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# Form **990**

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047
2009
Open to Public Inspection

				<del></del>
A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
<b>B</b> cı	heck if	C Name of organization	D Employer identifica	tion number
ap	plicable	Please use IRS		
	Address change			
$\vdash$	Name	type Doing Business As	72-11	15500
$\vdash$	jchange }initial	Doing Business As		13309
<u> </u>	Jreturn Termin-	Concelled	te E Telephone number	767 4101
늗	Jated Amende	instruc- ed tons  Characteria et al., Ste 225	(225)	767-4181
<u>LX</u>	_return	City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>773,369.</u>
L_	Applica- tion pending	Baton Rouge, LA 70808	H(a) Is this a group retu	
	perioning	F Name and address of principal officer Steven Peyronnin	for affiliates?	Yes X No
		6160 Perkins Road, Suite#225, Baton Rouge,	L H(b) Are all affiliates inclu	ded? Yes No
<u>  T</u>	ax-exe	mpt status: X 501(c) ( 3 ) ◀ (insert no )	If "No," attach a lis	st. (see instructions)
J V	<b>Vebsite</b>	e: ▶ N/A	H(c) Group exemption	number 🕨
K F	orm of o	organization: X Corporation	ar of formation: 1988 M	State of legal domicile: LA
		Summary		<u> </u>
	1 E	Briefly describe the organization's mission or most significant activities To educat	e the public	and
& Governance		coordinate coastal restoration projects of va		
na.	_	Check this box  if the organization discontinued its operations or disposed of me		
Ver		Number of voting members of the governing body (Part VI, line 1a)	3	26
යි			l i	26
-ತ		Number of independent voting members of the governing body (Part VI, line 1b)	4	5
Activities		otal number of employees (Part V, line 2a)	5	
Ě		otal number of volunteers (estimate if necessary)	6	800
Ac		otal gross unrelated business revenue from Part VIII, column (C), line 12	7 <u>a</u>	0.
	bΛ	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		-	Prior Year	Current Year
Revenue	8 (	Contributions and grants (Part VIII, line 1h)	638,277.	630,751.
	9 F	Program service revenue (Part VIII, line 2g)	72,509.	142,595.
ě	10 l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	7,224.	23.
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	428.	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	718,438.	773,369.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	•	
	l	Benefits paid to or for members (Part IX, column (A), line 4)		
(A	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	219,819.	293,506.
Expenses	l	Professional fundraising fees (Part IX, column (A), line 11e)	22370231	
e l	ì	Fotal fundraising expenses (Part IX, column (D), line 25)   60,166.		
Ĕ		· · · · · · · · · · · · · · · · · · ·	278,773.	391,546.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	498,592.	685,052.
	18	Total expenses Add lines 13-17 (must equal Part+X+, column-(A), line 25)		
- 2	19	Revenue less expenses Subtract line 18 from line 12 RECEIVED	219,846.	88,317.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)	878,030.	896,503.
윷	21	Total liabilities (Part X, line 26)	411,346.	374,255.
		vet assets of fulfid balances. Subtract line 21 from line 20	466,684.	522,248.
Pa	art II	Signature Block OGDEM, U1		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen and complete Declaration of prepare (other than officer) is based on all information of which preparer has any knowled		and belief, it is true, correct,
			. 7	7 7.11
	n			7-2011
He		Signature of officer	Date	
	1	Steven Pryronnin, Executive Director		
<b>=</b>		Type or print name and title		
	.			's identifying number
			self- employed > []	
	parer's	Firm's name (or I. A CHAMPAGNE & CO. I. I. P	EIN ▶	
₩se	Only	yours if self-employed), \$4911 Bennington Avenue	2 2	
3		address, and Baton Rouge, LA 70808-3153	Phone no > / 2	25)925-1120
<del>)</del>		S discuss this return with the preparer shown above? (see instructions)	Ti none no. F \ Z	25)925-1120 X Yes No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

