

CITIZEN SUPPORT ORGANIZATION 2014 REPORT IMPLEMENTATION OF COMMITTEE SUBSTITUTE SENATE BILL 1194

Citizen Support Organization (CSO) Name: Ecosystem Restoration Support Organization, Inc.

Mailing Address: 411 E. Government St. Pensacola, FL 32502

Telephone Number: <u>850-501-1077</u> Website Address (if applicable): <u>NA</u>

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

Brief Description of the CSO's Mission: Support and benefit the Northwest Florida Aquatic Preserves Office, Florida Department of Environmental Protection

Brief Description of the CSO's Results Obtained: Obtained grants and funding to support living shoreline and ecosystem restoration projects for the Northwest Florida Aquatic Preserves Office

Brief Description of the CSO's Plans for Next Three Fiscal Years: Continue to obtain grants and funding to support ecosystem restoration projects for the Northwest Florida Aquatic Preserves Office.

x Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)

X Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

ECOSYSTEM RESTORATION SUPPORT ORGANIZATION, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of the Ecosystem Restoration Support Organization, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of the Ecosystem Restoration Support Organization, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

Form 990		90	Return of Organization Exempt From Incom Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except to benefit trust or private foundation)						OMB No. 1545-0047
		of the Treasury mue Service	The organization		use a copy of this return to sat	,	eportina rea	uirements.	Open to Public Inspection
			ar year, or tax year beg				UN 30,		
Вс	heck if plicab Addre chang	C Name of ECOS	organization YSTEM RESTOR NIZATION, IN	ATION :	• • • •				tion number
	Name	e Doing Bi	usiness As					59-36	13351
]Initial return Termi ated	n- Number	and street (or P.O. box if OFFICE BOX		vered to street address)	Room/suite	E Telepho		34-2374
	Amen	$1 \cup ity, tow$	n, or post office, state,		2		G Gross rece	aipts \$	<u>840,131.</u>
	Applie tion pendi	F Name a	nd address of principal		LOR KIRSCHENFELI		for aff H(b) Are all		
		empt status:		(C) () ·	(insert no.) 4947(a)(1) c	or 527			st. (see instructions)
		ite: 🕨 NONE		<u> </u>				exemption	
		f organization:	X Corporation	rust As	sociation 🔄 Other ►	L Year	of formation:	1999 M	State of legal domicile: FL
Activities & Governance	1 2	NORTHWE Check this bo	ST FLORIDA A \times \blacktriangleright if the organ	QUATIC	significant activities: <u>WORK</u> <u>PRESERVE</u> PROGRA tinued its operations or dispose	AM ON sed of more	HABITA than 25%	T REST	ORATION
ê	3		ting members of the gov		(Part VI, line 1a) /erning body (Part VI, line 1b)				6
ళ ల	+ 5				ear 2012 (Part V, line 2a)			······	0
itie	6							······ <u> </u>	20
ctiv	-				lumn (C), line 12				0.
Ă			business taxable incom					7b	0.
					,		Prior Y		Current Year
æ	8	Contributions	and grants (Part VIII, lin	ie 1h)				,626.	840,033.
'nu	9	Program service revenue (Part VIII, line 2g)						0.	0.
Revenue	10	Investment in	nt income (Part VIII, column (A), lines 3, 4, and 7d)					23.	4.
œ	11				, 9c, 10c, and 11e)			179.	56.
	12	Total revenue	venue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)),828.	840,093.
	13	Grants and si	milar amounts paid (Par	t IX, column (A), lines 1-3)			0.	0.
	14		to or for members (Part					0.	0.
es					Part IX, column (A), lines 5-10)			0.	0.
Expense	b	Total fundrais	ing expenses (Part IX, c	olumn (D), lin		0.		0.	0.
ш					, 11f-24e)),352.	912,944.
	18				X, column (A), line 25)),352.	912,944.
<u>,</u> 0	19	Revenue less	expenses. Subtract line	e 18 from line	12			,524.	-72,851.
Vet Assets or Und Balances							ginning of Co		End of Year
Bala	20							3,355.	950,506
let A	21							4,152.	234,154.
<u> <u> </u></u>	<u> 22</u> art ll		fund balances. Subtrac	t line 21 from	line 20		/85	9,203.	716,352.
Und	er per	nalties of perjury,	I declare that I have exami		including accompanying schedule			+	knowledge and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which Signature of officer								wieage. ate	
Sig Her		VICI	VICTORIA K. BUTTS, CPA, TREASURER Type or print name and title						
Pair		Print/Type pre			Preparer's signature		Date	Check if self-employe	
Pre	parer	Firm's name	>		· · ·		Fi	rm's EIN 🕨	······································
Use	Only	Firm's addres	\$►					hone no.	

