#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

A F	or the 2	2015 calendar year, or tax year beginning and en	nding		
Bca	heck if pplicable:	C Name of organization		D Employer identific	cation number
	Address	RESTORE AMERICA'S ESTUARIES			
	Name change	Doing business as		54-1	965304
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Final return/	2300 CLARENDON BLVD. 60	03	703-	524-0248
de la	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,841,552.
	Amended return	ARBINGION, VA 22201		H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: JEFFREY BENOIT			? Yes X No
		SAME AS C ABOVE			cluded? Yes No
		npt status: X 501(c)(3)	527	Interpret program	list. (see instructions)
		► WWW.ESTUARIES.ORG		H(c) Group exemption	
		rganization: X Corporation Trust Association Other	L Year	of formation: 1999 N	State of legal domicile: VA
Pa		Summary	DOBDI	THE MILE AND TO	MIC MEMBERODIZ
Ce	1 B	riefly describe the organization's mission or most significant activities: TO PRI	DUE I	ANDC AND WA	MED C
Jan	-				
/er	. 1000	heck this box if the organization discontinued its operations or dispose		1 1	ssets.
9	A0000 CO.14			3	11
Activities & Governance		umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2015 (Part V, line 2a)			9
tie		otal number of individuals employed in calendar year 2013 (Fart V, line 2a)			11
ž		otal unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	1.000	et unrelated business taxable income from Form 990-T, line 34		CONTROL TO SECURIT SECURITION OF SECURITION	0.
-	514	et diffedated busiliess taxable filodific from 500 1, filo 54	T	Prior Year	Current Year
•	8 C	ontributions and grants (Part VIII, line 1h)		2,407,943.	1,752,257.
ã		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		991,137.	82,860.
Revenue				8,326.	6,335.
œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	100.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,407,406.	1,841,552.
-	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		1,446,810.	740,331.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
8	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,037,314.	786,047.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b To	otal fundraising expenses (Part IX, column (D), line 25)   138,93	7.		
Ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		783,604.	479,243.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,267,728.	2,005,621.
		evenue less expenses. Subtract line 18 from line 12		139,678.	-164,069.
s or			Ве	ginning of Current Year	End of Year
Ssets		otal assets (Part X, line 16)		1,204,517.	1,074,158.
Net As:	1	otal liabilities (Part X, line 26)		169,634.	200,236.
		et assets or fund balances. Subtract line 21 from line 20 Signature Block		1,034,883.	873,922.
		es of perjury al declare that I have examined this return, including accompanying schedules a	and ctatem	ente and to the heet of m	v knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of whic			y knowledge and beller, it is
uuc	, correct,	and complete. Declaration of preparer (guier trial officer) is based on an information of which	прісраісі	lias arry knowledge.	11-16
Sig	.	Signature of officer		Date	V
Her		JEFFREY BENOIT, PRESIDENT AND CEO			
1101	٠	Type of print name and title			- t
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		NDREW YOUNG CPA ANDREW YOUNG CPA	A	if self-employ	P01203950
Pre	-	irm's name RENNER AND COMPANY, CPA, P.C		Firm's EIN	54-1498950
Use					
		Firm's address 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314		Phone no.70	3-535-1200
Ma	the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No
E000	04 40 46	15 LHA For Panerwork Reduction Act Notice see the senarate instruction	10		Form 990 (2015)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	RESTORE AMERICA'S ESTUARIES' MISSION IS TO PRESERVE THE NATION'S
	NETWORK OF ESTUARIES BY PROTECTING AND RESTORING THE LANDS AND WATERS
	ESSENTIAL TO THE RICHNESS AND DIVERSITY OF COASTAL LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 831,031. including grants of \$ 740,331.) (Revenue \$ 1,065,958.)
	COMMUNITY-BASED COASTAL HABITAT RESTORATION: RESTORE AMERICA'S
	ESTUARIES (RAE) AND ITS ALLIANCE MEMBERS HAVE WORKED SINCE 1996 TO
	RESTORE OUR NATION'S CRITICAL COASTAL AREAS AND BRING THEM BACK TO
	LIFE. THROUGH ITS COMMUNITY-BASED RESTORATION PROGRAM (CRP), RAE JOINS
	WITH GOVERNMENT AGENCIES, CORPORATION, CIVIC ORGANIZATIONS, SCIENTISTS,
	AND LOCAL VOLUNTEERS ON RESTORATION PROJECTS WITH TANGIBLE IMPACTS.
	AMONG OUR GOALS ARE THE RETURN OF ABUNDANT FISHERIES, STRONG LOCAL
	ECONOMIES, AND SHORELINES THAT ARE RESILIENT TO STORMS AND FLOODING.
	RAE'S CRP HAS FUNDED HUNDREDS OF LOCAL RESTORATION PROJECTS THROUGHOUT
	THE UNITED STATES, ACHIEVING REAL RESULTS, ENGAGING PEOPLE IN THEIR
	COMMUNITIES, AND GIVING THEM A LIFELONG DESIRE TO RESTORE OUR COASTS.
4b	(Code: ) (Expenses \$ 496,513 • including grants of \$ ) (Revenue \$ 408,144 • )
UF	COASTAL BLUE CARBON INITIATIVE: COASTAL WETLAND ECOSYSTEMS, SUCH AS SEA
	GRASS BEDS, MANGROVES, SALT MARSH, AND OTHER TIDAL WETLANDS, REMOVE
	CARBON DIOXIDE FROM THE ATMOSPHERE AND STORE CARBON IN WETLAND SOILS.
	RAE'S BLUE CARBON INITIATIVE SEEKS TO INCREASE PUBLIC AND PRIVATE
	INVESTMENT IN AND PRIORITIZATION OF ESTUARY HABITAT RESTORATION THROUGH
	THE RECOGNITION OF THE CLIMATE MITIGATION VALUES OF THESE HABITATS.
	THE RECOGNITION OF THE CHIMIT INTIGHTON VINCES OF THESE MEDITIES.
40	(Code: ) (Expenses \$ 161,012 • including grants of \$ ) (Revenue \$ 205,785 • )
40	(Code: ) (Expenses \$ 161,012 • including grants of \$ ) (Revenue \$ 205,785 • )  LIVING SHORELINES SUMMIT - THE SUMMIT WAS A TWO-DAY WORKING MEETING
	FOCUSED ON HIGHLIGHTING THE LATEST ADVANCEMENTS IN LIVING SHORELINES
	RESEARC, IMPLEMENTATION, AND POLICY, AS WELL AS PROMOTING DIALOGUE AND
	ADDRESSING BARRIERS TO IMPLEMENTATION. THERE WAS AN ENERGIZING MIX OF
	PRESENTATION AND FACILITATED BREAKOUT SESSIONS DESIGNED TO BROADEN
	PARTICIPANTS' ABILITY TO IMPLEMENT PROJECTS AND PROGRAMS MORE
	EFFECTIVELY.
	EFFECTIVELI.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 292,556 • including grants of \$ ) (Revenue \$ 45,099 •)
<u>4e</u>	Total program service expenses ► 1,781,112.
	Taura 990 /001 F

532002 12-16-15

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7.7
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		<del></del>
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			_ <del>-</del>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-:-		
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
			000	(0015)

Form **990** (2015)

### Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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? 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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<del></del>
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			X
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			\ <sub>3,7</sub>
	of any of these persons? 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			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		,		

Form **990** (2015)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		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).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	ЭD		
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2015

Form 990 (2015) RESTORE AMERICA'S ESTUARIES 54-1965304 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.					
	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management			•		
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year la					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
, ,	more members of the governing body?	7a		Х		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, a				
b	persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75				
		8a	х			
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X			
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х		
S_C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9				
360	tion B. Folicies (This Section B requests information about policies not required by the internal nevenue Code.)	1	Yes	Na.		
10-	Did the examination have lead charters branches as affiliated?	10a	162	No X		
	Did the organization have local chapters, branches, or affiliates?	IUa				
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b				
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?					
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a		12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	^			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	х			
40	in Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	X			
14	Did the organization have a written document retention and destruction policy?	14	^			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v			
	The organization's CEO, Executive Director, or top management official	15a	Х	X		
b	Other officers or key employees of the organization	15b		Λ		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v		
	taxable entity during the year?	16a		_X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
<u> </u>	exempt status with respect to such arrangements?	16b				
	tion C. Disclosure	TZ CI	МП	MD		
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, GA, IL			<u>, MD</u>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	e			
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial			
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records:					
	JEFF BENOIT - 703-524-0248					
	2300 CLARENDON BOULEVARD, SUITE 603, ARLINGTON, VA 22201	_	000	,oo : :		
53300	SEE SCHEDULE O FOR FULL LIST OF STATES	⊦orm	990	(2015)		

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

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

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

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

(A)	(B)	(C) Position			1		(D)	(E)	(F)	
Name and Title	Average hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	_	Officer			Highest compensated employee Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JONATHAN F. STONE CHAIRMAN	2.00	x		x				0.	0.	0
(2) KIM COBLE	2.00	125		23					•	•
VICE CHAIRMAN		х		х				0.	0.	0
(3) STEVEN DUBIEL	2.00									
TREASURER	2.00	Х		Х				0.	0.	0
(4) CURT JOHNSON SECRETARY	2.00	X		х				0.	0.	0
(5) PETER SHELLEY	2.00	1								
DIRECTOR		x						0.	0.	0
(6) TIM DILLINGHAM	2.00	I								_
DIRECTOR	2 00	Х						0.	0.	0
(7) PETER CLARK DIRECTOR	2.00	x						0.	0.	0
(8) KIMBERLY REYHER	2.00									
DIRECTOR (9) ROBERT STOKES	2.00	Х						0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
(10) DAVID LEWIS	2.00									
DIRECTOR		Х						0.	0.	0
(11) TODD MILLER	2.00	١.,								_
DIRECTOR (12) JEFF BENOIT	40.00	Х						0.	0.	0
PRESIDENT & CEO	40.00			х				168,894.	0.	18,070
		-								
	-	_	_	_		_		1		

Form **990** (2015)

Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	(do		Posi		1 than	one	Reportable	Reportable	Estimated		ed	
	hours per	box	box, unles		rson	is bot	h an	compensation	compensation	on	an	nount (	of
	week	$\vdash$	cer ar	na a a	irecto	or/trus	itee)	from	from related			other	
	(list any	Individual trustee or director						the	organizations			pensa	
	hours for related	or di	æ			ated		organization	(W-2/1099-MI	SC)		om the	
	organizations	ustee	truste		gy.	suadı		(W-2/1099-MISC)		organiz and re			
	below	ual tr	ional		ploye	t con	L					a relati anizatio	
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Orge	ai iiZati	JI 13
	<u> </u>	=	=	0	호	Ξ 0	ш.						
		1											
		$\vdash$											
		1											
		1											
		1											
		1											
		1											
		1											
		1											
		1											
1b Sub-total						1	<b></b>	168,894.		0.	1	8,0	70.
c Total from continuation sheets to Part							<b>•</b>	0.		0.		_	0.
d Total (add lines 1b and 1c)								168,894.		0.	1	8,0	70.
2 Total number of individuals (including but								eceived more than \$100	0,000 of reportab	ole			
compensation from the organization						,							1
<u> </u>												Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e, ke	ey en	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5 Did any person listed on line 1a receive of	r accrue compe	nsat	ion 1	from	any	/ unr	elat	ed organization or indiv	idual for services	3			
rendered to the organization? If "Yes," co											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of	compensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation for	or the calendar y	ear (	endi	ng w	vith	or w	ithir	n the organization's tax	year.				
(A)								(B)			(C		
Name and busines	ss address	N	INC	3				Description of s	ervices	С	Compe	nsatio	า
										1			
							_			<u> </u>			
							$\dashv$			<del></del>			
2 Total number of independent contractors		not lii	mite	d to		^	sted	d above) who received n	nore than				
\$100,000 of compensation from the orga	nization >				(	0							
												മമവ ഗ	2045

532008 12-16-15 Form **990** (2015)

Pa	rt v	4111	Check if Schedule O contain		or note to any li	ne in this Part VIII			
			Check ii Ochedule O contain	is a response	or note to any m	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Service Contributions, Gifts, Grants and Other Similar Amounts	2	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a- Total. Add lines 1a-1f  AFFILIATE DUES CONFERENCE AND M	1b 1c 1d 1d 1s) and 1f 1f: \$	275,136. 477,121.  Business Code 900099 900099	1,752,257.	45,000. 37,860.		
Program Service Revenue		d e	All other pregram consider revenue						
_		T a	All other program service revenue Total. Add lines 2a-2f			82,860.			
	3 4 5	<u>J</u>	Investment income (including divother similar amounts) Income from investment of tax-e	vidends, inter	est, and  oroceeds	6,335.			6,335.
	6	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7	а	assets other than inventory	(i) Securities	(ii) Other				
		С	Less: cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)		<u> </u>				
Other Revenue			Gross income from fundraising e including \$ contributions reported on line 10	events (not of c). See					
Other		С	Part IV, line 18  Less: direct expenses  Net income or (loss) from fundra  Gross income from gaming activ	bising events					
		С	Part IV, line 19  Less: direct expenses  Net income or (loss) from gaming	<b>b</b> activities					
		b	Gross sales of inventory, less ref and allowances	a					
	11		Miscellaneous Revenue  MISCELLANEOUS RE		Business Code 900099	100.	100.		
		C	All other ways are						
			All other revenue <b>Total.</b> Add lines 11a-11d			100.			
	12	_	Total revenue. See instructions			1,841,552.	82,960.	0.	6,335.

#### Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				[1				
	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	740,331.	740,331.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	186,964.	146,056.	11,548.	29,360.				
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	441,927.	348,450.	20,220.	73,257.				
8	Pension plan accruals and contributions (include		_						
	section 401(k) and 403(b) employer contributions)	27,243.	21,469.	1,272.	4,502. 12,243.				
9	Other employee benefits	74,565.	58,695.	3,627.	12,243.				
10	Payroll taxes	55,348.	43,530.	2,777.	9,041.				
11	Fees for services (non-employees):								
а	Management								
	Legal								
	Accounting	16,104.	14,859.	1,245.					
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
•	column (A) amount, list line 11g expenses on Sch O.)	231,884.	213,957.	17,927.					
12	Advertising and promotion	31.		17,927. 25.	6.				
13	Office expenses	7,342.		7,342.					
14	Information technology	13,743.	6,769.	6,764.	210.				
15	Royalties								
16	Occupancy	54,674.	54,200.	247.	227.				
17	Travel	72,770.	63,635.	4,557.	4,578.				
18	Payments of travel or entertainment expenses	-	-	-	<del></del>				
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	55,848.	54,191.	16.	1,641.				
20	Interest				<del></del>				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	3,852.	406.	1,920.	1,526.				
24	Other expenses. Itemize expenses not covered			, -					
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)								
_	amount, list line 24e expenses on Schedule O.)	9,170.	7,542.	1,463.	165.				
a b	BAD DEBT	4,900.	4,900.	1, 100	100.				
	LICENSES AND FEES	3,349.	352.	1,670.	1,327.				
c C	BANK CHARGES	1,855.	196.	924.	735.				
d		3,721.	1,574.	2,028.	119.				
	All other expenses	2,005,621.	1,781,112.	85,572.	138,937.				
25	Total functional expenses. Add lines 1 through 24e	2,003,021.	1,/01,114.	03,314.	130,937.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)								
	Check here if following SOP 98-2 (ASC 958-720)				- 000				

Form 990 (2015)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	330,114.	1	227,445
2	Savings and temporary cash investments	360,715.	2	102,822
3	Pledges and grants receivable, net	100,125.	3	42,865
4	Accounts receivable, net	75,466.	4	6,808
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ပ္	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 4	Notes and loans receivable, net		7	
₹   <sub>8</sub>	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,706.	9	136,379
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
ь			10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	331,939.	12	553,387
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,452.	15	4,452
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,204,517.	16	1,074,158
17	Accounts payable and accrued expenses	156,769.	17	110,143
18	Grants payable		18	
19	Deferred revenue		19	79,480
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
စ္စ 22	Loans and other payables to current and former officers, directors, trustees,			
<b>Ĕ</b>	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	Complete Part II of Schedule L		22	
<b>-</b> 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	12,865.	25	10,613
26	Total liabilities. Add lines 17 through 25	169,634.	26	200,236
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es es	complete lines 27 through 29, and lines 33 and 34.			
ဋ   27	Unrestricted net assets	705,953.	27	539,256
<u>e</u> 28	Temporarily restricted net assets	328,930.	28	334,666
29	Permanently restricted net assets		29	
로	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
<u>o</u>	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
န္ရ   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds	1 004 000	32	000 000
2 33	Total net assets or fund balances	1,034,883.	33	873,922
34	Total liabilities and net assets/fund balances	1,204,517.	34	1,074,158

Form **990** (2015)

Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments	1 1 2 2	,84 ,00 -16	1,5 5,6 4,0	21. 69. 83.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10						
Pai	t XII Financial Statements and Reporting				Х		
	Check if Schedule O contains a response or note to any line in this Part XII						
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
<b>a</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3b</b> Form	Х <b>990</b> (	(2015)		

532012 12-16-15

#### **SCHEDULE 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RESTORE AMERICA'S ESTUARIES

**Employer identification number** 54-1965304

Pa	rt I	Reason for Public		All organizations must co		is nart ) Se	e instructions	
	organ	ization is not a private found	•		•	•		
1	H	A church, convention of ch	•				I)(A)(I).	
2	H	A school described in <b>sect</b>		•			::\	
3	H	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .  A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name,						
4	ш	· .	ation operated in co	njunction with a nospita	described	ı iii secilo	11 170(b)( 1)(A)(iii). Enter	the nospital's name,
_		city, and state:	or the benefit of a co	llaga ar university auga	d or opera	tod by a a	avaramantal unit daarik	and in
5		An organization operated for		illege of utiliversity owner	u or opera	ted by a g	overnmental unit descrit	ed III
		section 170(b)(1)(A)(iv). (C				70/1-\/4\/A\	<b>()</b>	
6 7	X	A federal, state, or local go	ū				• •	
′	21	An organization that norma	•	initial part of its support	rom a gov	emmentai	unit or from the general	public described in
8		section 170(b)(1)(A)(vi). (C	•	(1)(A)(vi) (Complete Per	+ 11 \			
9	H	A community trust describe				contributi	ana mambarahin faca a	and gross resoints from
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from						
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment							
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.  See section 509(a)(2). (Complete Part III.)							
10		An organization organized	,	ively to test for public sa	afety See	section 50	)9(a)(4)	
11		An organization organized a	•	•	•			e purposes of one or
•		more publicly supported or	=	•	•		•	•
		lines 11a through 11d that						
а		Type I. A supporting orga				-		giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•			
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		☐ Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d			<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
	_	requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.		
f		er the number of supported o	•					
g		vide the following information			(iv) Is the o	raanization	(a) Among and of monopology	(vi) Amazunt at
	,	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	(v) Amount of monetary support (see	(vi) Amount of other support (see
		<b>3</b>		above (see instructions))	governing o	No	instructions)	instructions)
					res	NO		
								_
Γota	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3032751.	3266137.	2567206.	2407943.	1752257.	13026294.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3032751.	3266137.	2567206.	2407943.	1752257.	13026294.
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)						
6	Public support. Subtract line 5 from line 4.						13026294.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	3032751.	3266137.	2567206.	2407943.	1752257.	(f) Total 13026294.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	12,745.	11,236.	12,346.	8,326.	6,335.	50,988.
9	Net income from unrelated business	-	-	-		-	-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			19,597.		100.	19,697.
11	Total support. Add lines 7 through 10						13096979.
12	Gross receipts from related activities,	etc. (see instruction	ons)				,135,435.
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ						
14	Public support percentage for 2015 (I	line 6, column (f) di	vided by line 11, c	column (f))		14	99.46 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	99.44 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explair	n in Part VI how the	Э
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	<b>&gt;</b>
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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 per-						
	formed, 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						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
70	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY SHA CAA IN	CITIOTIONS	

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
4a		
Alb		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
00		
9c		
10a		
.54		
10b		
m 990 or 9	90-EZ	2015

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	10.1. 2.7 m. 1. 3po oupporting or game at one		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):  The organization satisfied the Activities Test. Complete line 2 below.			
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization is the parent of each of its supported organizations. Complete line or below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	1	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
	or the dapported digarization of it is too, accombe in the first the following the digarization in this regard.	2		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
<b>.</b>		Distribution Allegations (see instance)	<b>Excess Distributions</b>	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From	2013			
е	From	2014			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2015 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2015, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6		ining underdistributions for 2015. Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
		ctions).			
7	Exces	ss distributions carryover to 2016. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
d	Exces	s from 2014			
е	Exces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015

D1 M	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

RESTORE AMERICA'S ESTUARIES 54-1965304

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .
	)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, Inc. 1. Complete Parts I and II.
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter purpose. Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$ \ \rightarrow \\$
but it <b>must</b> answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

#### RESTORE AMERICA'S ESTUARIES

54-1965304

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Numo, dudi coc, dila En 111	\$1,066,192.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 109,525.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$50,000.	Person X Payroll

Name of organization Employer identification number

# RESTORE AMERICA'S ESTUARIES

54-1965304

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll (Complete Part II for noncash contributions.)

#### RESTORE AMERICA'S ESTUARIES

54-1965304

		art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	

Name of organization Employer identification number RESTORE AMERICA'S ESTUARIES 54-1965304 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

RESTORE AMERICA'S ESTUARIES  Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours	<ul> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> <li>Name of organization</li> </ul>		Emal	
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures	Name of organization			
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Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2 Political expenditures  3 Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955  2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 Was a correction made?  5 If Yes, describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function activities  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. Also enter the amount of political contributions received and promptly and directly delivered to a separate political organization.  Filing organization is contributions received and promptly and directly delivered to a separate political organization.			or is a section 527 o	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

A Ch	eck		if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures).

	neck 🚩 📖 if the filing organization check	ed box A and "limited control" provisions apply.		
	Limits on Lobl (The term "expenditures" m	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)	0.	
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	6,150.	
С	Total lobbying expenditures (add lines 1a and	d 1b)	6,150.	
	Other exempt purpose expenditures	1,999,470.		
е	Total exempt purpose expenditures (add line	2,005,620.		
f	Lobbying nontaxable amount. Enter the amo	250,281.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	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.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	62,570.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	0.		
j	If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720	_	_
	reporting section 4911 tax for this year?			Yes No

#### 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total				
2a Lobbying nontaxable amount	325,164.	293,107.	313,386.	250,251.	1,181,908.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,772,862.				
<b>c</b> Total lobbying expenditures		11,300.	11,441.	6,150.	28,891.				
<b>d</b> Grassroots nontaxable amount	81,291.	73,277.	78,347.	62,570.	295,485.				
e Grassroots ceiling amount (150% of line 2d, column (e))					443,228.				
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2015

# Schedule C (Form 990 or 990-EZ) 2015 RESTORE AMERICA'S ESTUARIES 54-196530 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)).

For $\epsilon$	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	<b>o</b> )
of th	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?	504( )	<b>(5)</b>		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  † III-B   Complete if the organization is exempt under section 501(c)(4), section				
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members			t III-A, IIr	ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С					
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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information		•		
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	•	,	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESTORE AMERICA'S ESTUARIES

**Employer identification number** 54-1965304

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
Do	conservation easements. rt III   Organizations Maintaining Collections of	Art Historical Transuras or (	Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		Other Sillilai Assets.
			ment and belongs about works of ort
Id	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh		
	•	,	ance of public service, provide, in Part Alli,
h	the text of the footnote to its financial statements that describe the organization planted as permitted under SEAS 116 (AS		at and balance about works of art, historical
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	•	ideation, or research in furtherance of pr	ublic service, provide the following amounts
	relating to these items:		▶ Φ
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under SFAS 1		ai gairi, provide
•	·	, ,	•
d	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		

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_	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or Oth	er Sim	ilar Asse	<b>ts</b> (contii	nued)	<u></u>
3	Using the organization's acquisition, accessio	n, and other record	s, check any of the	following that are a	significan	t use of its	collectio	n item	ıs
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further t	he organization's ex	empt pur	oose in Par	t XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be mai						Yes		No
Pai	t IV Escrow and Custodial Arrang						line 9, o	r	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	s or other assets no	t include	d			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo	rm 990. Part X. line	21. for escrow or ci	ustodial account liab	ilitv?		Yes		No
	If "Yes," explain the arrangement in Part XIII.		*						]
_	t V Endowment Funds. Complete if								
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Fou	r years	back
1a	Beginning of year balance	341,430.	24,966.	· · ·	<del>  `                                   </del>	10,254.	,		181.
	Contributions	284,900.	427,300.	-		25,000.			
	Net investment earnings, gains, and losses	,	, , , , , , , , , , , , , , , , , , ,	,					
	Grants or scholarships								
	Other expenditures for facilities								
•	and programs	291,644.	110,836.	144,034.		10,254.		146.	927.
f	Administrative expenses	,	,,	,		,			
	End of year balance	334,686.	341,430.	24,966.		25,000.		10.	254.
2	Provide the estimated percentage of the curre		,	· · · · · · · · · · · · · · · · · · ·	L	,			
	Board designated or quasi-endowment	orre your orra balario	%	,,, riola ao.					
	Permanent endowment	%							
	Temporarily restricted endowment ► 100								
·	The percentages on lines 2a, 2b, and 2c shou								
32	Are there endowment funds not in the posses	•	tion that are hold a	nd administered for	the organ	nization			
Ja	by:	Sion of the organize	mon mar are neid a	ila administered for	tile organ	iizatiori	1	Yes	No
	-						3a(i)	163	X
									X
h	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizat	ione lietod ae roquir	od on Schodulo D2				3b		
4	Describe in Part XIII the intended uses of the						30		
Ė	t VI Land, Buildings, and Equipme		willett fullus.						
. u	Complete if the organization answered		Part IV line 11a 9	See Form 990 Part V	( line 10				
	Description of property					tod	(d) Doo	le velu	
	Description of property	(a) Cost or ot basis (investm			Accumula epreciatio		( <b>d</b> ) Boo	k value	3
	Land	<u> </u>	Dasis	(Otrier) de	-preciatio				
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other		V column (D) line 4	100)					0.
ιoτa	. Aud lines Ta through Te. (Column (a) must eq	uai FUIIII 990, PART	A, COIUITIII (B), IINE I	UC.)					<b>.</b>

	RICA'S ESTUAR	IES	54-1965304	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	/alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) CERTIFICATES OF DEPOSIT -				
(B) LONG TERM	553,387.	COST		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	553,387.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	/alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Total</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a) [	Description		(b) Book va	ılue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b></b>	
Part X Other Liabilities.				

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	10,613.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,613.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Scho	dule D (Form 990) 2015 RESTORE AMERICA'S ESTUARIE	S		54-	1965304 <sub>Page</sub> 4
	t XI Reconciliation of Revenue per Audited Financial Statemen				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		•		
1	Total revenue, gains, and other support per audited financial statements			1	1,844,660
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		3,108.		
	Add lines 2a through 2d			2e	3,108
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,841,552
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			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0 .
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			-	1,841,552
	t XII Reconciliation of Expenses per Audited Financial Statem				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,005,621
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0 .
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,005,621
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				· · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	0 .
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	2,005,621
	t XIII Supplemental Information.				, , .
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4; Part	X, line 2; Part XI,
PAI	RT V, LINE 4:				
THI	ORGANIZATION'S ENDOWMENT FUNDS ARE TEMPO	RARILY	RESTRICTE	D II	N NATURE
<u>AN</u> I	PERTAIN TO PROJECTS IN WHICH DONORS HAVE	RESTR	ICTED THE	USE	OF
COI	TRIBUTED FUNDS FOR A PARTICULAR PURPOSE.	TEMPO	RARILY RES	TRI	CTED
			<u> </u>		

ENDOWMENTS AS OF DECEMBER 31, 2015 INCLUDED FUNDS DESIGNATED FOR THE COASTAL BLUE CARBON PROJECT, TAMPA BAY ESTUARY PROGRAM AND ACCENTURE-GBF PROGRAM.

# PART X, LINE 2:

THE FEDERAL INCOME TAX RETURNS OF THE ORGANIZATION FOR THE YEARS ENDED 2013, 2014, AND 2015 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE

SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2015 RESTORE AMERICA'S ESTUARIES 54-1965304 Page 5 Part XIII   Supplemental Information (continued)	Schedule D (Form 990) 2015	RESTORE AMERICA	'S ESTUARIES	54-1965304 Page <b>5</b>
	Part XIII   Supplemental	Information (continued)		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization RESTORE A		ESTUARIES	,				Employer identification number 54-1965304
Part I General Information on Grants a							
Does the organization maintain records     criteria used to award the grants or assi     Describe in Part IV the organization's properties      Part II Grants and Other Assistance to	stance? ocedures for moni	toring the use of grant	funds in the Unite	d States.			X Yes No
recipient that received more than	=				arnzariori ariovioroa	100 0111 01111 000,1 411	177, mio 217, ion diriy
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	0.	316,970.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION
CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	04-6149986	501(C)(3)	0.	27,028.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION
COALITION TO RESTORE COASTAL LOUISIANA - 6160 PERKINS ROAD, SUITE 225 - BATON ROUGE, LA 70808	72-1115589	501(C)(3)	0.	73,716.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION
EARTHCORPS 6310 NE 74TH ST #201E SEATTLE, WA 98115	91-1592071	501(C)(3)	0.	71,268.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION
GALVESTON BAY FOUNDATION 17330 HIGHWAY 3 WEBSTER, TX 77598	76-0279876	501(C)(3)	0.	59,568.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION
NORTH CAROLINA COASTAL FEDERATION 3609 HIGHWAY 24  NEWPORT, NC 28570  2 Enter total number of section 501(c)(3) a	l .	501(C)(3)	0.	12,565.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION 13.