	990 (2009)			RE COASTAL LO	UISIANA	72-11	<u>.5589</u>	Page Z
		Program Service	Accomplish	ments			<del></del>	
1	Briefly describe the org							
				<u>l Louisiana i</u>				
	organization	<u>n whose missi</u>	<u>ion is tl</u>	ne protection	<u>and rest</u>	<u>oration c</u>	of a	
	sustainable	coastal Loui	siana.					
2	Did the organization un	dertake any significant p	rogram services	during the year which we	ere not listed on			
	the prior Form 990 or 9		J	<b>,</b>			Yes	X No
	•	e new services on Sched	ule O					
3	•			nges in how it conducts, a	any program convo	002	□v <sub>oo</sub> !	X No
3	<del>-</del>	~ .	•	iges in now it conducts, a	any program servic	es,	iires (	LAJ NO
_		e changes on Schedule (						
4				anization's three largest p				
				a)(1) trusts are required to		t of grants and		
	allocations to others, th	ne total expenses, and re	evenue, if any, fo	r each program service re	eported.			
4a	•			including grants of \$		) (Revenue \$	142,5	
				on efforts of				and
	<u>individuals</u>	<u>in an effort</u>	to find	<u>l solutions t</u>	<u>o coastal</u>	erosion	by	
	conducting	seminars and	d worksho	ops and fundi	ng reseac	<u>h directe</u>	ed towa	ard
	resolving en	rosion proble	ems.					
						··· - ·· · · · · · · · · · · · · · · ·		
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		<del></del>				<del> </del>	···	
4b	(Code	) (Expenses \$		including grants of \$		) (Revenue \$		)
		·, · .						
				<del>11 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</del>				
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				<del></del>				<del></del>
					<del></del>			
4c	(Code.	) (Expenses \$		including grants of \$		) (Revenue \$		)
								,
	· · · · · · · · · · · · · · · · · · ·					•	-	
							-	
		· · · · · · · · · · · · · · · · · · ·		<u> </u>				<del></del> -
	<del></del> .							
					· · · ·			
4d	Other program service	s (Describe in Schedule	0)					
	(Expenses \$		grants of \$	) (Reve	nue \$	)		
	Total program service		527,8		•			
- 70	. etai pi vyi uili 30i VICI	UNDUINGUE W	<u> </u>	<del></del>	<del></del>			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ļ
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
^	Schedule D, Part III	8		X_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		<b></b>
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V	10		<b>.</b>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	10		X
••	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Λ	<del>                                     </del>
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			•
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			l
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI, XII, and XIII	12	X	<u> </u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ĺ	17
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20	complete Schedule G, Part III	19	-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	990 (	
		COUL	220 (	~UU3)

Form 990 (2009) COALITION TO RESTORE COASTAL LOUISIANA

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 19 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	₹
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		v
ae.	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		<u> </u>
26	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		<u> </u>	
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ŀ	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	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		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		-	
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	-	X_
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		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			۹,
	Note. All Form 990 filers are required to complete Schedule O	_38_	000	(2000)

-orm	aan	(2009)	

Part.V

# 009) COALITION TO RESTORE COASTAL LOUISIANA Statements Regarding Other IRS Filings and Tax Compliance

72-1115589

Page 5

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		ı		
	U.S. Information Returns. Enter -0- if not applicable	8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table gamıng			
	(gambling) winnings to prize winners?	•	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see inst	ructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	onty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a		X
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	c and			
	Financial Accounts				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	g Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a greater than \$100,000, and the organization have	ganization solicit			
	any contributions that were not tax deductible?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	te and an area			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	as and services	_		v
<b>L</b>	provided to the payor?		7a		_X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was reto file Form 8282?	equirea	7-		x
٦	If "Yes," indicate the number of Forms 8282 filed during the year		7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persi				
·	benefit contract?	лісі	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•	7f		_ <u>X</u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	•			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess				
	at any time during the year?	ŭ	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	а			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0			
11	Section 501(c)(12) organizations. Enter	1			
а	Gross income from members or shareholders	3			ı
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them )	o L			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12	o	L		
			Form	990 (	2009)

Form 990 (2009) COALITION TO RESTORE COASTAL LOUISIANA 72-1115589 Page 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		•				
		1. 1		م د ٦		Yes	No
	Enter the number of voting members of the governing body	1a	,	26			:
	Enter the number of voting members that are independent	1b	<del></del>	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	ny other				3.5
_	officer, director, trustee, or key employee?			-	.2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ie airect	supervision				v
	of officers, directors or trustees, or key employees to a management company or other person?			H	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		was filed /	H	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset Does the organization have members or stockholders?	is /		H	5		X
6	Does the organization have members of stockholders, or other persons who may elect one or more me	mboro	of the	H	6		<u> </u>
<i>1</i> a	governing body?	embers	oi tile		7.		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other per	reone?		H	7a 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken		the year	ŀ	76		
•	by the following.	during	ine year	1			
а	The governing body?			- 1	8a	Х	
	Each committee with authority to act on behalf of the governing body?			r	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at	the	F	OU		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried a	. uie		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Povenue	Code 1	l.			
	The state of this occion stages to information about policies not required by the internal in	evende	Code			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			Γ	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapte	rs. affiliates.		iou		
	and branches to ensure their operations are consistent with those of the organization?		-,,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ilına the	form?	ľ	11		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•		Ī			
	Does the organization have a written conflict of interest policy? If "No," go to line 13			- 1	12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that con	uld aive	rise	Ī			
	to conflicts?	J		1	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," c	lescnbe				
	in Schedule O how this is done				12c	ĺ	
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 approve	al by inc	dependent	Γ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
а	The organization's CEO, Executive Director, or top management official			L	15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a				
	taxable entity during the year?			Ĺ	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation to evaluation to evaluation and organization adopted a written policy or procedure requiring the organization to evaluation and organization and organi	aluate its	participation	-		j	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anizatio	n's	1			
	exempt status with respect to such arrangements?			<u>.</u>	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	T (501(c	)(3)s only) avaıl	able f	or		
	public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict (	of interest polic	y, an	d fina	ncıal	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd reco	rds of the orga	ınızatı	on. 🕨		
	The Organization - 225-344-6555						
	6160 Perkins Rd., Ste 225, Baton Rouge, LA 70808						

