art to provide any add	rt V, litional
Pt_	IV Line 2bTHE ORGANIZATION ACTED A PASS THROUGH ENTITY FOR AN	OTHER	
	NON-PROFIT ORGANIZATION. THESE FUNDS WERE DISBURSED		
	IN 2010.		
			- -

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Schedule **D** (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

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

► Attach to Form 990. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization	Employer identification number
GULF RESTORATION NETWORK	72-1447742
Pt III, Line 2 FLORIDA'S NATURE COAST - SEE PT III, LINE 4	
Pt_III, Line 2 _ GULF GATHERING CONFERENCE - SEE PT_III, LINE 4	
Pt III, Line 3 THE ENDANGERED SPECIES ACT PROGRAM WAS SUBSTANT	TIALLY COMPLETED
IN_2008.	
Pt_VI-B, Line 11A AFTER THE COMPLETED FORM 990 IS RECEIVED BY THE	E_ORGANIZATION,
IT IS DISTRIBUTED AND REVIEWED BY THE BOARD OF	DIRECTORS.
UPON APPROVAL, THE FORM 990 IS RELEASED FOR FIL	LING WITH
IRS.	
Pt VI-B, Line 12c EACH MANAGEMENT LEVEL EMPLOYEE AND EACH MEMBER	OF THE BOARD
IS REQUIRED TO DISCLOSE ANY SITUATIONS THAT MAY	GIVR_RISE
TO A CONFLICT OF INTEREST. THE BOARD SHALL TAKE	E ACTION AS
MAY BE REASONABLY NECESSARY TO PROTECT THE BEST	INTEREST
OF THE ORGANIZATION.	
Pt_VI-B, Line 15 THE ORGANIZATION PERFORMS A TWO-WAY EVALUATION	ANNUALLY
THE BOARD WILL USE COMPARABLE DATA OF OTHER NO	N-PROFIT
ORGANIZATIONS AND COMPLETE A PERFORMANCE REVIEW	V. THE BOARD
APPROVES ALL RAISES FOR THE EXECUTIVE DIRECTOR	THE BOARD
WILL_ALSO_COMPLETE_A_PERFORMANCE_REVIEW_OF_THE	EXECUTIVE
DIRECTOR AND DETERMINE WHETHER A MERIT RAISE IS	S_APPROPRIATE
Pt_VI-C, Line 19 AVAILABLE UPON REQUEST	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No. 67

Department of the Treasury Internal Revenue Service

Name(s) shown on return
GULF RESTORATION NETWORK

Identifying number

72-1447742

	ess or activity to which this form relati							
	m 990 / Form 990E				_			
Par	t I Election To Exp Note: If you have an	ense Certain f y listed property,	Property Under Secomplete Part V before	ction 179 <i>you complete Pal</i>	rt I.			
1	Maximum amount. See the	instructions for a	higher limit for certain t	ousinesses			1	\$250,000.
2	Total cost of section 179 pr	operty placed in s	ervice (see instructions))			2	
3	Threshold cost of section 13	79 property before	reduction in limitation	(see instructions)			3	\$800,000.
4	Reduction in limitation. Sub			•			4	
5	Dollar limitation for tax year separately, see instructions	r. Subtract line 4 f	from line 1. If zero or le				5	
6		Description of property	•	(b) Cost (business	use only)	(C) Elected co	٠	
<u> </u>			······ - · · · · · · · · · · · · · · ·	1,7550 (000	,	(5), 21.01.0		
						······································		
	Listed property. Enter the a	mount from line 2	Ω		7			
8	Total elected cost of section					<u> </u>	8	
9	Tentative deduction. Enter			, inics o and /			9	
10	Carryover of disallowed dec						10	
11	Business income limitation.						11	
12	Section 179 expense deduc						12	
	Carryover of disallowed dec				▶ 13	<u></u> I	12	
13	: Do not use Part II or Part I				- 13	l		
						 		