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CAVE MILE DAY NADDAGANGEMM DAY								
SAVE THE BAY - NARRAGANSETT BAY 100 SAVE THE BAY DRIVE							COMMUNITY BASED COASTAL	
PROVIDENCE, RI 02905	05-0343046	501(C)(3)	0.	32,573.	EM77	N/A	HABITAT RESTORATION	
TROVIDENCE, RI 02505	03 0343040	501(0)(3)	0.	32,373	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17.71	IMBITAT KEBTOKATION	
TAMPA BAY WATCH								
3000 PINELLAS BAYWAY SOUTH							COMMUNITY BASED COASTAL	
TIERRA VERDE, FL 33715	59-3191962	501(C)(3)	0.	38,447.	,FMV	N/A	HABITAT RESTORATION	
ALABAMA COASTAL FOUNDATION								
250 CONTI STREET							COMMUNITY BASED COASTAL	
MOBILE, AL 36602	58-2050101	501(C)(3)	0.	12,000.	, FMV	N/A	HABITAT RESTORATION	
NATIONAL AUDUBON SOCIETY								
1200 18TH ST NW #500							COMMUNITY BASED COASTAL	
WASHINGTON, DC 20036	13-1624102	501(C)(3)	0.	36,000.	, FMV	N/A	HABITAT RESTORATION	
LAND TRUST FOR THE MISSISSIPPI								
COASTAL PLAIN - 955-A HOWARD AVE -		L	_				COMMUNITY BASED COASTAL	
BILOXI, MS 39533	64-0936130	501(C)(3)	0.	12,000.	,FMV	N/A	HABITAT RESTORATION	
CAVE THE COUNT LONG TOLAND COUNT								
SAVE THE SOUND LONG ISLAND SOUND							COMMUNITY BASED COASTAL	
142 TEMPLE STREET, 3RD FL NEW HAVEN, CT 06510	06-0990195	501(C)(3)	0.	23,196.	EM27	NT / 7		
NEW HAVEN, CI 00510	00-0330133	501(C)(3)	0.	23,190.	, FMV	N/A	HABITAT RESTORATION	
TAMPA BAY REGIONAL PLANNING								
COUNCIL - 4000 GATEWAY CENTER BLVD							COMMUNITY BASED COASTAL	
#100 - PINELLAS PARK, FL 33782	59-1027141	501(C)(3)	0.	25,000.	EMA	N/A	HABITAT RESTORATION	
TIMELER TIME, 12 35,62	33 1027111	301(0)(3)		25,000,	, , , , , ,	1,11	l	

Part III can be duplicated if additional space is needed.	1		T	<b>-</b>	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION RECEIVES REPORTS	FROM ITS	SUBRECIPI	ENTS TO EN	SURE THAT IT	
HAS UTILIZED FUNDS GRANTED IN ACCO	RDANCE W	ITH STATED	) FEDERAL G	UIDELINES.	
THE ORGANIZATION ALSO REVIEWS COMP	LETED AU	DITS OF TH	IE SUBRECIP	IENTS IN	
ACCORDANCE WITHIN DEPENDENT CHIEDELTHE	,				
ACCORDANCE WITH FEDERAL GUIDELINES	•				

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

RESTORE AMERICA'S ESTUARIES

Employer identification number 54-1965304

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) JEFF BENOIT	(i)	163,894.	5,000.	0.	8,195.	9,875.	186,964.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)							<del> </del>	
	(ii)								
	(i)								
	(ii)								
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESTORE AMERICA'S ESTUARIES

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 54-1965304

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ESSENTIAL TO THE RICHNESS AND DIVERSITY OF COASTAL LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDED PROJECTS INVOLVING THE TAMPA BAY ENVIRONMENTAL RESTORATION FUND, WATER QUALITY PROJECTS AND INITIATIVES, AND OTHER PROGRAMS DIRECTLY RELATED TO THE MISSION OF THE ORGANIZATION. EXPENSES \$ 292,556. INCLUDING GRANTS OF \$ 0. REVENUE \$ 45,099.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. IT WAS DELIVERED TO ALL BOARD MEMBERS VIA EMAIL. BOARD MEMBERS SUBMITTED COMMENTS, CONCERNS, AND QUESTIONS TO THE BOARD CHAIR AND TO THE THE EXECUTIVE COMMITTEE OF THE BOARD MET VIA A CONFERENCE CALL TO DISCUSS CONCERNS AND QUESTIONS BEFORE THE 990 WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

IT IS THE POLICY OF THE ORGANIZATION TO REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY WITH THE BOARD OF DIRECTORS. EACH YEAR, THE CONFLICT OF INTEREST POLICY IS SENT TO THE ENTIRE BOARD AND THE STAFF, EACH PERSON IS ASKED TO RESPOND THAT THERE ARE NO CONFLICTS THAT HE/SHE IS AWARE OF, OR DESCRIBE ANY CONFLICTS THAT HAVE ARISEN. IF THERE IS A CONFLICT OF INTEREST, THE APPLICABLE BOARD MEMBER RECUSES HIM/HERSELF FROM VOTING OR DISCUSSION ON THOSE MATTERS.

FORM 990, PART VI, SECTION B, LINE 15A:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization  RESTORE AMERICA'S ESTUARIES	Employer identification number 54-1965304							
AN ANNUAL PERFORMANCE REVIEW IS CONDUCTED BY THE EXECUTIV	E COMMITTEE OF THE							
BOARD TO DETERMINE THE SALARY OF THE PRESIDENT OF THE ORGANIZATION.								
COMPARATIVE INFORMATION, INCLUDING SALARIES FOR SIMILAR POSITIONS AT OTHER								
NON-PROFITS, IS USED. THE EVALUATION IS FILED IN HIS EMPLOYEE FILE. ANNUAL								
PERFORMANCE REVIEWS ARE CONDUCTED BY THE PRESIDENT FOR KEY EMPLOYEES. THE								
MOST RECENT REVIEW WAS CONDUCTED IN DECEMBER OF 2015.								
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:							
AL, AK, AZ, AR, CA, CO, CT, GA, IL, KS, ME, MD, MA, MI, MN, MS, NH, NJ, NM,	NY, NC, ND, OH, OK, OR							
PA,TN,UT,VA,WA,WI,FL,KY,LA,RI,SC								
FORM 990, PART VI, SECTION C, LINE 19:								
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND							
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPO	N REQUEST.							
FORM 990, PART IX, LINE 11G, OTHER FEES:								
CONSULTING - COMPUTER/INTERNET:								
PROGRAM SERVICE EXPENSES	6,117.							
MANAGEMENT AND GENERAL EXPENSES	0.							
FUNDRAISING EXPENSES	0.							
TOTAL EXPENSES	6,117.							
CONSULTING - PROGRAM:								
PROGRAM SERVICE EXPENSES	28,767.							
MANAGEMENT AND GENERAL EXPENSES	0.							
FUNDRAISING EXPENSES	0.							
TOTAL EXPENSES	28,767.							

Name of the organization  RESTORE AMERICA'S ESTUARIES	Employer identification number 54-1965304
CONSULTING - CLIMATE CHANGE:	
PROGRAM SERVICE EXPENSES	179,073.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	179,073.
IT CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	17,927.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,927.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	231,884.
FORM 990, PART XII, LINE 2C: THE PROCESS WAS NOT CHANGED FROM PRIOR YEAR.	

# EXTENDED TO NOVEMBER 15, 2016

Form	990-T	E	Exempt Organization Bus			「ax Return	)	OMB No. 1545-0687
			(and proxy tax und		0045			
		For cal	endar year 2015 or other tax year beginning		, and ending		_ · l	2015
Depart	ment of the Treasury		▶ Information about Form 990-T and its instru	ctions i	s available at <i>www.ir</i> s.	gov/form990t.	L	
	Il Revenue Service	<b></b>	Do not enter SSN numbers on this form as it ma		501(c)(3) Organizations Only			
A L	Check box if address changed		Name of organization ( Lage Check box if name of	(Emp	loyer identification number bloyees' trust, see uctions.)			
B Ex	cempt under section	Print	RESTORE AMERICA'S ESTU	5	4-1965304			
	]501( <b>c</b> )(3)	_ or	Number, street, and room or suite no. If a P.O. bo	x, see ir	nstructions.			lated business activity codes instructions.)
	]408(e)220(e)	Туре	2300 CLARENDON BLVD.,				(000)	mati detiona.)
	408A 530(a)		City or town, state or province, country, and ZIP of	or foreig	n postal code			
	]529(a)		ARLINGTON, VA 22201				541	.800
C Boo	ok value of all assets		exemption number (See instructions.)	<b></b>				
			corganization type <b>X</b> 501(c) corporation		501(c) trust	401(a) trust		Other trust
			ary unrelated business activity. $ ightharpoonup$ ADVERT $ ightharpoonup$					
			oration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	<b>&gt;</b> L	Y	es X No
If "	Yes," enter the name	and iden	tifying number of the parent corporation.			7	0.2	F24 0240
			JEFF BENOIT		(A) Income	one number ► 7		(C) Net
			de or Business Income		(A) Illicollie	(B) Expellaca	)	(C) Net
	Gross receipts or sale Less returns and allo		c Balance	1c				
			A, line 7)	2				
3	Gross profit. Subtrac			3				
			h Schedule D)	4a				
			art II, line 17) (attach Form 4797)	4b				
			sts	4c				
5			ips and S corporations (attach statement)	5				
6	, , ,			6				
7	Unrelated debt-finance	ced incor	ne (Schedule E)	7				
8			and rents from controlled organizations (Sch. F)	8				
9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G	9				
			me (Schedule I)	10				
11	Advertising income (	Schedule	; J)	11				
			s; attach schedule)	12				
			gh 12	13	0.			
Pa			ot Taken Elsewhere (See instructions futions, deductions must be directly connected					
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15	Salaries and wages						15	
16	Repairs and mainter	nance .					16	
17							17	
18							18	
19	Taxes and licenses						19	
20			e instructions for limitation rules)				20	
21			562)				22b	
22 23			n Schedule A and elsewhere on return				23	-
24	Contributions to def	erred co	mpensation plans				24	
25			mponsulon plans				25	
26			chedule I)				26	
27	Excess readership of	osts (Sc	hedule J)				27	
28	Other deductions (a	ttach sch	nedule)				28	
29			es 14 through 28				29	0.
30	Unrelated business	taxable iı	ncome before net operating loss deduction. Subtra	ct line 2	9 from line 13		30	0.
31			(limited to the amount on line 30)				31	
32			ncome before specific deduction. Subtract line 31 f				32	0.
33			y \$1,000, but see line 33 instructions for exception				33	1,000.
34			income. Subtract line 33 from line 32. If line 33 is	•	•			
52370	line 32						34	0.

523701 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2015)