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	(B)	100		((		, a	,,,,,	(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all	hat	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Steven Peyronnin										
Executive Director	40.00	Х		X	<u> </u>			62,566.	0.	0.
Woody Crews				į						
Director	2.00	X			L			0.	0.	0.
Sherrill Sagrera										
Director	2.00	X						0.	0.	0.
Donald Davis	<del></del>									
Director	2.00	Х						0.	0.	0.
Keith Colvin										
Chair	5.00	X						0.	0.	0.
Paul Davidson										
Director	2.00	X				<u> </u>		0.	0.	0.
Robert Gorman		İ								
Director	2.00	X	L_	L				0.	0.	0.
Walter M. Gundlach			1							
<u> Vice-Chair</u>	3.00	X		_				0.	0.	0.
Paul Kemp		ł								
Director	2.00	X	ļ		_	$oxed{oxed}$		0.	0.	0.
Edgar F. Veillon										
Director	2.00	X	<u> </u>	ļ		<u> </u>	_	0.	0.	0.
Kathy Wascom				ł		ļ				
Director	2.00	X	<u> </u>	L.,			<u> </u>	0.	0.	0.
Claude Leach										
Director	2.00	X	ļ.,	ļ				0.	0.	0.
Jim Wilkins							•			
Director	2.00	X			<u> </u>			0.	0.	0.
Ben Taylor		l	1	ŀ			1			
Director	2.00	X	<u> </u>		<u> </u>	L		0.	0.	0.
Pierre Conner		Ì		ŀ						
Director	2.00	X	<u> </u>			<u> </u>		0.	0.	0.
Carolyn Shaddock Woosley					İ					
Director	2.00	X	_	_	ļ	<u> </u>		0.	0.	0.
Barbara Dodds	_					1				
Director	2.00	X		<u>L_</u>	l			0.	0.	0.
932007 02-04-10										Form 990 (2009)

	compensation from the organization			(
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual .	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to			
	the organization? If "Yes," complete Schedule J for such person	5		X

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

**Section B. Independent Contractors** 

the organization NONE		
(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

See Schedule J-2 for Part VII, Section A Continuation

		ZOO9) COALI	TION TO	RESTORE (	COASTAL LO	OISTANA	/2-1115	589 Page 9
Pai	t VII	I Statement of Rever	nue		(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	b c d e f	Fundraising events Related organizations	rts, and ve 1f	630,751. 9,000.	630,751.			
Program Service Revenue	2 a b	Program registr	stration	Business Code 900099 900099	126,240. 16,355.	126,240. 16,355.		
Progran Rev	d e f	All other program service reverses			142,595.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		proceeds	23.			23.
	6 a b c	Less rental expenses Rental income or (loss)	(i) neal	(II) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraisin including \$  contributions reported on line	of	<b>&gt;</b>	-			
Other	С	Part IV, line 18 Less. direct expenses Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	_	<b>&gt;</b>				
	10 a	Less direct expenses  Net income or (loss) from gan Gross sales of inventory, less and allowances	ning activities returns a	<b>&gt;</b>				
		Less cost of goods sold  Net income or (loss) from sale  Miscellaneous Revenu	ıe	Business Code				
	b d							
93200 02-04	12 9 -10	Total revenue See instructions.	••••		773,369.	142,595.	0.	23. Form <b>990</b> (2009)

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

	All other organizations must comple	ete column (A) but are		te columns (B), (C), and	<del></del>
	not include amounts reported on lines 6b, 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	62,566.	43,796.	12,513.	6,257.
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 salanes and wages	181,719.	109,752.	45,649.	26,318.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	27,403.	17,225.	6,524.	3,654.
10	Payroll taxes	21,818.	13,713.	5,195.	2,910.
11	Fees for services (non-employees)				
а	Management				···
b	Legal	4.7-24		2 - 1 -	
С	Accounting	14,719.	8,874.	3,747.	2,098.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	F				
12	Advertising and promotion	F 467	4 212	005	450
13	Office expenses	5,467. 7,205.	4,212.	805.	450.
14	Information technology	7,205.	4,333.	1,841.	1,031.
15	Royalties	4E 024	27 625	11,737.	6 570
16	Occupancy	45,934. 10,304.	27,625.	11,/3/.	6,572.
17	Travel Payments of travel or entertainment expenses	10,304.	10,221.		83.
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	164,010.	161,742.	1,695.	573.
20	Interest	104,010.	101,742.	1,093.	
21	Payments to affiliates		-,		
22	Depreciation, depletion, and amortization	2,604.	1,566.	665.	373.
23	Insurance	2,317.	1,417.	577.	323.
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.)	2,/32.1	1,21,0	3774	323.
а	Contract services	47,407.	43,102.	1,221.	3,084.
b	Printing	28,700.	24,443.	382.	3,875.
С	Legislative services	25,000.	25,000.		
d	Bank charges	9,090.	7,355.	1,071.	664.
е	m 1 1-	6,897.	4,149.	1,763.	985.
f	All other expenses	21,892.	19,343.	1,633.	916.
25	Total functional expenses. Add lines 1 through 24f	685,052.	527,868.	97,018.	60,166.
26	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	1			
	educational campaign and fundraising solicitation	,			