Par	t II Special Depreci	ation Allowan	ce and Other Depr	eciation (Do no	t include	e listed property.)	(See	instructions.)
14	Special depreciation allowatax year (see instructions)	ince for qualified p	property (other than liste	ed property) place	ed in serv	vice during the	14	
15	Property subject to section	168(f)(1) election					15	
16	Other depreciation (including	na ACRS)					16	1,035.
Par			clude listed property.) (, , , , , , , , , , , , , , , , , , , ,
	t iii iiii totto Dopros	dation (bo not ii	Section Sectio					
17	MACRS deductions for asse	ate placed in con-					17	10,327.
17		•	•	_			 ''	10,527.
18	If you are electing to group asset accounts, check here	any assets placed	d in service during the t	ax year into one o	or more o	general ►		
	Section B	 Assets Placed 	in Service During 2009	Tax Year Using t	he Gene	ral Depreciation	Syste	em
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conver		í	(g) Depreciation deduction
19 a	3-year property							
	5-year property	.≱ - 						
	7-year property							
	10-year property	A STATE OF THE STA				· ·		
			-					
	15-year property .	v izalinina.			<u> </u>			
	20-year property	G ··			<u> </u>			
	25-year property			25 yrs		S/L		
r	Residential rental			27.5 yrs	MM	4 S/L		<u> </u>
	property			27.5 yrs	MM	4 S/L		
i	Nonresidential real			39 yrs	MM	4 S/L		
	property			· · · · · ·	MM	1 S/L		
	Section C -	Assets Placed in	Service During 2009 T	ax Year Using the	e Alterna			item
20 2	Class life				1	S/L		
				12 yrs	 	S/L		
	12-year	<u> </u>						
	40-year	<u> </u>		40 yrs	MM	1 S/L		
Par						-		_
21						L	21	
22	the appropriate lines of your return	n. Partnerships and S	corporations — see instructioi	ns	and on		22	11,362.
23	For assets shown above an the portion of the basis attra	d placed in service	e during the current year	ar, enter	23		-	

72-1447742 Form 4562 (2009) GULF RESTORATION NETWORK Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for Part V entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) Yes No 24b If 'Yes,' is the evidence written? Yes No 24 a Do you have evidence to support the business/investment use claimed? **(b)** (e) (h) (i) (c) Business/ Basis for depreciation (business/investment Elected Type of property (list vehicles first) Date placed in service Cost or other basis Recovery period Method/ convention Depreciation deduction investment section 179 cost use percentage Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (c) **(f)** (d) (a) (b) (e) Total business/investment miles driven Vehicle 2 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 3 during the year (do not include commuting miles) 31 Total commuting miles driven during the year . . . Total other personal (noncommuting) miles driven . Total miles driven during the year. Add lines 30 through 32. No Yes No Yes Yes No Yes No Yes Nο Yes Nο Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? ... Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.). Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization					
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentag	for this year
42 Amortization of costs that begins during your	2009 tax year (see	instructions):			
				 	
43 Amortization of costs that began before your	2009 tax year			4	3
44 Total. Add amounts in column (f). See the ins	structions for where	to report	 	4	4

1

GULF REST	ORATION NETWO	ORK 72-1447742
Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)		
OF THE H		tion's mission: C CITIZENS OF THE GULF REGION AND FIGHT TO THE RESOURCES OF THE GULF OF MEXICO.
		plemental Information to Form 990 ne 4d (continued)
services. report the	Section 501(c)(3)	ose achievements for each of the organization's other program and (4) organizations and 4947(a)(1) trusts are required to ts and allocations to others, the total expenses, and revenue, if any, for orted.
Code:	Description:	FLORIDA'S NATURE COAST:
Expenses _	224,593.	THE ORGANIZATION WORKS TO PROTECT AND PRESERVE THIS REGION
Grants Of _	0.	BY BUILDING A STRONG AND VIBRANT COALITION OF GROUPS
Revenue _	0.	WORKING ON ISSUES INCLUDING WILDLIFE AND HABITAT PRESERVATION,
_		UNCONTROLLED RESIDENTIAL DEVELOPMENT, WATER QUALITY
		AND OURNITTY TESTIFE AND DESCRIPCE FYTDACTION

97,324. THE ORGANIZATION WORKS TO EDUCATE AND MOBILIZE THE PUBLIC FOR

0. IMPACTS FROM GLOBAL WARMING AND THE REDUCTION OF

GREENHOUSE GAS DISCHARGES.

Expenses 19,037. THE ORGANIZATION SPONSORED A GULF-WIDE CONFERENCE FOR
Grants Of 0. COASTAL ADVOCATES CONCERNED ABOUT THE GULF OF MEXICO
Revenue 8,820. IN ORDER TO FACILITATE THE EXCHANGE OF IDEAS AND

Description: GULF GATHERING CONFERENCE:

0. THE NEED FOR FEDERAL DECISION-MAKERS TO ADDRESS THE

INFORMATION RELEVANT TO GULF AND COASTAL ISSUES.

Code: _____ Description: GLOBAL WARMING:

Expenses __

Grants Of

Revenue

Additional Information For Tax Return

GULF RESTORATION NETWORK

72-1447742

Form 990 p 6: Line 17-1

NONE