	II Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here   See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) [\$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000) \$		
C	Income tax on the amount on line 34	► 35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37	Proxy tax. See instructions		
38	Alternative minimum tax		
39	<b>Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies		0.
Part I	V Tax and Payments		
40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a		
	Other credits (see instructions) 40b		
	General business credit. Attach Form 3800 40c		
	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d		
	Total credits. Add lines 40a through 40d	40e	
41	Subtract line 40e from line 39		0.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	42	
43	Total tax. Add lines 41 and 42		0.
44 a	Payments: A 2014 overpayment credited to 2015		
	2015 estimated tax payments 44b		
	Tax deposited with Form 8868 44c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)  44d		
e	Backup withholding (see instructions)  44e		
f	Credit for small employer health insurance premiums (Attach Form 8941)  44f		
9	Other credits and payments: ☐ Form 2439 ☐ Other ☐ Total ► 44g ☐		
45	Total payments. Add lines 44a through 44g	45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	.   70	l
70		46	1
47			0.
47 48	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>4</b> 7	0.
48	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	► 47 ► 48	0.
48 49	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed         Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid         Enter the amount of line 48 you want: Credited to 2016 estimated tax         ▶       Refunded	<b>4</b> 7	
48 49 Part \	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)	47 48 49	0.
48 49 Part \ 1 At a	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  ■ Refunded  Statements Regarding Certain Activities and Other Information (see instructions)  In time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial	47 48 49 account (b	0.
48 49 Part \ 1 At a sec	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Refunded  Statements Regarding Certain Activities and Other Information (see instructions)  In time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities.	47 48 49 account (b	pank, Yes No
48 49 Part \ 1 At a sec	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Refunded  Statements Regarding Certain Activities and Other Information (see instructions)  In time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities.	47 48 49 account (b	oank, Yes No
48 49 Part \ 1 At a sec Acc 2 Duri If YE	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Findential theorem of the foreign country here   ong the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Statements Regarding Certain Activities and Other Information (see instructions)  Refunded  Refunded  Province Information (see instructions)	47 48 49 account (b	pank, Yes No
48 49 Part \ 1 At a sec Acc 2 Duri If YE 3 Enti	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Findential to the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  S, see instructions for other forms the organization may have to file.  The total of the total of the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  The total of the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  The total of the organization receive a distribution from the grantor of, or transferor to, a foreign trust?  The total of the organization receive a distribution from the grantor of, or transferor to, a foreign trust?  The total of the organization for other forms the organization may have to file.	47 48 49 account (b	oank, Yes No
48 49 Part V 1 At a sec Acc 2 Duri If YE 3 Entr	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Figure 15. See instructions for other forms the organization may have to file.  The provided HTML in the provided H	47 48 49 account (binancial	oank, Yes No
48 49 Part V 1 At a sec Acce 2 Duri If YE 3 Ente Scheo 1 Inve	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In ytime during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Figure 15. See instructions for other forms the organization may have to file.  The proof of Goods Sold. Enter method of inventory valuation  N/A  Inventory at end of year  Inventory at end of year	47 48 49 account (binancial	oank, Yes No
48 49 Part V 1 At a sec Acce 2 Duri if Yes 3 Ente Scheo 1 Inve	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other) in a foreign country lere  Tounts. If YES, enter the name of the foreign country here  Tounts and the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  State A - Cost of Goods Sold. Enter method of inventory valuation  N/A  Enterory at beginning of year  1 6 Inventory at end of year  7 Cost of goods sold. Subtract line 6	47 48 49 account (b nancial	oank, Yes No
48 49 Part V 1 At a sec 2 Duri If YE 3 Ente Scheo 1 Inve 2 Pur 3 Cos	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other of the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  St. see instructions for other forms the organization may have to file.  For the amount of tax-exempt interest received or accrued during the tax year   Statule A - Cost of Goods Sold. Enter method of inventory valuation   N/A  Cost of goods sold. Subtract line 6  Inventory at end of year  Chases  7 Cost of goods sold. Subtract line 6  From line 5. Enter here and in Part I, line 2	47 48 49 account (b nancial	pank, Yes No
48 49 Part V 1 At a sec 2 Duri If YE 3 Ente Scheo 1 Inve 2 Pur 3 Cos 4a Add	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other of the foreign country here  In year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  In year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  In year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  In year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  In year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  In year, did the organization from the foreign country there or the amount of tax-exempt interest received or accrued during the tax year.  In year, did the organization from the foreign country to a financial urities, or other forms the organization from trusty?  In year, did the organization from the foreign country to a financial urities, or other authority over a financial urities.  In year, did the organization from the foreign country to a financial urities, or other authority over a financial urities, or other forms the organization from the foreign country to a financial urities.  In year, did the organization from the foreign country for o	47 48 49 account (b nancial	oank, Yes No
48 49 Part V 1 At a sec 2 Duri If YE 3 Entr Schec 1 Inve 2 Pur 3 Cos 4a Add b Oth	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Figure 15. So the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2015 calendar year, did the organization may have to file FinCEN Form 114, Report of Foreign Bank and Figure 15. So the foliation of the foreign country here per 16. So the foliation of the foreign country here per 17. So the grantor of, or transferor to, a foreign trust?  Statements Regarding Certain Activities and Other Information (see instructions)  Refunded property in the constructions or other authority over a financial urities, or other in a foreign country or a financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114	47 48 49 account (bnancial	O .  Dank, Yes No  X  X  Yes No
48 49 Part V 1 At a sec 2 Duri If YE 3 Entr Schec 1 Inve 2 Pur 3 Cos 4a Add b Oth	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax    Refunded	47 48 49 account (binancial	oank, Yes No X X X
48 49 Part V 1 At a sec 2 Duri If YE 3 Entr Schec 1 Inve 2 Pur 3 Cos 4a Add b Oth 5 Tot	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Figure 15. So the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2015 calendar year, did the organization may have to file FinCEN Form 114, Report of Foreign Bank and Figure 15. So the foliation of the foreign country here per 16. So the foliation of the foreign country here per 17. So the grantor of, or transferor to, a foreign trust?  Statements Regarding Certain Activities and Other Information (see instructions)  Refunded property in the constructions or other authority over a financial urities, or other in a foreign country or a financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms the organization may have to file FinCEN Form 114	47 48 49 account (binancial	yes No  Yes No  Yes No  Yes No
48 49 Part V 1 At a sec 2 Duri If YE 3 Entr Scheo 1 Inve 2 Pur 3 Cos 4a Add b Oth 5 Tot	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owed  Description of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In the during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial furities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Figure 114. The provided in the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Statements Regarding Certain Activities and Other Information (see instructions)  In the tax year other Information (see instructions)  In the provided Information of which preparer has any knowledge.  In the provided Information of which preparer has any knowledge.	47 48 49 account (binancial	Yes No  Yes No  Yes No  Yes No  One of the control
48 49 Part V 1 At a sec 2 Duri If YE 3 Entr Schec 1 Inve 2 Pur 3 Cos 4a Add b Oth 5 Tot	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other forms of the foreign country here  In the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  State instructions for other forms the organization may have to file.  In the amount of tax-exempt interest received or accrued during the tax year   In the amount of tax-exempt interest received or accrued during the tax year   In the amount of tax-exempt interest received or accrued during the tax year   In the amount of tax-exempt interest received or accrued during the tax year   In the amount of tax-exempt interest received or accrued during the tax year   In the amount of tax-exempt interest received or accrued during the tax year   In the amount of tax-exempt interest received or accrued during the tax year   In the grantor of the foreign trust?  Cost of goods sold. Subtract line 6  Inventory at end of year  Cost of goods sold. Subtract line 6  In the foreign trust?  Cost of goods sold. Subtract line 6  In the foreign trust?  Cost of goods sold. Subtract line 6  In the foreign trust?  Cost of goods sold. Subtract line 6  In the foreign trust?  Cost of goods sold. Subtract line 6  In the foreign trust?  Cost of goods sold. Subtract line 6  In the foreign trust?  Cost of goods sold. Subtract line 6  In the f	47 48 49 account (binancial) 6 7 May the IRsthe prepare	Yes No  Yes No  Yes No  Yes No  Gank, Yes No  Yes No  Yes No  S discuss this return with er shown below (see
48 49 Part V 1 At a sec 2 Duri If YE 3 Entr Scheo 1 Inve 2 Pur 3 Cos 4a Add b Oth 5 Tot	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial urities, or other) in a foreign country here  In yes, enter the name of the foreign country here  In yes, enter the name of the foreign country here  In yes, enter the name of the foreign country here  In year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  In year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  In year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  In year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  In year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  In year, did the organization was a financial unities, or other forms the organization was a financial unities.  In year, did the organization was a financial unities and statements and to the best of my leading accompanying schedules and statements, and to the best of my leading accompanying schedules and statements, and to the best of my leading accompanying schedules and statements, and to the best of my leading accompanying schedules and statements, and to the best of my leading accompanying	47 48 49 account (binancial) 6 7 mowledge at the prepare instructions	Yes No  Yes No  Yes No  S discuss this return wither shown below (see s)? X Yes No
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48 49 Part V 1 At a sec Acce 2 During Yell 3 Enter 1 Inverse 2 Pur 3 Cos 4a Add b Oth 5 Tot Sign Here Paid Prepare	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax  Note that I have a summer or a signature or other authority over a financial surities, or other) in a foreign country? If YES, the organization have an interest in or a signature or other authority over a financial surities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Finder of the foreign country here  Nounts. If YES, enter the name of the foreign country here  If YES, enter the name of the foreign country here  If YES, enter the name of the foreign country here  If YES, enter the name of the foreign country here  If YES, enter the name of the foreign country here  If YES, enter the name of the foreign country here  If YES, enter the name of the foreign country here  If YES, the organization may have to file find the organization from, or was it the grantor of, or transferor to, a foreign trust?  If YES, enter the name of the foreign country here  If YES, the organization may have to file find the organization from or was it the grantor of, or transferor to, a foreign trust?  If YES, enter the name of the foreign country here  If YES, the organization from the grantor of, or transferor to, a foreign trust?  If YES, the organization from the fact the grantor of, or transferor to, a foreign trust?  If YES, the organization from the fact the grantor of, or transferor to, a foreign trust?  If YES, the organization from the grantor of, or transferor to, a foreign trust?  If YES, the organization from the grantor of, or transferor to, a foreign trust?  If YES, the organization from the fact the grantor of, or transferor to, a foreign trust?  If YES, the organization from the grantor of, or transferor to, a foreign trust?  If YES, the organization from the grantor of, or transferor to, a foreign trus	47 48 49 account (brancial  6 7  May the IRst the preparetinstructions if PTIII ed P	Yes No  Yes No  Yes No  Yes No  Yes No  No  Yes No  Yes No
48 49 Part V 1 At a sec Accc 2 During YE 3 Enter Scheo 1 Inver 2 Pur 3 Cos 4a Add b Oth 5 Tot Sign Here	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax   Note that I have a subject to the formal of line 48 you want: Credited to 2016 estimated tax  Note that I have a subject to the formal of line 48 you want: Credited to 2016 estimated tax  Note that I have a subject to the formal of line 48 you want: Credited to 2016 estimated tax  Note that I have a subject to the formal of line 48 you want: Credited to 2016 estimated tax  Note that I have a subject to the formation (see instructions)  Note that year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Note that year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Note that year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Note that year, did the organization received or accrued during the tax year should be a subject to the organization of other forms the organization may have to file.  I have that year the grantor of, or transferor to, a foreign trust?  See instructions for other forms the organization may have to file.  I have the grantor of transferor to, a foreign trust?  See instructions for other forms the organization may have to file.  I have the grantor of, or transferor to, a foreign trust?  See instructions for other forms the organization received or accrued during the tax year should be grantor of transferor to, a foreign trust?  See instructions for other forms the organization received or accrued during the tax year should be grantor of the grantor of the grantor of trust.  See instructions for other forms the organization received or accrued during the tax year should be grantor of trust.  See instructions for other forms the organization received or accrued d	47 48 49 account (brancial  6 7  May the IRst the preparetinstructions if PTIII ed P	Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  No  Yes No  Yes No
48 49 Part V 1 At a sec Acce 2 During Yell 3 Enter 1 Inverse 2 Pur 3 Cos 4a Add b Oth 5 Tot Sign Here Paid Prepare	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2016 estimated tax    Refunded     Statements Regarding Certain Activities and Other Information (see instructions) into time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Fince to the foreign country here	47 48 49 account (brancial acc	Yes No  Yes No  Yes No  Yes No  Yes No  No  Yes No  Yes No

523711 01-06-16

Schedule C - Rent Inco	me (Fr	om Real F	roper	ty and	l Personal	Propert	y Lease	d With Real P	rope	erty)(see instructions)
Description of property										
(1)										
(2)										
(3)										
(4)	2	Dant received		1						
(a) From personal property (if	the percent				nd personal proper	ty (if the pero	ontogo	3(a) Deductions dire	ectly co	nnected with the income in
rent for personal property 10% but not more th	is more than		of	rent for pe	ersonal property ex	ceeds 50% of	or if	columns 2(	a) and 2	2(b) (attach schedule)
(1)										
(2)										
(3)										
(4) Total		0.	Total				0.			
(c) Total income. Add totals of col	umns 2(a)							(b) Total deduction	S.	
here and on page 1, Part I, line 6, o	column (A)	i anu 2(b). Linto )	<b>'</b> ▶					Enter here and on page Part I, line 6, column (B)	1,	0.
Schedule E - Unrelated	Debt-	Financed	Incom	<b>e</b> (see i	nstructions)		• • •	(= ,		
				(	· ·			3. Deductions directly		
					2. Gross inc	come from to debt-	(2)	to debt-fi		· · ·
1. Description of	debt-finance	ed property			financed		(a) S	Straight line depreciation (attach schedule)	۱	<ul><li>(b) Other deductions (attach schedule)</li></ul>
(1)										
(2)										
(3)										
(4)									_	
<ol> <li>Amount of average acquisition debt on or allocable to debt-finance property (attach schedule)</li> </ol>	ed	debt-financ	cable to		<b>6.</b> Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						9/	,			
(2)						%	0			
(3)						%	0			
(4)						%	0			
								ter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals							▶		0.	0.
Total dividends-received deduct	ions includ	ded in column 8	3	·····	·····	·····			▶	0.
Schedule F - Interest, F	Annuitie	es, Royalti						izations (see i	nstru	ctions)
				Exemp	t Controlled O	rganizatio		1-		1 -
Name of controlled organizati	ion	<b>2.</b> Employer iden numbe	tification r		3. related income see instructions)	Total o	4. of specified ents made	5. Part of column included in the cororganization's gross	ntrolling	connected with income
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income		unrelated income see instructions)	(loss)	<b>9.</b> Tot	tal of specified pay made	ments	in the contr	olumn 9 that is included olling organization's oss income	11.	Deductions directly connected with income in column 10
(1)									1	
(2)										
(3)										
(4)										
							Enter here a	lumns 5 and 10. and on page 1, Part I, 8, column (A).	Er	Add columns 6 and 11.  Iter here and on page 1, Part I,  line 8, column (B).
Totals								0.		0.
Totals									' L	<b>U</b> •

Schedule G - Investme (see instr		Section (	501(c)(7	7), (9), or (17) Oı	rganizat	ion		-
1. Description of income				2. Amount of income	3. Ded directly of (attach s	onnected	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
				Enter here and on page 1, Part I, line 9, column (A).		1		Enter here and on page 1, Part I, line 9, column (B).
			<b>&gt;</b>	0.	_			0.
Schedule I - Exploited (see instru		/ Income	, Other	Than Advertis	ing Inco	ome		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper directly con with produ of unrela business in	nected uction uted	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross from act is not u business	ivity that nrelated	<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2) (3)								
(3)								
(4)								
Tatala	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, F line 10, co	art I,					Enter here and on page 1, Part II, line 26.
Schedule J - Advertisi		inate (ations)						<u> </u>
	Periodicals Rep			colidated Basis				
Part I Income From I	- enouicais nep	orted on	a 00118		'			
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(2) (3)								
(4)								
Totals (carry to Part II, line (5)) Part II   Income From I		0.	0.				D-411 611 i-	0.
	7 on a line-by-line ba		а Зера	Hate Dasis (For	each pend	dicai listed in i	art II, IIII IN	
1. Name of periodical	<b>2.</b> Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		rculation come	3. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(1) (2) (3)								
(3)								
(4)								
Totals from Part I	▶	0.	0 .	•	_			0.
	Enter here and o page 1, Part I, line 11, col. (A)	page	ere and on 1, Part I, 1, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶	0.	0	•				0.
Schedule K - Compens	sation of Office	rs, Direct	ors, an	d Trustees (see	instructio	ns)		
1. N	lame			2. Title		<ol> <li>Percent of time devoted to business</li> </ol>		ensation attributable related business
(1)							%	
(2)							%	
(3)							%	
(4)							%	
Total. Enter here and on page 1, P	art II, line 14						<u> </u>	0.
	,							Form <b>QQO_T</b> (2015)

523731 01-06-16

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STATE COPY

RESTORE AMERICA'S ESTUARIES 2300 CLARENDON BLVD., NO. 603 ARLINGTON, VA 22201

VIRGINIA DEPT. OF TAXATION P.O. BOX 1500 RICHMOND, VA 23218-1500

#### **FORM 500**

Department of Taxation PO Box 1500 Richmond, VA 23218-1500

# 2015 Virginia Corporation Income Tax Return



		•	this form only if you have an approve					Official Use Only		
SHO	ORT Year Filer: Beginning Date  Short Year Return Change in Accountin		; Ending Date				•			
L Rv	checking the box to the right, I (we) authorize	•	ant to discuss this return with the I	ındersia	ned nren	aror	<b>→</b> [	X		
FEI		пе Берапп	ent to discuss this return with the t	indersig						
5	54-1965304					Chec	k all tha	at apply:		
Na	me						Initial	Filer		
							Name	Change		
	RESTORE AMERICA'S ESTUA	RIES					Mailin	ng Address Ch	nange	
l	illing Address						Physic	cal Address C	hange	
	2300 CLARENDON BLVD., NO	o. 603					State	ZIP Code		
	ARLINGTON ysical Address (if different from Mailing Address)					Entity 1	VA Type Code	22201		
	, coar, taarooo (ir ameron nom maining, taarooo,					ΝZ				
Ph	ysical City or Town			State	ZIP Code	ΝΔ		NAICS		
								541620		
Da	te Incorporated State or Country of Incorporatio	n	Description of Business Activity					311020		
1	L2/06/1999   VIRGINIA		ADVERTISING							
		Fire I De								
	Check Applicable Boxes	Final Re	eturn		orporate	e rei	ecommi	unications Co	mpany	
	Consolidated - Sch. 500AC Attached	☐ Final	Return - Check here and applicabl	le Er	nter amou	unt fro	om Form	500T, Line 7:		
	Combined - Sch. 500AC Attached	boxes	s below.						.00	
	Change in Filing Status	Wit	thdrawn	N	loncorpo	orate	Telecor	mmunications	:	
	Multistate Sch. 500A Attached	Dis	solved - No longer liable for tax.	C	Company	C	heck bo	x and enter	_	
	Schedule 500AB Attached		solved Date	.   a	mount fr	om F	orm 500	T, Line 10: L		
	X Nonprofit Corporation		rged			.00 ric Supplier Company				
			rger Date	.   _						
			rged FEIN #	.   <sup>Er</sup>	nter amou	unt fro	om Sch.	500EL, Line 7		
			Corp Effective						.00_	
	Amended Return		Amended Return - Check here an	ıd [	Nonr	efun	dable or	Refundable		
	Complete Form 500 and Schedule 500ADJ.		other applicable boxes.	_			ange			
	Attach an explanation of changes to income		Federal Audit - Attach				_	Changes		
	and modifications.		copy of IRS final determination.		Capi	tal Lo	oss Carr	yback		
	DO NOT FILE THIS FORM TO CARRY BAC	KA 🗌	Schedule 500A Changes		Othe	r - At	tach exp	lanation.		
	NET OPERATING LOSS. File Form 500NOL	.D	Schedule 500ADJ Changes							
	Questions and Related Information									
_										
Α	Have you made any payments to an affiliated		· ·	•		-	•	•		
	related to intangible property (patents, trader									
R	Coalfield Employment Enhancement Tax C		er Exception amount from Schedu	uie SOUA	Ab, Line				.00	
l	If a net operating loss deduction was claimed		·	(1)	Year of lo					
ľ	U.S. Corporation Income Tax Return, provide		•		Federal N				.00	
	from a merger, enter the FEIN of the compan	•		٠,	Percent of		eral		.00	
	FEIN	, generaling	and the prior to the morger date.	. ,	NOL use				%	
	(If there are NOLs for more than one year, attach a	schedule for e	ach year with the information requested				•			
D	If Pass-Through Entity Withholding is claimed	l, enter the n	umber of Schedule		•					
	VK-1s and complete and attach Schedule 50	0ADJ, Page 2	2.					D		
E	Has your federal income tax liability been red	etermined wi	ith the IRS and finalized for any pric	or year(s)	) that		Ye	<b>D</b> ear <b>E</b>		
	has not previously been reported to the Depa				<i>-</i>		Ye	ear		
F	Location of Corporation's books 230	U CLARE	ENDON BOULEVARD, S	UITE	603	, A	RL Y	ear		
	Control for Composation to the color TERR 1		On the U	Db a *!	laala		702	E 2 4 0 2 4	0	
ĺ	Contact for Corporation's books <b>JEFF</b>	PFNOT.I.	Contact I	rnone N	ıumber		103-	524-024	O	