Form 990 (2009)

Pai	τ·X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		677,672.	1	25,000.
	2	Savings and temporary cash investments			2	556,686.
	3	Pledges and grants receivable, net		188,493.	3	303,973.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	ectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	8(c)(3)(B) Complete			
		Part II of Schedule L			6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		4,308.	9	3,082.
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D		<u>950.</u>		
	b	Less accumulated depreciation	10b 22,	988. 4,757.	10c	4,962.
	11	Investments - publicly traded secunties			11	
	12	Investments · other securities See Part IV, line 1			12	
	13	Investments - program-related See Part IV, line	11	-	13	-
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,800.		2,800.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	878,030.		<u>896,503.</u>
	17	Accounts payable and accrued expenses	25,397.	17	143,847.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Payables to current and former officers, director		l l		
iat		highest compensated employees, and disqualifi	ed persons Complete Pa	art II		
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	•		23	
	24	Unsecured notes and loans payable to unrelated	d third parties	205 040	24	020 400
	25	Other liabilities Complete Part X of Schedule D	•	385,949.	25	230,408.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	<b>▶</b> [ʊ] .	411,346.	26	374,255.
			ere 🚩 🔼 and comp	olete		
Ses		lines 27 through 29, and lines 33 and 34.		412 340		404 (00
lan	27	Unrestricted net assets	•	412,340. 54,344.		484,628.
<u>B</u> a	28 29	Temporarily restricted net assets  Permanently restricted net assets		54,344.	1	37,620.
P P	29	•	naak hana 🔊 🗀 ar		29	
Ē.		Organizations that do not follow SFAS 117, complete lines 30 through 34.	heck here 🕨 📖 ar	10		
S.	20	•			00	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed	uunment fund		30	
t As	32	Retained earnings, endowment, accumulated in	•		32	
Š	33	Total net assets or fund balances	come, or other lunus	466,684.		522,248.
	34	Total liabilities and net assets/fund balances		878,030	33	896,503.
		Ca		0,0,050.	1 54	Form <b>990</b> (2009)

-orm	1990 (2009) COALITION TO RESTORE COASTAL LOUISIANA 72-1115	589	Pag	ge 12
Pa	rt·XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		İ	
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 Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	_3a		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	3b		

Form **990** (2009)

#### **SCHEDUL'E A**

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

			ON TO RESTOR						12	<u>-1112</u>	<u> </u>	
Part I	Reason f	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part	) See inst	ructions				
he organ	ization is not a	private foundation t	pecause it is: (For lines 1	I through 1	11, check d	only one b	ox)					
1 🖳	A church, cor	vention of churches	s, or association of churc	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school desc	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sci	hedule E)								
3	A hospital or	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(	A)(iii).					
4	A medical res	earch organization o	perated in conjunction	with a hos	pıtal descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital'	s name	€,
	city, and state	e										
5 🔲	An organization	on operated for the l	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t described	d in		
	section 170(	( <b>b)(1)(A)(iv).</b> (Comple	ete Part II )									
6	A federal, sta	te, or local governme	ent or governmental unit	t described	in sectio	n 170(b)(1	)(A)(v).					
7 X	An organizati	on that normally reco	eives a substantial part o	of its supp	ort from a	governme	ntal unıt o	r from the	general p	ublic desci	nbed in	
	section 170(l	b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 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 relat	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support fi	rom gross	ınvestn	nent
	income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization af	fter June 3	0, 1975	5
	See section	<b>509(a)(2).</b> (Complete	Part III)									
10 🖳	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	<b>l)</b> .				
11 📖	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes o	f one o	r
	more publicly	supported organiza	itions described in section	on 509(a)(1	l) or section	on 509(a)(2	). See <b>sec</b>	tion 509(	<b>a)(3).</b> Chec	ck the box	that	
	describes the	type of supporting	organization and comple	et <u>e lin</u> es 1	1e through	11h						
	a Type i	ь	Type II c	: 🔲 Тур	e III - Func	tionally int	egrated		d 🗀	Type III - C	Other	
e	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified p	ersons oth	er than	)
	foundation m	anagers and other the	han one or more publicly	y supporte	d organiza	itions desc	enbed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?			
	(i) A persor	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	lescribed i	ın (ıı) and (	ııı) below,		Yes	No
	the gove	erning body of the su	upported organization?							. 11g(i)		
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	<b>∋</b> ?					11g(iii)		
h	Provide the fo	ollowing information	about the supported org	ganızatıon	(s).							
	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization (v) Did you no in col. (i) listed in your organization governing document? (i) of your su		ion in col.	(vi) ls organization (i) organiz U.S	on in col. l	(vii) Amount of support			
		i	(see instructions))	Yes	No	Yes	No	Yes	No			
										- <del></del>		
				<u> </u>	ļ							
				<del> </del>								
					<b>—</b>							
Fotal					1			}				