May the IDO discuss this action with the accesses above above (accessed to a protocolic action)	
May the IRS discuss this return with the preparer shown above? (see instructions)	

	ECOSYSTEM RESTORATION SUPPORT
	990 (2012) ORGANIZATION, INC 59-3613351 Page 2 t III Statement of Program Service Accomplishments 59-3613351 Page 2
Га	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
,	RESTORATION OF WETLANDS AND EDUCATION OF THE PUBLIC ON THE IMPORTANCE
	OF WETLANDS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 5,913. including grants of \$) (Revenue \$)
	WORKED WITH THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ON THE
	RESTORATION OF OYSTER REEFS IN SANTA ROSA COUNTY FLORIDA.
4b	(Code:) (Expenses \$1,097. including grants of \$) (Revenue \$)
	SUPPLIED SUPPORT TO FLORIDA DEPT. OF ENVIRONMENTAL PROTECTION FOR OTHER
	RESTORATON PROJECTS IN THE FLORIDA PANHANDLE.
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$899,266. including grants of \$) (Revenue \$)
	RESTORATION OF MARSH HABITAT IN PENSACOLA BAY.
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
_4e	Total program service expenses 906,276.
00000	Form 990 (2012)

Form 990 (2012) ORGANIZATION, INC Part IV Checklist of Required Schedules

ECOSYSTEM RESTORATION SUPPORT

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	1.20%
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	-		
-	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	<u>_</u>	-	
	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, 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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<u> </u>
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
h	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		-	<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f		110		
•	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			<u> </u>
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b				1
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	<u> </u>		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1	1	1
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>†</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>	1	+
	complete Schedule G, Part III	19		x
20a		20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	-

Form 990 (2012)

ECOSYSTEM RESTORATION SUPPORT

59-3613351 Page 4	4
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	990 (2012) ORGANIZATION, INC 59-3613	<u>351</u>	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			**
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	~		v
<u>.</u>	Schedule J	23		<u>X</u>
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	04-		x
Ь	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2.10		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	•	x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? 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):			1
a	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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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	<u> </u>
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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>x</u>
32		~~~		x
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	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	33		- 25
34	Part V, line 1	34		x
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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?			1
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			† -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part Vi, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	
		Form	1 990	(2012)

	<u>990 (2012) ORGANIZATION, INC 59-3613</u>	<u>351</u>	Pi	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			
	$f \sim h$		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	<u>1c</u>		i
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Зa	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зb		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6 a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	4		
е	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	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		──
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		┿
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders	-		
b				
40-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-		
		12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 28ction 501/c)/29) gualified nonprofit health insurance issuers	-	1	1
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	+	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	+	+
F	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			
_	Enter the amount of reserves on hand	- Ì		
		14a	-	x
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	144		

Form 990 (2012)

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ECOSYSTEM	REST	ORATION	SUPPORT
ORGANIZATI	ON,	INC	

ECOSYSTEM RESTORATION SUPPORT

ORGANIZATION, INC 613351 Page 6 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. X Check if Schedule O contains a response to any guestion in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 6 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 0. b Enter the number of voting members included in line 1a, above, who are independent 6 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? х 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? а 8a Х b Each committee with authority to act on behalf of the governing body? Х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 х 12a 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? х 13 13 Χ Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent -15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \triangleright FL 17

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18

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 financial
	statements available to the public during the tax year.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	►
	VICTORIA K. BUTTS, CPA - 850-434-2374	

1201	Ν.	\mathbf{NINTH}	<u>AVENUE,</u>	PENSACOLA,	FL	32501	
006							

ECOSYSTEM RESTORATION SUPPORT		
Form 990 (2012) ORGANIZATION, INC	59-3613351	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response to any question in this Part VII	· .	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1. Complete this table for all persons required to be listed. Person componentian for the colondar year anding with or within the or	contraction's tox year	

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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	box	not ci , unle:	(C Posi heck i ss pei id a d	ition more rson i	than (is boti	hап	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below líne)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TAYLOR KIRSCHENFELD PRESIDENT	5.00	-		x				0.	0.	0.
(2) SARAH DIMITROFF	1.00			x				0.	0.	0.
EXEC. VICE-PRESIDENT (3) KIM KIRSCHENFELD SECRETARY	1.00			X				0.	0.	0.
(4) VICTORIA K. BUTTS TREASURER	5.00			X				0.	0.	0.
(5) GLENN L. BUTTS DIRECTOR	1.00			x				0.	0.	0.
(6) SAVA VARAZO DIRECTOR	1.00	ĺ		x				0.	0.	0.
							1			
		-								
		-								
		-	 		<u> </u>					<u> </u>
							.			
									1	