#### 2015 Virginia Form 500

FEIN 54-1965304

Page 2



#### INCOME

1	Federal taxable income (from attached federal return)	1	0.00
	Total additions from Schedule 500ADJ, Section A, Line 7		.00
3	Total (add Lines 1 and 2)	3	.00
	Total subtractions from Schedule 500ADJ, Section B, Line 10		.00
5	Balance (subtract Line 4 from Line 3)	5	.00
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)	6	.00
7	Virginia taxable income (subtract Line 6 from Line 5)	7	.00
T	AX COMPUTATION		
8	Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.	0/5)	20
	(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)		
	(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)		
	(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)		.00
	(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	. 8(d)	.00
9	Income tax (6% of Line 7 or 6% of Line 8(a))	9	0.00
P	AYMENTS AND CREDITS		
10	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139	10	.00
11	Adjusted corporate tax (subtract Line 10 from Line 9)	11	.00
12	2015 estimated Virginia income tax payments including overpayment credit from 2014	12	.00
	Extension payment		.00
14	Refundable tax credits from Schedule 500CR, Part XXXV, Line 147	14	.00
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D	15	.00
16	Total payments and credits (add Lines 12 through 15)	16	.00
RI	EFUND OR TAX DUE		
17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	.00
18	Penalty (see Instructions)	18	.00
	Interest (see Instructions)		.00
	Additional charge from Form 500C, Line 17 (attach Form 500C)		.00
	Total due (add Lines 17 through 20)		.00
	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)		.00
	Amount to be credited to 2016 estimated tax		.00
24	Amount to be refunded (subtract Line 23 from Line 22)	24	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date	Signature of Officer		Title PRESIDENT AND CEO
Printed Name of Officer JEFFREY BEN	OIT		Phone Number
	Firm Name ANDREW YOUNG CPA COMPANY, CPA, P.C		Phone Number 703-535-1200
Date	Individual of Firm, Signature of Preparer		700 NORTH FAIRFAX ST, SUITE IA, VA 22314
Preparer's FEIN, PTIN or SS $P01203950$	SN	Approved Vendor Cod	de 1019

### 2015 Virginia Schedule 500FED

### Schedule of Federal Line Items



 $_{\text{FEIN}}\ 54-1965304$ Name as shown on Virginia return RESTORE AMERICA'S ESTUARIES Form 1120, Deductions and Taxable Income Domestic Production Activities Deduction 2. Federal Taxable Income before NOL and Special Deductions .00 3. Net Operating Loss Deduction 4. Special Deductions 4 5. Federal Taxable Income after NOL and Special Deductions 5 Form 1120, Schedule C, Dividends and Special Deductions 6. Subpart F Income 6 \_\_\_\_\_\_6 Form 1120, Schedule K or M-3 8. Tax Exempt Interest 8 .00 Form 5884 9. Salaries and Wages not deducted due to the WOTC 9 .00 Form 4562, Special Depreciation Allowance and Other Depreciation 10. Special depreciation allowance for qualified property placed in service during the taxable year \_\_\_\_\_\_\_\_10 \_\_\_\_\_\_\_ .00 11. Property subject to 168(f)(1) election 11 .00 .00 Form 1118, Schedule A, Income or Loss Before Adjustments-Gross Income or Loss 13. Total: Deemed Dividends (Exclude Gross-up) .00 14. Total: Deemed Dividend (Gross-up) .00 .00 15. Total: Other Dividends (Exclude Gross-up) 15 .00 16. Total: Other Dividends (Gross-up) 16 .00 17. Total: Interest .00 .00 .00 20. Total: Other 20 \_\_\_ .00 Form 1118, Schedule A, Income or Loss Before Adjustments-Deductions 22. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses -.00 23. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses -.00 Other Expenses 23 \_\_\_ 24. Total: Definitely Allocable - Expenses Related to Gross Income from .00 Performance of Services 24 25. Total: Definitely Allocable - Other Definitely Allocable Deductions 25 26. Total: Total Definitely Allocable Deductions \_\_\_\_\_\_\_ 26 \_ .00 27. Total: Apportioned Share of Deductions not Definitely Allocable \_\_\_\_\_\_ 27 \_\_ .00 .00 28. Total: Net Operating Loss Deduction 28 29. Total: Total Deductions \_\_\_\_\_\_\_ 29 \_ Form 1118, Schedule A, Income or Loss Before Adjustments-Total Income .00

Attach Schedule 500FED to Your Virginia Corporation Return, Form 500.

Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.

08-20-15 1019

Va. Dept. of Taxation 2601002 REV 08/15

VA-8879C Virginia Department of Taxation

# Virginia Corporation Income Tax e-file Signature Authorization

Tax Year **2015** 

# DO NOT SEND THIS VA-8879C TO THE VA DEPT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number						
RESTORE AMERICA'S ESTUARIES	54-1965304						
Part I Tax Return Information							
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.						
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.						
3. Income tax (Form 500, Page 2, Line 9)	3.						
4. Total payments and credits (Form 500, Page 2, Line 16)	4.						
5. Total due (Form 500, Page 2, Line 21)	5.						
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.						
Part II Declaration and Signature Authorization of Officer							
return and accompanying schedules and statements and to the best of my knowledge and belief, it is true that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Servicin Part I above agrees with the information and amounts shown on the corresponding lines of the corpora balance due return, I authorize the Virginia Department of Taxation and its designated Financial Agent to entry to the financial institution account indicated on the 2015 Virginia income tax return for payment of sauthorize the financial institutions involved in the processing of the electronic payment of taxes to receive answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly the territorial jurisdiction of the United States at any point in the process.  I understand that if the Virginia Department of Taxation does not receive full and timely payment of the talliable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Interromplete return to the Virginia Department of Taxation. I have selected a personal identification number (lelectronic income tax return.  Officer's e-File PIN: check one box only	I understand that if the Virginia Department of Taxation does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to the Virginia Department of Taxation. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.						
I authorize the ERO named below to enter my e-File PIN as my signature on the c corporation income tax return.	orporation's 2015 electronic Virginia						
ERO Firm Name							
I will enter my e-File PIN as my signature on the corporation's 2015 electronic Virginia corporation if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. To	•						
Your Signature	Date						
Part III Certification and Authentication							
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN.  546724123  Do not enter all 2	152 reros						
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2015 Virginia corcorporation indicated above. I confirm that I am submitting this return in accordance with the requirement have followed all other requirements as specified by the Department. ERO's may sign the form using a rul a signature pen, or computer software program.  ERO's Signature	ts of the Practitioner PIN method and						

Form VA-8879C (REV 10/15)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

A For the 2015 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

RESTORE AMERICA'S ESTUARIES   Doing business as   Doing business	<b>B</b> (	Check if upplicable	C Name of organization	D Employer identific	cation number					
Display   Dis		∏Addres	S DECMODE AMEDICA'S ECMITADIES							
Number and street (or P.D. bee if mails and delivered to street address)   Room(sulte   Room(s		□Name			065304					
2300 CLARENDON BLVD.   603   703-524-0248	F	∏Initial		<del>-  </del>						
City or town, state or province, country, and 2IP or foreign postal code   City or town, state or province, country, and 2IP or foreign postal code   City or town, state or province, country, and 2IP or foreign postal code   City or town   Cit	F	=								
ARLINGTON, VA 22201		/return -termin	<u> </u>							
Figure 2016   SAME AS C ABOVE   SAME AS C ABOVE				<u> </u>						
SAME AS C ABOVE   Holp xeal subcontaines inclusion:   Yes   No   Mebatte:   WWW.ESTUARIES.ORG   Holp xear subcontaines		Applica								
Tax-exempt status: XL   501(c)(3)		⊥tion pendin	G ANT AC C AROVE							
WWW. ESTUARIES.ORG   Hick Group exemption number   Kerm of organization: XJ Corporation   Trust   Association   Other   Lyear of formation: 1999   M State of legal domicile: VEP   Part   Summary	_	F=1/ =1/=		<del></del>						
Part   Summary				<del></del> ,						
Briefly describe the organization's mission or most significant activities: TO PRESERVE THE NATION'S NETWORK OF ESTUARIES BY PROTECTING AND RESTORING THE LANDS AND WATERS    Check this box   I   If the organization discontinued its operations or disposed of more than 25% of its net assets.										
Briefly describe the organization's mission or most significant activaties. TO PRESERVE THE NATION'S NETWORK OF ESTUARIES BY PROTECTING AND RESTORING THE LANDS AND WATERS    Check this box   Lift the organization discontinued its operations or disposed of more than 25% of its net assets.				ear or formation. ± 5 5 7 N	1 State of legal doffliche. VII					
OF ESTUARIES BY PROTECTING AND RESTORING THE LANDS AND WATERS  2 Check this box ▶				RVE THE NATIO	N'S NETWORK					
Notinized indisperiously interpreted to the governing body Part Vi, line 2a)   5   5   5   5   5   5   5   5   5	ance		OF ESTUARIES BY PROTECTING AND RESTORING THE	LANDS AND WA	TERS					
Notinized indisperiously interpreted to the governing body Part Vi, line 2a)   5   5   5   5   5   5   5   5   5	ern	2 (	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of m	nore than 25% of its net as						
Notinized indisperiously interpreted to the governing body Part Vi, line 2a)   5   5   5   5   5   5   5   5   5	Š	1								
Solution		4	Number of independent voting members of the governing body (Part VI, line 1b)							
Solution	es									
Solution	ĭ									
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total assets (Part IX, column (A), line 12) 20 Total assets (Part IX, column (A), line 12) 20 Total assets (Part IX, column (A), line 12) 21 Total liabilities (Part IX, column (A), line 25) 22 Net assets or fund balances. Subtract line 18 from line 12 21 Total liabilities (Part IX, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Part II Signature Block 26 Preparer   Preparer's signature   Preparer's signature	Act									
8   Contributions and grants (Part VIII, line 1h)   2,407,943   1,752,257     9   Program service revenue (Part VIII, line 2g)   991,137   82,860     10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   8,326   6,335     11   Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   0   100     12   Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)   3,407,406   1,841,552     13   Grants and similar amounts paid (Part IX, column (A), lines 13)   1,446,810   740,331     14   Benefits paid to or for members (Part IX, column (A), lines 4)   0   0   0     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1,037,314   786,047     16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0     17   Other expenses (Part IX, column (A), line 11e)   0   0   0     18   Total expenses (Part IX, column (A), line 11e)   0   0   0     19   Revenue less expenses (Part IX, column (A), line 11e)   0   0   0     18   Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   138,937   783,604   479,243     19   Revenue less expenses. Subtract line 18 from line 12   139,678   -164,069     20   Total assets (Part X, line 16)   139,678   -164,069     21   Total liabilities (Part X, line 26)   1,034,883   873,922     22   Part II   Signature Block   1,034,883   873,922     Part II   Signature Block   1,034,883   873,922     Part II   Signature Block   1,034,883   873,922     Part II   Signature of officer   Date   1,034,883   Priparer's signature   Preparer's name   Preparer's signature   Preparer's signature   Prim Signature		b l	Net unrelated business taxable income from Form 990-T, line 34	7b						
9										
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ě									
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	en	1								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Rev	1	ī							
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)			·	-						
14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1,037,314. 786,047.   16a Professional fundraising ees (Part IX, column (A), line 11e)   0. 0. 0.   17 Other expenses (Part IX, column (D), line 25)   138,937.   18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   783,604. 479,243.   18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   3,267,728. 2,005,621.   19 Revenue less expenses. Subtract line 18 from line 12   139,678164,069.   20 Total assets (Part X, line 16)   1,074,158.   21 Total liabilities (Part X, line 26)   1,034,883. 873,922.   22 Net assets or fund balances. Subtract line 21 from line 20   1,034,883. 873,922.   23 Part II   Signature Block   24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.   25 Signature of officer   Date   26 Date   PrintType preparer's name   Preparer's signature   Date   Date   PrintType preparer's name   Preparer's signature   Preparer's signature   PrintType preparer's										
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										
16a Professional fundraising fees (Part IX, column (A), line 11e)										
To the expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Print/Type or print name and title  Print/Type preparer's name  ANDREW YOUNG CPA  Firm's name  RENNER AND COMPANY, CPA, P.C  Firm's name  RENNER AND COMPANY, CPA, P.C  Firm's saddress  700 NORTH FAIRFAX ST, SUITE 400  ALEXANDRIA, VA 22314  Phone no.703-535-1200	ses									
To the expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Print/Type or print name and title  Print/Type preparer's name  ANDREW YOUNG CPA  Firm's name  RENNER AND COMPANY, CPA, P.C  Firm's name  RENNER AND COMPANY, CPA, P.C  Firm's saddress  700 NORTH FAIRFAX ST, SUITE 400  ALEXANDRIA, VA 22314  Phone no.703-535-1200	ē	1	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
To the expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  Print/Type or print name and title  Print/Type preparer's name  ANDREW YOUNG CPA  Firm's name  RENNER AND COMPANY, CPA, P.C  Firm's name  RENNER AND COMPANY, CPA, P.C  Firm's saddress  700 NORTH FAIRFAX ST, SUITE 400  ALEXANDRIA, VA 22314  Phone no.703-535-1200	Ϋ́	1		702 604	470 242					
19   Revenue less expenses. Subtract line 18 from line 12   139,678    -164,069	_		·	703,004.	2 005 621					
Beginning of Current Year   End of Year   1,204,517.   1,074,158.   169,634.   200,236.   22   Net assets (Part X, line 26)   169,634.   200,236.   22   Net assets or fund balances. Subtract line 21 from line 20   1,034,883.   873,922.   Part II   Signature Block    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here   Date   Date    Print/Type preparer's name   Preparer's signature   Preparer's signature   Preparer's signature   Print/Type preparer's name   Preparer's signature   Preparer's signature   Preparer's signature   Prim's name   RENNER AND COMPANY, CPA, P.C   Firm's EIN   54-1498950   Phone no.703-535-1200										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    JEFFREY BENOIT, PRESIDENT AND CEO	_ S	19	Revenue less expenses. Subtract line 18 from line 12	-						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    JEFFREY BENOIT, PRESIDENT AND CEO	ts o		5		End of Year					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    JEFFREY BENOIT, PRESIDENT AND CEO	sse Bala	20								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    JEFFREY BENOIT, PRESIDENT AND CEO	let A	21								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Date  JEFFREY BENOIT, PRESIDENT AND CEO Type or print name and title  Print/Type preparer's name ANDREW YOUNG CPA ANDREW YOUNG CPA Firm's name RENNER AND COMPANY, CPA, P.C Firm's EIN Firm's address 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314 Phone no. 703-535-1200		rt II		1,034,003.	0/3,344.					
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JEFFREY BENOIT, PRESIDENT AND CEO Type or print name and title  Print/Type preparer's name ANDREW YOUNG CPA Preparer Firm's name RENNER AND COMPANY, CPA, P.C Firm's address 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314  Phone no. 703-535-1200				tamente, and to the heet of m	v knowledge and helief it is					
Sign Here    Signature of officer		•		·	y Kilowicago alla bollol, it is					
Here  JEFFREY BENOIT, PRESIDENT AND CEO  Type or print name and title  Print/Type preparer's name ANDREW YOUNG CPA ANDREW YOUNG CPA Firm's name RENNER AND COMPANY, CPA, P.C Firm's address 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314  Proparer 400 Phone no. 703-535-1200	uuo	, 001100	, and complete. Decidation of preparer (other than officer) is based on all information of which prepare	aror nas arry knowledge.						
Here  JEFFREY BENOIT, PRESIDENT AND CEO  Type or print name and title  Print/Type preparer's name ANDREW YOUNG CPA ANDREW YOUNG CPA Firm's name RENNER AND COMPANY, CPA, P.C Firm's address 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314  Proparer 400 Phone no. 703-535-1200	Sia	,	Signature of officer	I Date						
Type or print name and title  Print/Type preparer's name ANDREW YOUNG CPA ANDREW YOUNG CPA ANDREW YOUNG CPA Firm's name RENNER AND COMPANY, CPA, P.C Firm's address 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314 Phone no. 703-535-1200		I	▲ JEFFREY BENOIT, PRESIDENT AND CEO							
Paid ANDREW YOUNG CPA ANDREW YOUNG CPA   firm's name   RENNER AND COMPANY, CPA, P.C   Firm's address   700 NORTH FAIRFAX ST, SUITE 400   ALEXANDRIA, VA 22314   Phone no. 703-535-1200	1101	<b>`</b>								
Paid         ANDREW         YOUNG         CPA         ANDREW         YOUNG         CPA         If it m's name         PO1203950           Preparer         Firm's name         ▶ RENNER AND COMPANY, CPA, P.C         Firm's EIN ▶ 54-1498950           Use Only         Firm's address ► 700 NORTH FAIRFAX ST, SUITE 400         Phone no.703-535-1200			Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Preparer   Firm's name   RENNER AND COMPANY, CPA, P.C   Firm's EIN   54-1498950   Use Only   Firm's address   700 NORTH FAIRFAX ST, SUITE 400   ALEXANDRIA, VA 22314   Phone no.703-535-1200	Paid	P01203950								
Use Only Firm's address 700 NORTH FAIRFAX ST, SUITE 400 ALEXANDRIA, VA 22314 Phone no. 703-535-1200					-					
ALEXANDRIA, VA 22314 Phone no. 703 – 535 – 1200				7 2						
		-		Phone no. 70	3-535-1200					
may the file disease this retain with the preparer shown above: (see instructions)	May	/ the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No					