Schedule A (Form 990 or 990-EZ) 2009 COALITION TO RESTORE COASTAL LOUISIANA 72-1115589 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 633,001. 675,452. 454,983. 638,277. 630,751. 3032464. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 633,001. 675,452. 454,983. 638,277. 630,751. 3032464. 4 Total. Add lines 1 through 3 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) 1560598. 1471866. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 633,001. 675,452. 454,983. 638,277. 630,751 3032464. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,464 5,605 9,304. 7,224 23 23,620. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 328 6,839 528 7,695. assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 3063779. 12 Gross receipts from related activities, etc. (see instructions) 289,829. 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 48.04 15 Public support percentage from 2008 Schedule A, Part II, line 14 48.11 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\mathbf{x}$ stop here. The organization qualifies as a publicly supported organization 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

Schedule A (Form 990 or 990-EZ) 2009

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

	<del></del>					
•						
Schedule A (Form 990 or 990-EZ) 2009		Deposits and in	Castian E00/a	\ <u>(0</u> )		Page 3
Part III   Support Schedule for Or Section A. Public Support	ganizations	Described in	Section Susta	(Complete only	if you checked the bo	ox on line 9 of Part I.)
		1 "	1.0007	1 , , , , , , ,	4 > 0000	42 T
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513	w · · · · · · · · · · · · · · · · · ·					
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and					·	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		-				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</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						

	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			<u></u>							
14	First five years. If the Form 990 is for	the organization'	s first, second, th	urd, fourth, or fifth	tax year as a sect	ເເດກ 501(	c)(3) organization,			
	check this box and stop here									
Se	ction C. Computation of Publ	ic Support Pe	ercentage							
15	Public support percentage for 2009 (	ine 8, column (f) d	livided by line 13	column (f))		15		%		
16	Public support percentage from 2008	Schedule A, Part	t III, line 15			16		%		
Se	ction D. Computation of Inve	stment Incom	e Percentage	Э						
17	Investment income percentage for 20	009 (line 10c, colu	mn (f) divided by	line 13, column (f)	)	17		%		
18	Investment income percentage from	2008 Schedule A,	Part III, line 17	•		18		%		
198	a 33 1/3% support tests - 2009. If the	organization did i	not check the bo	k on line 14, and l	ne 15 is more than	n 33 1/39	%, and line 17 is no	ot		
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qua	alifies as a publicly	supported organi	zation		ightharpoons		
k	33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

activities not included in line 10b,

#### SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts 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

• S	ection 501(c)(4), (5), or (6) organiza	tions. Complete Part III			
Name	of organization			Emp	loyer identification number
		COALITION TO RESTORE COASTAL LOUISIANA ete if the organization is exempt under section 501(c) or is a section of the organization's direct and indirect political campaign activities in Part IV. es ete if the organization is exempt under section 501(c)(3). If any excise tax incurred by the organization under section 4955			72-1115589
Par	t I-A Complete if the org	janization is exempt und	der section 501(c	) or is a section 527 o	organization.
1 F	Provide a description of the organiz	ation's direct and indirect politic	cal campaign activities	s in Part IV.	
2 F	Political expenditures			<u>,</u> ▶:	\$
3 \	/olunteer hours				
L					
	•	, ,		<b>&gt;</b> :	
	Inter the amount of any excise tax			i5 ► s	\$
	f the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?	•	☐ Yes ☐ No
	Vas a correction made?				└─ Yes └─ No
	f "Yes," describe in Part IV t I-C   Complete if the ord	janization is exempt und	der section 501/c	avcent section 501	(0)(3)
L				· <del></del>	
	Enter the amount directly expended				\$
	Enter the amount of the filing organ	ization's lunds contributed to o	ther organizations for	_	•
	exempt function activities	Add lines 1 and 2 Enter here	and an Farm 1100 DO	<b>▶</b> :	<b></b>
	Total exempt function expenditures ine 17b	S. Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	•
	Did the filing organization file <b>Form</b>				Yes No
	Enter the names, addresses and er	•	(IN) of all section 527 r	political organizations to whi	
	For each organization listed, enter t		•	_	
	hat were promptly and directly del				
	PAC) If additional space is needed				·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(2)	(2)	(0) =	filing organization's	contributions received and
				funds. If none, enter -0-	
					delivered to a separate political organization
					If none, enter -0
	-				

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

Schedule C (Form 990 or 990-EZ) 2009  Part II-A   Complete if the org	COALITION anization is exer	TO RESTORE mpt under section	COASTAL LOUIN 501(c)(3) and file	ISIANA 72-1 ed Form 5768	1115589 Page 2		
(election under sec	tion 501(h)).						
A Check 🕨 🔲 if the filing organizat	ion belongs to an affi	liated group.					
B Check 🕨 🔲 if the filing organizat	ion checked box A ar	nd "limited control" pro	ovisions apply				
	s on Lobbying Expe	nditures ints paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	ence public opinion (	grass roots lobbying)					
<b>b</b> Total lobbying expenditures to influ	ence a legislative boo	dy (direct lobbying)					
c Total lobbying expenditures (add lii	c Total lobbying expenditures (add lines 1a and 1b)						
d Other exempt purpose expenditure	d Other exempt purpose expenditures						
e Total exempt purpose expenditures	s (add lines 1c and 1c	<del>l</del> )	1				
f Lobbying nontaxable amount. Ente	r the amount from the	e following table in bot	h columns				
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable am	ount is:				
Not over \$500,000	20% of	the amount on line 1e					
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exc	cess over \$500,000				
Over \$1,000,000 but not over \$1,56	00,000 \$175,00	00 plus 10% of the exc	cess over \$1,000,000.				
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	00 plus 5% of the exce					
Over \$17,000,000	\$1,000,	000					
g Grassroots nontaxable amount (en			_				
h Subtract line 1g from line 1a. If zero			}				
i Subtract line 1f from line 1c If zero	•		L				
j If there is an amount other than zer		line 1i, did the organiz	ation file Form 4720				
reporting section 4911 tax for this					Yes No		
•	ations that made a s	, , ,	Section 501(h) n do not have to comp es 2a through 2f on pa				
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))	·						
c Total lobbying expenditures							
d Grassroots nontaxable amount					<del> </del>		
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2009

# Schedule C (Form 990 or 990-EZ) 2009 COALITION TO RESTORE COASTAL LOUISIANA 72-1115589 Page 3 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)).

	(6	3)	(b)	
	Yes	No	Amo	unt
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			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	<del></del>	X	0.5	000
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		25	,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	X		
i Other activities? If "Yes," describe in Part IV		X		000
j Total Add lines 1c through 1:	-	v	45	<u>,000.</u>
<ul><li>2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li><li>b If "Yes," enter the amount of any tax incurred under section 4912</li></ul>		X		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	T			
Part III-A   Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ction	
501(c)(6).		(0), 0: 00	Otion	
	<del></del>		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?		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if F "Yes."		ne 3 is a		
1 Dues, assessments and similar amounts from members		1_1_		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	itical			
expenses for which the section 527(f) tax was paid).  a Current year		0-		
•		2a		
b Carryover from last year c Total		2b		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c 3	·	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	aveec	3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an				
expenditure next year?	o political	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
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 Part II-B,	line 1ı Also	, complete	this part
for any additional information			•	-
Part II-B, Line 1(i), Other Lobbying Activities:			_	
see attached Legislative Activity Schedule				
	<del></del>			

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

Employer identification number

		<u> RE COASTAL LOUISIAN</u>	
Par	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fun	ids or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ac	lyised funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor		
-	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organiza		5,1 (4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
•	Preservation of land for public use (e.g., recreation or		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space	Freservation of a C	certified historic structure
_	·	Control of the second s	
2	Complete lines 2a through 2d if the organization held a qua	illed conservation contribution in the to	rm of a conservation easement on the last
	day of the tax year		Hald as the Fed at the Ten Vere
_	Total number of aggregation aggregate		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	and the second sector of the second	2b
C	Number of conservation easements on a certified historic s	` · ·	2c
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation e		_
5	Does the organization have a written policy regarding the policy		
	violations, and enforcement of the conservation easements	rt holds?	. Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easement	s during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements dur	ring the year > \$
8	Does each conservation easement reported on line 2(d) about	ive satisfy the requirements of section 1	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes         No
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describ	es the organization's accounting for
	conservation easements		
Par	rt III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" to Forr	1 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and ba	alance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,		
	these items	·	Ţ Ţ
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for finar	
_	the following amounts required to be reported under SFAS		ما والسول
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		► \$ ► \$
~	was a second of the sec		F ¥

	dule D (Form 990) 2009 COALITI	ON TO REST	ORE	COASTA	L LOUISIA	NA	72-	-111558	9 Page <b>2</b>
Par	t <sup>.</sup> III Organizations Maintaining C	ollections of A	rt, His	torical Tre	easures, or O	ther S	Similar A	ssets (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the t	following that are	a signi	ficant use o	of its collectio	n items
	(check all that apply)								
а	Public exhibition	c			nange programs				
b	Scholarly research	e	· [_]	Other					
C	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical treas	sures, or other sir	nılar as	sets		
	to be sold to raise funds rather than to be m							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if org	ganization an	swered "Yes" to	Form 9	90, Part IV,	, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other assets	not inc	luded		
	on Form 990, Part X?						-	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table					
								Amoun	t
C	Beginning balance			••			1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	☐ No
	If "Yes," explain the arrangement in Part XIV			_					
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to For	m 990, Part IV, lii	ne 10			
		(a) Current year	(b) F	nor year	(c) Two years bad	k (d)	Three years	back (e) Fou	r years back
1a	Beginning of year balance			•			· · · · · · · · · · · · · · · · · · ·		
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	L							
2	Provide the estimated percentage of the year	ır end balance held a	as						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С		%							
3а	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held aı	nd administered f	or the	organizatioi	n	
	by <sup>.</sup>							<del></del>	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organization:	•						_3b	
4	Describe in Part XIV the intended uses of the								
Par	t VI Investments - Land, Building	gs, and Equipm	ent. Se	ee Form 990,	Part X, line 10				
	Description of investment	(a) Cost or o		(b) Cost	. 1 '		mulated	(d) Boo	k value
		basis (investi	ment)	basis (	other)	depre	ciation		
	Land								
	Buildings								
	Leasehold improvements		0 = -	ļ		-		<del> </del>	
d	Equipment	27,	950.	<del> </del>		2	2,988	•	<u>4,962.</u>
	Other								4 5 7 7
Total	LAdd lines 12 through 1a (Column (d) must a	aual Form 000 Part	Y colu	mn (D) line 1	0(a) )			1	1 962