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  RESTORE AMERICA'S ESTUARIES' MISSION IS TO PRESERVE THE NATION'S
	NETWORK OF ESTUARIES BY PROTECTING AND RESTORING THE LANDS AND WATERS
	ESSENTIAL TO THE RICHNESS AND DIVERSITY OF COASTAL LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 831,031. including grants of \$ 740,331.) (Revenue \$1,065,958.)
	COMMUNITY-BASED COASTAL HABITAT RESTORATION: RESTORE AMERICA'S
	ESTUARIES (RAE) AND ITS ALLIANCE MEMBERS HAVE WORKED SINCE 1996 TO
	RESTORE OUR NATION'S CRITICAL COASTAL AREAS AND BRING THEM BACK TO
	LIFE. THROUGH ITS COMMUNITY-BASED RESTORATION PROGRAM (CRP), RAE JOINS
	WITH GOVERNMENT AGENCIES, CORPORATION, CIVIC ORGANIZATIONS, SCIENTISTS,
	AND LOCAL VOLUNTEERS ON RESTORATION PROJECTS WITH TANGIBLE IMPACTS.
	AMONG OUR GOALS ARE THE RETURN OF ABUNDANT FISHERIES, STRONG LOCAL
	ECONOMIES, AND SHORELINES THAT ARE RESILIENT TO STORMS AND FLOODING.
	RAE'S CRP HAS FUNDED HUNDREDS OF LOCAL RESTORATION PROJECTS THROUGHOUT
	THE UNITED STATES, ACHIEVING REAL RESULTS, ENGAGING PEOPLE IN THEIR
	COMMUNITIES, AND GIVING THEM A LIFELONG DESIRE TO RESTORE OUR COASTS.
4b	(Code:) (Expenses \$496,513. including grants of \$) (Revenue \$408,144.)
	COASTAL BLUE CARBON INITIATIVE: COASTAL WETLAND ECOSYSTEMS, SUCH AS SEA
	GRASS BEDS, MANGROVES, SALT MARSH, AND OTHER TIDAL WETLANDS, REMOVE
	CARBON DIOXIDE FROM THE ATMOSPHERE AND STORE CARBON IN WETLAND SOILS.
	RAE'S BLUE CARBON INITIATIVE SEEKS TO INCREASE PUBLIC AND PRIVATE
	INVESTMENT IN AND PRIORITIZATION OF ESTUARY HABITAT RESTORATION THROUGH
	THE RECOGNITION OF THE CLIMATE MITIGATION VALUES OF THESE HABITATS.
	161 010
4c	
	LIVING SHORELINES SUMMIT - THE SUMMIT WAS A TWO-DAY WORKING MEETING
	FOCUSED ON HIGHLIGHTING THE LATEST ADVANCEMENTS IN LIVING SHORELINES
	RESEARC, IMPLEMENTATION, AND POLICY, AS WELL AS PROMOTING DIALOGUE AND
	ADDRESSING BARRIERS TO IMPLEMENTATION. THERE WAS AN ENERGIZING MIX OF
	PRESENTATION AND FACILITATED BREAKOUT SESSIONS DESIGNED TO BROADEN
	PARTICIPANTS' ABILITY TO IMPLEMENT PROJECTS AND PROGRAMS MORE
	EFFECTIVELY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 292,556 • including grants of \$ ) (Revenue \$ 45,099 •)
<u>4e</u>	Total program service expenses ► 1,781,112.

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	x	
•	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-25	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40:		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		21
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2015)

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	Х	
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 25a	24a		<u>X</u>
b	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		_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			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	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			37
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
••	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
	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			v
	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 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2015)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ib   °			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			77	
	(gambling) winnings to prize winners?	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	٥			
	filed for the calendar year ending with or within the year covered by this return		1	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the last one is reported on line 2a, did the organization file all required federal employment tax returns the last one is reported on line 2a, did the organization file all required federal employment tax returns the last one is reported on line 2a, did the organization file all required federal employment tax returns the last one is reported on line 2a, did the organization file all required federal employment tax returns the last of the last one is reported on line 2a, did the organization file all required federal employment tax returns the last of the last		2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				v
3a	-		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		40		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		
D	If "Yes," enter the name of the foreign country:	accurate (FDAD)			
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5a 5b		X
b			5c		- 22
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6a		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribut		- Oa		
b	were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	l I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	ا بدا			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
10-	amounts due or received from them.)	11b	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?   <b>12b</b>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ובט			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		isa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
D	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
				990	(2015)

532005 12-16-15

15390823 783690 1215-001 2015.04020 RESTORE AMERICA'S ESTUARIES 1215-001

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.

		. 000 1	iotraotrorio.			X			
C	Check if Schedule O contains a response or note to any line in this Part VI					Δ			
sec	tion A. Governing Body and Management								
		ا ا	11		Yes	No			
та	Enter the number of voting members of the governing body at the end of the tax year	1a	L J	-					
	If there are material differences in voting rights among members of the governing body, or if the governing								
<b>L</b>	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	46	11						
a	Enter the number of voting members included in line 1a, above, who are independent	1b		-					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			2		Х			
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the								
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X			
5									
6	Did the organization have members or stockholders?			5 6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			ا ا					
, u	more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<u>- ۲</u>					
-	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			<u> </u>					
_				9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R								
			,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such cl								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe						
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
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 v	ith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's						
_	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure			~					
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, C					<u>, MD</u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	Γ(Sect	ion 501(c)(3)s only)	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, an	d finan	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	d records:						
	JEFF BENOIT - 703-524-0248 2300 CLARENDON BOULEVARD, SUITE 603, ARLINGTON, VA	<u> </u>	2201						
	CER COULDING O BOD BUIL I TOM OR COMMEN	<u> </u>	<u> </u>	F =	000	(0045)			
532006	12-16-15 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	33U	(2015)			

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

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

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

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

(A)	(B)	d organization compensat (C) Position				1		(D)	(E)	(F)	
Name and Title	Average hours per	box	not c , unle cer an	heck ss pe	more rson i	than is bot	n an	Reportable compensation	Reportable compensation	Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	_	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) JONATHAN F. STONE CHAIRMAN	2.00	x		x				0.	0.	0	
(2) KIM COBLE	2.00	125		23					•	•	
VICE CHAIRMAN		х		х				0.	0.	0	
(3) STEVEN DUBIEL	2.00										
TREASURER	2.00	Х		Х				0.	0.	0	
(4) CURT JOHNSON SECRETARY	2.00	X		х				0.	0.	0	
(5) PETER SHELLEY	2.00	1									
DIRECTOR		x						0.	0.	0	
(6) TIM DILLINGHAM	2.00	I								_	
DIRECTOR	2 00	Х						0.	0.	0	
(7) PETER CLARK DIRECTOR	2.00	x						0.	0.	0	
(8) KIMBERLY REYHER	2.00										
DIRECTOR (9) ROBERT STOKES	2.00	Х						0.	0.	0	
DIRECTOR	2.00	X						0.	0.	0	
(10) DAVID LEWIS	2.00										
DIRECTOR		Х						0.	0.	0	
(11) TODD MILLER	2.00	١.,								_	
DIRECTOR (12) JEFF BENOIT	40.00	Х						0.	0.	0	
PRESIDENT & CEO	40.00			х				168,894.	0.	18,070	
		-									
	-	_	_	_		_		1			

532007 12-16-15 Form **990** (2015)

Pai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(C				(D)			(F)		
	Name and title	Average	(do		Posi heck			one	Reportable Reportable			Estimated		ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		ar	nount	
		week (list any	<u> </u>	CCI aii	10 0 0	1 0010	)/ ii us	100)	from	from related			other	
		hours for	Individual trustee or director						the organization	organization (W-2/1099-MIS			pensa om th	
		related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-1011	5C)		anizat	
		organizations	truste	Institutional trustee		ee/	mper		(** 27 1000 111100)				d relat	
		below	idual	ution	<u>ا</u>	key employee	est co oyee	er				orga	anizati	ons
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			-											
			-											
			1											
			1											
			1											
			1											
1h	Sub-total					<u> </u>	l		168,894.		0.	1	8,0	70.
	Total from continuation sheets to Part V								0.		0.		-,-	0.
	Total (add lines 1b and 1c)								168,894.		0.	1	8,0	
2	Total number of individuals (including but r									0.000 of reportab	le			
	compensation from the organization						-,		··· <b>,</b>	,				1
	<u> </u>												Yes	No
3	Did the organization list any former officer.	, director, or tru	uste	e, ke	ey en	nplo	yee	or I	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the si													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	unr/	elat	ed organization or indiv	dual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or st	uch <sub>I</sub>	pers	son .					5		X
Sec	ction B. Independent Contractors													
1	Complete this table for your five highest co										npens	ation '	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	the organization's tax	year.				
	(A) Name and business	addraga	NT/	<b>`</b>	_				<b>(B)</b> Description of s	onioco	0	)) oamo		n
	Name and business	address	1/(	ONI	<u> </u>			_	Description of s	ervices		ompe	nsatio	yl I
								-						
										l				
								-						
-								_						
								$\dashv$						
										l				
2	Total number of independent contractors (	includina but n	ot li	mite	d to	tho	se li	sted	l above) who received n	nore than				
_	\$100,000 of compensation from the organ						0		,					
														2015)

532008 12-16-15 Pai

) Dee i	2013	11101011	111111111111111111111111111111111111111	_		
rt VII	ı	Statement of Revenue				
		Charle if Cahadula O contains		+ ~ + ~	any line in this Dort VIII	

		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts ıts	1 a	Federated campaigns	1a					
ar our		Membership dues						
s, G	С	Fundraising events	1c					
Sift lar,	d	Related organizations	1d					
imil		Government grants (contribut	<u> </u>	275,136.				
tion		All other contributions, gifts, gran						
the		similar amounts not included abo	ve <b>1f</b>	477,121.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>a Ö</u>	h	Total. Add lines 1a-1f		T .	1,752,257.			
		ADDITIONE DIEG		Business Code		45 000		
ice	2 a		MEEDING	900099	45,000.	45,000.		
ne v	b	CONFERENCE AND	MEETING	900099	37,860.	37,860.		
Program Service Revenue	C							
gra	d							
jo	e							
_	Ţ	All other program service reve			82,860.			
-	g				02,000.			
	3	Investment income (including	•	,	6,335.			6,335.
	4	other similar amounts)			0,333.			0,333.
	4 5							
	3	Royalties	(i) Real	(ii) Personal				
	6 a	Gross rents		(ii) i ersoriai	-			
	h	Less: rental expenses			-			
	c	D 111 (1 )						
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	()	(14) 2 20121	-			
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
nue		Gross income from fundraisin including \$	g events (not					
Other Rever		contributions reported on line						
ت R		Part IV, line 18	•					
the	b	Less: direct expenses						
0		Net income or (loss) from fund		<b>&gt;</b>				
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	<u></u>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	_	Miscellaneous Revenu		Business Code		100		
		MISCELLANEOUS R	KEVENUE_	900099	100.	100.		
	b							
	C	All alls and the						
		All other revenue			100.			
		<b>Total.</b> Add lines 11a-11d <b>Total revenue.</b> See instructions.		<b>~</b>	1,841,552.	82,960.	0	6,335.
	12	i otal levellue. See ilisti uctiolis.			L , U I I , J J J J .	U2,JUU•	U	• <sub>1</sub> 0,333•

#### Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	mplete column (A)	
<u> </u>	Check if Schedule O contains a respon				X
	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 domestic organizations				
	and domestic governments. See Part IV, line 21	740,331.	740,331.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	186,964.	146,056.	11,548.	29,360.
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	441,927.	348,450.	20,220.	73,257.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	27,243.	21,469.	1,272.	4,502.
9	Other employee benefits	74,565.	58,695.	3,627.	12,243.
10	Payroll taxes	55,348.	43,530.	2,777.	9,041.
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	16,104.	14,859.	1,245.	
	Lobbying	-	-		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
ŭ	column (A) amount, list line 11g expenses on Sch O.)	231,884.	213,957.	17,927.	
12	Advertising and promotion	31.	-	25.	6.
13	Office expenses	7,342.		7,342.	
14	Information technology	13,743.	6,769.	6,764.	210.
15	Royalties	-	-	-	
16	Occupancy	54,674.	54,200.	247.	227.
17	Travel	72,770.	63,635.	4,557.	4,578.
18	Payments of travel or entertainment expenses	-	-	-	<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	55,848.	54,191.	16.	1,641.
20	Interest	·	·		<u> </u>
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization				_
23	Insurance	3,852.	406.	1,920.	1,526.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PUBLICATIONS AND PRINTI	9,170.	7,542.	1,463.	165.
b	BAD DEBT	4,900.	4,900.		
С	LICENSES AND FEES	3,349.	352.	1,670.	1,327.
d	BANK CHARGES	1,855.	196.	924.	735.
-	All other expenses	3,721.	1,574.	2,028.	119.
25	Total functional expenses. Add lines 1 through 24e	2,005,621.	1,781,112.	85,572.	138,937.
26	Joint costs. Complete this line only if the organization	<u>-</u>	-	-	<del>-</del>
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	330,114.	1	227,445.
	2	Savings and temporary cash investments	360,715.	2	102,822.
	3	Pledges and grants receivable, net	100,125.	3	42,865.
	4	Accounts receivable, net	75,466.	4	6,808.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
t2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,706.	9	136,379.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	331,939.	12	553,387.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,452.	15	4,452.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,204,517.	16	1,074,158.
	17	Accounts payable and accrued expenses	156,769.	17	110,143.
	18	Grants payable		18	
	19	Deferred revenue		19	79,480.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	12,865.	25	10,613.
	26	Total liabilities. Add lines 17 through 25	169,634.	26	200,236.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	705,953.	27	539,256.
Bal	28	Temporarily restricted net assets	328,930.	28	334,666.
<u> </u>	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	4 00 1 00 5	32	050 000
Z	33	Total net assets or fund balances	1,034,883.	33	873,922.
	34	Total liabilities and net assets/fund balances	1,204,517.	34	1,074,158.

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		.,84		
2	Total expenses (must equal Part IX, column (A), line 25)		2,00		
3	Revenue less expenses. Subtract line 2 from line 1	3	-16 .,03		
4					
5	Net unrealized gains (losses) on investments	5		3,1	08.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	87	3,9	<u> 22.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
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.		Yes	No
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		37	
_	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		_	v	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	99U (	(2015)

#### **SCHEDULE 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RESTORE AMERICA'S ESTUARTES

Employer identification number 54-1965304

				A P EDIOWITE				4-1903304
Pai	ťΙ	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	organ	ization is not a private found	dation because it is: (	(For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 9	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(ii	ii).	
4		A medical research organiz					-	the hospital's name,
		city, and state:	·	,			(	,
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		J ,		, 3		
6		A federal, state, or local go		mental unit described in	section 17	70(h)(1)(A)	(v)	
7	X	An organization that norma	-					nublic described in
•		section 170(b)(1)(A)(vi). (C	-	iniai part of its support	nom a gov	Ciriiriciitai	unit of from the general	public accorded in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \			
9		•			•	o o ntributi	ana mambarahin fasa s	and areas resoints from
9		An organization that norma	•	-	-		•	•
		activities related to its exen	•	•				-
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	lired by the organization	aπer June 30, 1975.
40		See section 509(a)(2). (Con		:	-f-t C		20/-1/41	
10		An organization organized	•		-			
11		An organization organized	·	· · · · ·	•		•	
		more publicly supported or						neck the box in
		lines 11a through 11d that				•	· · · · · ·	
а		☐ Type I. A supporting organic in the supporting organic in the supporting organic in the support in the supp	•					
		the supported organization	., .		a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o						
b			•					-
		control or management o			same perso	ons that co	ontrol or manage the sup	pported
		organization(s). <b>You mus</b>	t complete Part IV,	Sections A and C.				
С			egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	<b>y integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	, and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g	Pro۱	ride the following information	about the supporte					
	(	i) Name of supported	(ii) EIN	`. ' ''	(iv) Is the o	rganization in your	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))		document?	support (see instructions)	other support (see instructions)
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	instructions)	iristructions)
		<u> </u>						
								l

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3032751.	3266137.	2567206.	2407943.	1752257.	13026294.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3032751.	3266137.	2567206.	2407943.	1752257.	13026294.
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)						
6	Public support. Subtract line 5 from line 4.						13026294.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	3032751.	3266137.	2567206.	2407943.	1752257.	(f) Total 13026294.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	12,745.	11,236.	12,346.	8,326.	6,335.	50,988.
9	Net income from unrelated business	-	-	-	-	-	-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			19,597.		100.	19,697.
11	Total support. Add lines 7 through 10						13096979.
12	Gross receipts from related activities,	etc. (see instruction	ons)				,135,435.
13	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ						
14	Public support percentage for 2015 (I	line 6, column (f) di	vided by line 11, c	column (f))		14	99.46 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	99.44 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		<b>&gt;</b>
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explair	n in Part VI how the	Э
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	<b>&gt;</b>
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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 per-						
	formed, 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						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					_	
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
_							<u></u> ▶□
	ction C. Computation of Publ					<del> </del>	
	Public support percentage for 2015 (					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
70	Private folingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY SHA CAA IN	CITITOTIONS	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	_		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	.54		
	10b		
n 9	90 or 99	90-EZ	2015

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). etion D. All Type III Supporting Organizations	1		
360	Clott D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	O.F.		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		Ju		
-	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. <b>See inst</b> ri	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	rt V   Type III Non-Functionally Integrated	509	(a)(3) Supporting Organic	anizations <sub>(continued)</sub>	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accomplis				
2	Amounts paid to perform activity that directly furthers e				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt pu	ns			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval require	d)			
6	Other distributions (describe in Part VI). See instruction	ns.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to wl	hich t	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	•		(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	tion E - Distribution Allocations (see instructions)			Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
а					
b					
С					
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
i					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2015, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lines 3	3h			
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а					
b					
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				

Schedule A (Form 990 or 990-EZ) 2015

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

RESTORE AMERICA'S ESTUARIES 54-1965304

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .
	)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, Inc. 1. Complete Parts I and II.
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter purpose. Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$ \ \rightarrow \\$
but it <b>must</b> answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization Employer identification number

## RESTORE AMERICA'S ESTUARIES

54-1965304

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,066,192</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>109,525.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Name of organization Employer identification number

# RESTORE AMERICA'S ESTUARIES

54-1965304

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$39,845.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- Humo, addi coo, and En 11	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

## RESTORE AMERICA'S ESTUARIES

54-1965304

		art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	

Name of organization Employer identification number RESTORE AMERICA'S ESTUARIES 54-1965304 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

RESTORE AMERICA'S ESTUARIES  Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours	<ul> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> <li>Name of organization</li> </ul>		Emal	
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures	Name of organization			
Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1	DECEMBE AMERICALO ECO	TIAD TEC	Embi	•
Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2 Political expenditures  3 Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955  2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 Was a correction made?  5 If Yes, describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function activities  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. Also enter the amount of political contributions received and promptly and directly delivered to a separate political organization.  Filing organization is contributions received and promptly and directly delivered to a separate political organization.			or is a section 527 o	
2 Political expenditures 3 Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No 4a Was a correction made?  Yes No b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter -0.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount of political organization contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.	Fart I-A Complete if the organization is exempt	under section 501(c)	or is a section 527 0	rganization.
2 Political expenditures 3 Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No 4a Was a correction made?  Yes No b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter -0.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount of political organization contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.	• Provide a description of the comprise time to discrete and in discrete	- 1945 - 1 1 41 - 341	in Double	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	( <b>c)</b> 2014	( <b>d)</b> 2015	(e) Total				
2a Lobbying nontaxable amount	325,164.	293,107.	313,386.	250,251.	1,181,908.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,772,862.				
c Total lobbying expenditures		11,300.	11,441.	6,150.	28,891.				
d Grassroots nontaxable amount	81,291.	73,277.	78,347.	62,570.	295,485.				
e Grassroots ceiling amount (150% of line 2d, column (e))					443,228.				

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

# 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)).

For $\epsilon$	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		1)	(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?	504( )	<b>(5)</b>		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  † III-B   Complete if the organization is exempt under section 501(c)(4), section				
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members			t III-A, IIr	ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С					
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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information		•		
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	•	,	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESTORE AMERICA'S ESTUARIES

**Employer identification number** 54-1965304

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?		Yes No			
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area			
	Protection of natural habitat	Preservation of a cer	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax			
	year ▶					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the peri					
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year			
	<b></b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year			
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation	•				
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for			
Do	conservation easements. rt III   Organizations Maintaining Collections of	Art Historical Transuras or (	Other Similar Assets			
Га	Complete if the organization answered "Yes" on Form		Other Sillinal Assets.			
			ment and belongs about works of ort			
Id	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh					
	•	,	ance of public service, provide, in Part Alli,			
h	the text of the footnote to its financial statements that describe the organization planted as permitted under SEAS 116 (AS		at and balance about works of art, historical			
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed					
	•	ideation, or research in furtherance of pr	ublic service, provide the following amounts			
	relating to these items:		▶ Φ			
	(i) Revenue included on Form 990, Part VIII, line 1					
0	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea					
2	the following amounts required to be reported under SFAS 1		ai gairi, provide			
•	·	, ,	•			
d	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	<b>ts</b> (contir	nued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are a	significant	use of its	collectio	n items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further t	ne organization's ex	empt purpo	se in Parl	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	te if the organizatio	n answered "Yes" o	n Form 990	), Part IV,	line 9, or	٢
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets no	t included		_	
	on Form 990, Part X?					L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amoun	t
С	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 Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	ility?	L	Yes	└─ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	r years back
1a	Beginning of year balance	341,430.	24,966.	25,000.		10,254.		157,181.
b	Contributions	284,900.	427,300.	144,000.		25,000.		
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	291,644.	110,836.	144,034.		10,254.		146,927.
f	Administrative expenses							
g	End of year balance	334,686.	341,430.	24,966.		25,000.		10,254.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
С	Temporarily restricted endowment ▶ 100	0.0 <sub>0</sub>						
	The percentages on lines 2a, 2b, and 2c show							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered for	the organiz	zation		
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or ot	her <b>(b)</b> Cost	or other (c) A	Accumulate	ed	(d) Boo	k value
		basis (investm	ent) basis	(other) de	epreciation			
1a	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
	Other							
	I. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line 1	Oc.)				0.

Schedule D (Form 990) 2015 RESTORE AME	RICA'S ESTUAR	IES 54	4-1965304 <sub>Page</sub>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) CERTIFICATES OF DEPOSIT -			
(B) LONG TERM	553,387.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	553,387.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	<u>·                                    </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	<u>:5.</u>

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	10,613.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,613.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D	(Form 990) 2015	VESTOVE	AMERICA S	ь БОТ	OAKIES		74-1303304
Part XI	Reconciliation of	f Revenue p	er Audited Fina	ancial	Statements	With Revenue per	Return.
	O			0 0-41	/ 15 40-		

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	1,844,660.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d	3,108.		
е	Add lines 2a through 2d			2e	3,108.
3	Subtract line 2e from line 1			3	1,841,552.
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 XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>	4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,841,552.		

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

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

1	Total expenses and losses per audited financial statements	1	2,005,621.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	2,005,621.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,005,621.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE TEMPORARILY RESTRICTED IN NATURE AND PERTAIN TO PROJECTS IN WHICH DONORS HAVE RESTRICTED THE USE OF CONTRIBUTED FUNDS FOR A PARTICULAR PURPOSE. TEMPORARILY RESTRICTED ENDOWMENTS AS OF DECEMBER 31, 2015 INCLUDED FUNDS DESIGNATED FOR THE COASTAL BLUE CARBON PROJECT, TAMPA BAY ESTUARY PROGRAM AND ACCENTURE-GBF PROGRAM.

#### PART X, LINE 2:

THE FEDERAL INCOME TAX RETURNS OF THE ORGANIZATION FOR THE YEARS ENDED 2013, 2014, AND 2015 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE

SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2015 Part XIII   Supplemental Infor	RESTORE 2	AMERICA'S	ESTUARIES	54-1965304 Page 5
Part XIII   Supplemental Infor	mation (continue	ed)		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2015** 

Open to Public Inspection

Name of the organization							Employer identification number				
RESTORE AMERICA'S ESTUARIES 54-1965304 Part I General Information on Grants and Assistance											
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection											
	criteria used to award the grants or assistance?										
	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	0.	316,970.	,	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION				
CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	04-6149986	501(C)(3)	0.	27,028.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION				
COALITION TO RESTORE COASTAL LOUISIANA - 6160 PERKINS ROAD, SUITE 225 - BATON ROUGE, LA 70808	72-1115589	501(C)(3)	0.	73,716.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION				
EARTHCORPS 6310 NE 74TH ST #201E SEATTLE, WA 98115	91-1592071	501(C)(3)	0.	71,268.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION				
GALVESTON BAY FOUNDATION 17330 HIGHWAY 3 WEBSTER, TX 77598	76-0279876	501(C)(3)	0.	59,568.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION				
NORTH CAROLINA COASTAL FEDERATION 3609 HIGHWAY 24 NEWPORT, NC 28570	1	501(C)(3)	0.	12,565.	FMV	N/A	COMMUNITY BASED COASTAL HABITAT RESTORATION				
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization</li></ul>	-	-					13.				

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(3) = 11	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	
SAVE THE BAY - NARRAGANSETT BAY							
100 SAVE THE BAY DRIVE							COMMUNITY BASED COASTAL
PROVIDENCE, RI 02905	05-0343046	501(C)(3)	0.	32,573.	, FMV	N/A	HABITAT RESTORATION
MANDA DAY WAMON							
TAMPA BAY WATCH							COMMINITARY DAGED COACHAI
3000 PINELLAS BAYWAY SOUTH	E0 3101063	E01/G1/31		20 447	EM77	AT / 2	COMMUNITY BASED COASTAL
TIERRA VERDE, FL 33715	59-3191962	501(C)(3)	0.	38,447.	, FMV	N/A	HABITAT RESTORATION
ALABAMA COASTAL FOUNDATION							
250 CONTI STREET							COMMUNITY BASED COASTAL
MOBILE, AL 36602	58-2050101	501(C)(3)	0.	12,000.	, FMV	N/A	HABITAT RESTORATION
NATIONAL AUDUBON SOCIETY							
1200 18TH ST NW #500							COMMUNITY BASED COASTAL
WASHINGTON, DC 20036	13-1624102	501(C)(3)	0.	36,000.	,FMV	N/A	HABITAT RESTORATION
LAND TRUST FOR THE MISSISSIPPI							
COASTAL PLAIN - 955-A HOWARD AVE -							COMMUNITY BASED COASTAL
BILOXI, MS 39533	64-0936130	501(C)(3)	0.	12,000.	, FMV	N/A	HABITAT RESTORATION
•				,			
SAVE THE SOUND LONG ISLAND SOUND							
142 TEMPLE STREET, 3RD FL							COMMUNITY BASED COASTAL
NEW HAVEN, CT 06510	06-0990195	501(C)(3)	0.	23,196.	, FMV	N/A	HABITAT RESTORATION
WINDS DAY DEGLOVED DISMING							
TAMPA BAY REGIONAL PLANNING							
COUNCIL - 4000 GATEWAY CENTER BLVD	E0 100E141	F01/G1/31		05 000	E167		COMMUNITY BASED COASTAL
#100 - PINELLAS PARK, FL 33782	59-1027141	501(C)(3)	0.	25,000.	, F'MV	N/A	HABITAT RESTORATION
	l	1	1	l	1	1	1

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2, Part III, columi	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION RECEIVES REPORTS	FROM ITS	SUBRECIPI	ENTS TO EN	SURE THAT IT	
HAS UTILIZED FUNDS GRANTED IN ACC	ORDANCE W	ITH STATEI	) FEDERAL G	UIDELINES.	
THE ORGANIZATION ALSO REVIEWS COM	PLETED AU	DITS OF TH	HE SUBRECIP	IENTS IN	
ACCORDANCE WITH FEDERAL GUIDELINE	S.				