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 COALITION	TO RESTORE COA	ASTAL LOUISIANA	72-1115589 Page <b>3</b>
Part'VII Investments - Other Securities. S	ee Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value		nod of valuation <sup>.</sup> -of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.	
			nod of valuation
(a) Description of investment type	(b) Book value		of-year market value
	1		<del></del>
	<del></del>	1	
- 1. Harris			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, Im	e 15	<del></del>	
	) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
	*		
	***		
			7
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X	ne 15 )		<b>.</b>
1. (a) Description of liability	, m.o 20.	(b) Amount	
Federal income taxes	<del></del>	(5), (1), (1)	
Accrued compensated absences		12,980.	
Agency obligations		217,428.	
Agency obligations		211,420.	
Total (Column (h) must sound form 200 Part V and (D)	25)	230,408.	
Total. (Column (b) must equal Form 990, Part X, col (B) lin 2. FIN 48 Footnote. In Part XIV, provide the text of the fo			orts the organization's liability for

uncertain tax positions under FIN 48. 932053 02-01-10

_	dule D (Form 990) 2009 COALITION TO RESTORE COAST.			<u>72-11:</u>	<u> 15589 </u>	Page 4
Par	t'XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ncial Sta	atements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_	1 1		773	369.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			052.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			,317.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7		<b>~32</b>	753.
8	Other (Describe in Part XIV)		8		\32	, , , , , ,
9	Total adjustments (net). Add lines 4 through 8		9		-33	752
		v4 0		<del></del>		<u>,753.</u> ; ,564.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statements.		10	Poturo	23	, 504.
		anta with New	ellue bei		772	260
1	Total revenue, gains, and other support per audited financial statements			1	113	<u>,369.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains on investments	2a		_		
þ	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	773	,369.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	773	,369.
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses p			70071
1	Total expenses and losses per audited financial statements	. •		1	685	,052.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					70020
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
	Other losses			<del> </del>		
ر 5	•	2c	<del></del>			
đ	Other (Describe in Part XIV)	2d		$\dashv$ $\downarrow$		^
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	685	,052.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
þ	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information			5	685	,052.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp			•		4, Part
	rt X: The organization applies the standar		-			
74	0-10 in accounting for uncertainty in inco	me taxes.	The	organi	zation	<u> </u>
<u>fi</u>	les a United States return of organization	exempt f	rom i	ncome t	ax. [	The
or	ganization's returns 2008, 2009 and 2010 a	re subjec	t to	examina	tion 1	оу
th	e Internal Revenue Service.					
				- 1 1 - 1 - 1 - 1 - 1 - 1 - 1		
P ==	classification to not assets due to seem	oblicati	on sa	ingtmat	<b>-</b>	<del></del>
<u>ve.</u>	classification to net assets due to agency	ODIIGACI	on ad	<u>Justmen</u>	L	

#### SCHEDULÈ J-2 (Form 990)

## **Continuation Sheet for Form 990**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. Open

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

See the Instructions for Form 990.

COALITION TO RESTORE COASTAL LOUISIANA Employer Identification number 72-1115589

Part I Continuation of Officers, Di								LOUISIANA	72-111	5589
		usi I	ees			CII	ιрι			
(A) Name and title	(B)			(C				(D)	(E)	(F)
Name and title	Average hours	(0)	Position				LΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per	(0)	(check all that apply			app	( <u>V</u>	from	from related	other
	week			.		yee		the	organizations	compensation
		ector				oldma		organization	(W-2/1099-MISC)	from the
		9 9	98			ated (		(W-2/1099-MISC)		organization
		ndividual trustee or director	nstitutional trustee		99	Highest compensated employee				and related
		la la	tona		првоу	st con	_			organizations
		ad M	Institu	Officer	Key employee	Highe	<b>Former</b>			
Susan Kaderka										-
Director	2.00	$\mathbf{x}$						0.	0.	0.
Dr. Alan Lacoste										
Director	2.00	X						0.	0.	0.
Dr. Shirley Laska		T -						<u> </u>		
Director	2.00	X						0.	0.	0.
John Lopez		Γ								<del></del>
Director	2.00	X						0.	0.	0.
Timothy Matte										
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R. King Milling										
Director	2.00	X						0.	0.	0.
David Richard										
Director	2.00	X	<u> </u>					0.	0.	0.
Randy Roach										-
Director	2.00	Х						0.	0.	0.
Mark Davis									-	
Director	2.00	X						0.	0.	0.
Robert A. Thomas										
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James T. B. Tripp		ŀ								
Director	2.00	X	_					0.	0.	0.
Robert Amoss										
Director	2.00	X	ļ					0.	0.	0.
Maura Wood										
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