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

RESTORE AMERICA'S ESTUARIES

Employer identification number 54-1965304

	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JEFF BENOIT	(i)	163,894.	5,000.	0.	8,195.	9,875.	186,964.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESTORE AMERICA'S ESTUARIES

**Employer identification number** 54-1965304

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ESSENTIAL TO THE RICHNESS AND DIVERSITY OF COASTAL LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDED PROJECTS INVOLVING THE TAMPA BAY ENVIRONMENTAL RESTORATION FUND, WATER QUALITY PROJECTS AND INITIATIVES, AND OTHER PROGRAMS DIRECTLY RELATED TO THE MISSION OF THE ORGANIZATION. EXPENSES \$ 292,556. INCLUDING GRANTS OF \$ 0. REVENUE \$ 45,099.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. IT WAS DELIVERED TO ALL BOARD MEMBERS VIA EMAIL. BOARD MEMBERS SUBMITTED COMMENTS, CONCERNS, AND QUESTIONS TO THE BOARD CHAIR AND TO THE THE EXECUTIVE COMMITTEE OF THE BOARD MET VIA A CONFERENCE CALL TO DISCUSS CONCERNS AND QUESTIONS BEFORE THE 990 WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

IT IS THE POLICY OF THE ORGANIZATION TO REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY WITH THE BOARD OF DIRECTORS. EACH YEAR, THE CONFLICT OF INTEREST POLICY IS SENT TO THE ENTIRE BOARD AND THE STAFF, EACH PERSON IS ASKED TO RESPOND THAT THERE ARE NO CONFLICTS THAT HE/SHE IS AWARE OF, OR DESCRIBE ANY CONFLICTS THAT HAVE ARISEN. IF THERE IS A CONFLICT OF INTEREST, THE APPLICABLE BOARD MEMBER RECUSES HIM/HERSELF FROM VOTING OR DISCUSSION ON THOSE MATTERS.

FORM 990, PART VI, SECTION B, LINE 15A:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization	Employer identification number
RESTORE AMERICA'S ESTUARIES	54-1965304
AN ANNUAL PERFORMANCE REVIEW IS CONDUCTED BY THE EXECUTIVE	E COMMITTEE OF THE
BOARD TO DETERMINE THE SALARY OF THE PRESIDENT OF THE ORG	ANIZATION.
COMPARATIVE INFORMATION, INCLUDING SALARIES FOR SIMILAR P	OSITIONS AT OTHER
NON-PROFITS, IS USED. THE EVALUATION IS FILED IN HIS EMPL	OYEE FILE. ANNUAL
PERFORMANCE REVIEWS ARE CONDUCTED BY THE PRESIDENT FOR KE	Y EMPLOYEES. THE
MOST RECENT REVIEW WAS CONDUCTED IN DECEMBER OF 2015.	
	_
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, GA, IL, KS, ME, MD, MA, MI, MN, MS, NH, NJ, NM,	NY, NC, ND, OH, OK, OR
PA,TN,UT,VA,WA,WI,FL,KY,LA,RI,SC	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPO	N REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING - COMPUTER/INTERNET:	
PROGRAM SERVICE EXPENSES	6,117.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,117.
CONSULTING - PROGRAM:	
PROGRAM SERVICE EXPENSES	28,767.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,767.

Name of the organization RESTORE AMERICA'S ESTUARIES	Employer identification number 54-1965304
CONSULTING - CLIMATE CHANGE:	
PROGRAM SERVICE EXPENSES	179,073.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	179,073.
IT CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	15 005
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	17 027
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	231,884.
THE PROCESS WAS NOT CHANGED FROM PRIOR YEAR.	

EXTENDED TO NOVEMBER 15, 2016

Form <b>990-T</b>	E	xempt Orga				ax Return	ı ļ	OMB No. 1545-0687	
		(and proxy tax under section 6033(e))							
	For caler	For calendar year 2015 or other tax year beginning and ending and ending  Information about Form 990-T and its instructions is available at www.irs.gov/form990t.							
Department of the Treasury Internal Revenue Service	   ▶	► Information about Fo Do not enter SSN numbe			_			Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed		Name of organization (				( /, /	<b>D</b> Empl (Emp	oyer identification number loyees' trust, see uctions.)	
<b>B</b> Exempt under section	Print	RESTORE AME	RICA'S ESTU	ART	ES			4-1965304	
X 501(c)(3)	. ⊢	Number, street, and roon					<b>E</b> Unrel	ated business activity codes	
408(e) 220(e)		2300 CLAREN					(See i	nstructions.)	
408A 530(a)		City or town, state or pro							
529(a)	].	ARLINGTON,	VA 22201				541	800	
C Book value of all assets at end of year	F Group	exemption number (See i	nstructions.)	<b>•</b>					
1,074,158.	<b>G</b> Check	organization type	X 501(c) corporation	1 <u>L</u>	501(c) trust	401(a) trust	L	Other trust	
H Describe the organization	on's primar	ry unrelated business acti	vity. ► ADVERTI	SIN			1,,	V	
I During the tax year, was				it-subs	diary controlled group?	▶ L	Ye	es X No	
J The books are in care of		fying number of the parer	it corporation.		Tolophe	one number $\blacktriangleright$ 7	<u> </u>	524-0248	
Part I Unrelate			come		(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale		<u> </u>			. ,	. , .		( )	
<b>b</b> Less returns and allo			<b>c</b> Balance	1c					
		A, line 7)		2					
		om line 1c		3					
4a Capital gain net incor				4a					
		rt II, line 17) (attach Form		4b					
c Capital loss deductio	n for trust	s		4c					
5 Income (loss) from p	oartnership	os and S corporations (at	tach statement)	5					
				6					
		e (Schedule E)		7					
		nd rents from controlled o	- , , , , , , , , , , , , , , , , , , ,	8					
		n 501(c)(7), (9), or (17) o							
		ne (Schedule I)		10					
11 Advertising income (	(Schedule	J)		11					
		; attach schedule)		12 13	0.				
		h 12 t Taken Elsewhe			-				
		tions, deductions mus				s income.)			
14 Compensation of of	fficers, dire	ectors, and trustees (Sch	edule K)				14		
15 Salaries and wages							15		
							16		
							17		
							18		
19 Taxes and licenses							19		
		instructions for limitation					20		
21 Depreciation (attach	1 FOrm 450	Sahadula A and alasubar	on ratura		21		22b		
		Schedule A and elsewher					23		
		npensation plans					24		
							25		
26 Excess exempt expe	1 7 1 0								
27 Excess readership of	Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27								
		s 14 through 28					29	0.	
		come before net operating					30	0.	
		(limited to the amount on					31		
		come before specific dedi					32	0.	
		\$1,000, but see line 33 in					33	1,000.	
34 Unrelated business	s taxable i	ncome. Subtract line 33	from line 32. If line 33 is (	greater	than line 32, enter the sm	naller of zero or		_	
line 32							34	0.	

523701 01-06-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2015)

Part III	Tax Computation						
35 Or	ganizations Taxable as Corporations. See instructions for tax computation.						
Co	ontrolled group members (sections 1561 and 1563) check here 🕨 📖 See instructions and:						
	ter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):						
(1							
	ter organization's share of: (1) Additional 5% tax (not more than \$11,750)						
	) Additional 3% tax (not more than \$100,000)		•				
<b>c</b> Ind	come tax on the amount on line 34	35c	0.				
36 Tr	usts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:						
	Tax rate schedule or Schedule D (Form 1041)	36					
	oxy tax. See instructions	37					
38 Alf	ternative minimum tax	38					
39 To	otal. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.				
	Tax and Payments						
	reign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a her credits (see instructions) 40b	-					
	/ / / / / / / / / / / / / / / / / / / /	-					
	eneral business credit. Attach Form 3800 40c edit for prior year minimum tax (attach Form 8801 or 8827) 40d	-					
	otal credits. Add lines 40a through 40d	40e					
41 Su	ubtract line 40e from line 39	41	0.				
<b>42</b> Ot	her taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42					
	otal tax. Add lines 41 and 42	43	0.				
	syments: A 2014 overpayment credited to 2015						
	115 estimated tax payments 44b	1					
	x deposited with Form 8868 44c						
	reign organizations: Tax paid or withheld at source (see instructions)  44d						
	ckup withholding (see instructions)  44e						
	edit for small employer health insurance premiums (Attach Form 8941)  44f						
g Ot	her credits and payments: Form 2439						
	Form 4136 Other Total ▶ <b>44g</b>						
45 To	otal payments. Add lines 44a through 44g	45					
	46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □ □						
	,						
	verpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.				
	Iter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)	49					
Part V		a a u mat / la a mal s	Vac Na				
-	time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial acc	•	Yes No				
	ies, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Final		X				
2 During t	nts. If YES, enter the name of the foreign country here he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  see instructions for other forms the organization may have to file.		$-\frac{x}{x}$				
	he amount of tax-exempt interest received or accrued during the tax year >\$						
	e A - Cost of Goods Sold. Enter method of inventory valuation   N/A						
	ory at beginning of year 1 6 Inventory at end of year	6					
2 Purcha							
	f labor from line 5. Enter here and in Part I, line 2	7					
	nal section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to		Yes No				
<b>b</b> Other o	costs (attach schedule)  4b property produced or acquired for resale) apply to						
5 Total.	Add lines 1 through 4b 5 the organization?						
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wledge and beli	ef, it is true,				
Sign	M	ay the IRS discu	ss this return with				
Here		e preparer show					
		structions)?	Yes No				
	Print/Type preparer's name Preparer's signature Date Check Lit	f PTIN					
Paid	ANDREW VOLING CDA ANDREW VOLING CDA	D010	03050				
Prepare			103950 1498950				
Use On	Firm's name RENNER AND COMPANY, CPA, P.C Firm's EIN 700 NORTH FAIRFAX ST, SUITE 400	24-1	. <del></del>				
		03-535	-1200				
523711 01-06			m <b>990-T</b> (2015)				

Schedule C - Rent Inco	ome (From Real	Property and	d Personal	Property	y Lease	ed With Real Pr	ope	rty)(see instructions)
1. Description of property								
(1)								
(2)								
(3)								
(4)								
( ) -		ed or accrued				3(a) Deductions direc	tlv con	nected with the income in
(a) From personal property (if rent for personal property 10% but not more the	is more than	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)								
(2)								
(3)								
(4) Total	0.	Total			0			
					0.	(b) Total deductions.		
(c) Total income. Add totals of col here and on page 1, Part I, line 6, c					0.	Enter here and on page 1 Part I, line 6, column (B)		0.
Schedule E - Unrelated	Debt-Finance	Income (soo	inetructions)		0.	Part I, line 6, column (B)	🖊	· · · · · · · · · · · · · · · · · · ·
Official E Official Co	- Debt i manoce	i inoomo (see	Thistructions,		1	3. Deductions directly c	onnecte	ed with or allocable
		2. Gross income from or allocable to debt-		(-)	to debt-financed property		roperty	
1. Description of	debt-financed property		financed		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)					1		+	
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average of or a debt-fina		adjusted basis allocable to unced property h schedule)	<b>6.</b> Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%	+				
<u>(1)</u> (2)			9/				-	
(3)				%				
(4)				%				
	•				En	nter here and on page 1,		Enter here and on page 1,
					P	art I, line 7, column (A).		Part I, line 7, column (B).
Totals				<b>)</b>	▶		0.	0.
Total dividends-received deduct			-1- F 0	4 11 -	-1 0			0.
Schedule F - Interest, A	Annuities, Roya					nizations (see in	struct	tions)
		<del></del>	ot Controlled C	<del> </del>	_	1-		
Name of controlled organization     Employer identification     The second		entification Net unrelated income Total o		4. is pecified nts made 5. Part of column 4 included in the control organization's gross in the control of the control organization organization.		rolling connected with income		
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiz								
7. Taxable Income 8. Net unrelated incom (see instructions				10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly connected with income in column 10	
(1)								
(2)								
(3)								
(4)								
		•			Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ente	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totale						0.		0.
<b>Totals</b> 523721 01-06-16				<b>-</b>		<b>□</b> •		Form <b>990-T</b> (2015)

Schedule G - Investme (see instr		Section (	501(c)(7)	), (9), or (17) Oı	rganizat	ion			
1. Description of income			1	2. Amount of income	3. Deductions directly connected (attach schedule)  4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)			+						
(4)						+			
				inter here and on page 1,				Enter here and on page 1,	
			F	Part I, line 9, column (A).				Part I, line 9, column (B).	
Totals			▶	0.				0.	
Schedule I - Exploited (see instru		y Income	, Other	Than Advertisi	ing Inco	me			
	_	3. Exper		4. Net income (loss)	_			7 Fyence evenue	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly con with produ of unrela business in	nected iction ited	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income ivity that nrelated s income	<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(1)								<del>                                     </del>	
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, F line 10, co	art I,					Enter here and on page 1, Part II, line 26.	
Totals	0.		0.					0.	
Schedule J - Advertisir	ng Income (see	instructions)							
Part I Income From F	Periodicals Rep	orted on	a Cons	olidated Basis	i				
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)		+				+			
(3)						+			
(4)									
		_	_					_	
Totals (carry to Part II, line (5))	▶	0.	0.					0.	
Part II Income From F			a Sepa	rate Basis (For	each peric	dical listed in	n Part II, fill in		
columns 2 through	7 on a line-by-line b	asis.)		1					
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)		1							
(2)					1				
(3)		+							
(4)									
Totals from Part I	Fotor have and	0 • Fatav b	0 • ere and on					0 •	
page 1, Part I, page 1 line 11, col. (A). line 11,			1, Part I, I, col. (B).					on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	🕨	0.	0.					0.	
Schedule K - Compens	sation of Office	rs, Direct	ors, an	d Trustees (see	instructio				
1. Name				2. Title  3. Percent time devote business			ed to to unrelated husiness		
(1)							%		
(2)							%		
							%		
(3)									
(4)							%		
Total. Enter here and on page 1, P	arτ II, line 14	<u></u>					<b>P</b>	0 • Form <b>990-T</b> (2015)	

523731 01-06-16