### SCHEDULE O (Form 990)

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**Supplemental Information to Form 990** 

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	COALITION TO RESTORE COASTAL LOUISIANA	Employer identification number 72-1115589
Form 990, Part	I, Line 1, Description of Organization Mis	sion:
individuals in a	an effort to reduce coastline erosion.	- II. 9
	VI, Section B, line 11: The organization d of the tax return.	oes not maintain
Form 990, Part	VI, Section B, Line 15: All employees unde	rgo an annual
performance rev	iew conducted by the Executive Director an	d/or members of
the Board of Di	rectors to adjust salary relative to perfo	rmance and the
overall budget o	of the organization. Comparability data a	nd contemporaneous
substantiation :	is incorporated from annual reports on com	parable salary
compensation from	om Louisiana Association of Non-Profit Org	anizations.
Form 990, Part	VI, Section C, Line 19: The organization d	oes not have a
formal process	through which its governing documents, con	flict of interest
policy or finan	cial statements are made available to the	public. Request
for these docum	ents are met on an as requested basis.	
Form 990; Item	B. Amended Return	
Amended Return		
The amended For	m 990 reflects adjustments to:	
Part III Item 4	a total amount of expenses and revenue	
Part VIII Item	4f contributions gifts and grants	
Part VIII Items	2a and b	
Part IX expense	amounts and allocations	

#### SCHEDULÈ O

(Form 990)

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Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number COALITION TO RESTORE COASTAL LOUISIANA 72-1115589 Schedule A Part II column e and f amounts and Section C lines 14 and 15 Schedule A listing of excess contributions modified Schedule B Part 1 Contributors list modified Schedule D Part VI Line 1d Schedule D Part X Details of other liabilities Schedule D Part XI Adjusted lines 1, 2, 3, 7 and 8. Schedule D Part XII and XIII adjusted amounts to agree to final audited financial statements

Form 8	868 (Rev_1-2011)					Page 2		
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box								
	Only complete Part II if you have already been granted an a				8868			
• If you	u are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).					
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	opies r	needed)			
<b>T</b>	Name of exempt organization	Employer identification number						
Type of	r							
print	COALITION TO RESTORE COASTA	7	<u>2-1115589</u>	· ·				
extended	Number, street, and room or suite no If a P O. box, see instructions  16160 Perkins Rd., Ste 225							
due date filing your								
return Se	City, town or post office, state, and ZIP code For a fo	oreign add	lress, see instructions					
instructio.	Baton Rouge, LA 70808		- 1					
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applica	ation	Return Application						
Is For		Code	Is For			Code		
Form 9	90	01						
Form 9	90-BL	02	Form 1041-A	·-	08			
Form 9	90-EZ	03	Form 4720			09		
Form 9	90-PF	04	Form 5227		10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form 9	90-T (trust other than above)	06	Form 8870 12					
STOP!	Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a previou	sly file	ed Form 8868.			
	books are in the care of ▶ 6160 Perkins Re	d., s	<u>te 225 - Baton Rouge</u>	, L	A 70808			
Tele	phone No ► <u>225-344-6555</u>		FAX No 🕨					
• If th	e organization does not have an office or place of busines	s in the Ur	nited States, check this box		<b>&gt;</b>			
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If the	ıs ıs fo	r the whole group, c	heck this		
box 🕨	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for		
	request an additional 3-month extension of time until		<u>15, 2011</u>					
5 F	or calendar year, or other tax year beginning	JUL 1	, 2009 , and ending_	JUN	30, 2010	·		
6 I	f the tax year entered in line 5 is for less than 12 months, o	heck reas	on Initial return	Fınal r	return			
	Change in accounting period							
	State in detail why you need the extension		····					
	To obtain additional informat	ion f	<u>or the completion of</u>	th	<u>e 990</u>			
<u>t</u>	tax return.							
					T			
	f this application is for Form 990-BL, 990-PF, 990-T, 4720,							
_	nonrefundable credits. See instructions	\$	0.					
	f this application is for Form 990-PF, 990-T, 4720, or 6069,							
	ax payments made Include any prior year overpayment al	<u> </u>		•				
_	previously with Form 8868  Balance due. Subtract line 8b from line 8a Include your pa	8b_	\$	0.				
		0.						
EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$ Signature and Verification								
	•							
Under p	enalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this fo	iing accomp orm.	panying schedules and statements, and to the	e best o	it my knowledge and b	elief,		
Signatu	Ignature ► Title ► Certified Public AccountanDate ►							

Form 8868 (Rev. 1-2011)