Form 990 (2012) ORGANIZA Part VII Section A. Officers, Directors, Trus			Pes	and	H Hi	ahes	t C	omnensated Employe	<u>59-361</u> es (continued)	.33	<u> 221</u>	Pa	age 8
(A) Name and title	(B) Average hours per week	(do box,	not cl unle:	(C Posi heck a ss per) ition more rson i		one nan	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	,	fr org and	pensa om the anizati d relate anizatio	e ion ed
					×								
) 					
										\downarrow			
										+			
										-			
	<u> </u>									+			
1b Sub-total c Total from continuation sheets to Part V								0.		0. 0. 0.			0. 0. 0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization 	not limited to th	nose	liste	ed a	bov	e) wl	no r			<u>.</u>			0.
3 Did the organization list any former office			e, ke	ey ei	mple	oyee	, or	highest compensated e	employee on	[Yes	No
line 1a? <i>If "Yes," complete Schedule J for</i> 4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ens	atio	n an	d ot				3		X
 and related organizations greater than \$1\$ 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," coll 	accrue compe	nsat	tion	from	n ang	y uni					 5		x x
Section B. Independent Contractors					001			·····					
Complete this table for your five highest c the organization. Report compensation fo										ens			
(A) Name and busines	s address	N	ON:	E				(B) Description of	services	С) ompe	C) ensatic)n
								,					
							<u> </u>						
<u>.</u>													
2 Total number of independent contractors \$100,000 of compensation from the orga		not l	limite	ed to	o the	ose I O	iste	ld above) who received	more than				

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ECOSYSTEM	RESTORATION	SUPPORT

Form			012) ORGAN	IZATION,	INC			<u>59-3613</u>	351 Page 9
Pai	rt VI	11	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	to any question in				
			موجد إربطه			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1 a	3	Federated campaigns	1a					
oun			Membership dues						
a, a	c		Fundraising events						
ar la			Related organizations						
ini,			Government grants (contribut					•	
Contributions, Gifts, Grants and Other Similar Amounts	f	•	All other contributions, gifts, gran	ts, and					
ibu			similar amounts not included abo	ve 1f	840,033.				
법	ç	3	Noncash contributions included in lines	1a-1f: \$	840,033.				
ទួម	ŀ	ı	Total. Add lines 1a-1f		►	840,033.			
					Business Code				
e	2 a	a							
iž al	Ł	9	<u></u>						
en S	c	2							
lev	C	d							
Program Service Revenue		e							
<u>م</u>			All other program service reve	enue				···· ·	
	ç	_	Total. Add lines 2a-2f		►				
	3		Investment income (including						
			other similar amounts)			4.	4.		
	4		Income from investment of ta	x-exempt bond	proceeds		·		
	5		Royalties		>			1	
	_		. .	(i) Real	(ii) Personal				
	68		Gross rents						
	k		Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other	•			
	1	d	assets other than inventory	() Securities			ļ		
		h	Less: cost or other basis						1
		J	and sales expenses	Ì					ļ
		~	Gain or (loss)						
			Net gain or (loss)						
4			Gross income from fundraisin	ia events (not					
Other Revenue		-	including \$						
eve			contributions reported on line						
Ē			Part IV, line 18		a				
the		b	Less: direct expenses						
Q			Net income or (loss) from fun						
			Gross income from gaming a	-					
			Part IV, line 19		a	,		1	
		b	Less: direct expenses						
			Net income or (loss) from gar						
	10	а	Gross sales of inventory, less	s returns				1	
			and allowances		a 94.				
	·	b	Less: cost of goods sold						
		С	Net income or (loss) from sale	es of inventory		56.	56.		
			Miscellaneous Reven	ue	Business Code				
	11	а							
		b		• •					
	1	С							
			All other revenue						
		e	Total. Add lines 11a-11d						
2320	12		Total revenue. See instructions.	·	>	840,093	. 60.	0	0.

ECOSYSTEM RESTORATION SUPPORT ORGANIZATION, INC

Form	990 (2012)	

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		s Part IX		
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			-	
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	· · · · · · · · · · · · · · · · · · ·			
6	Compensation not included above, to disqualified			ļ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal	(= 0.0		(= = = =	
	Accounting	4,500.		4,500.	
	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.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15 16	Royalties	840,033.	838,311.	1,722.	
10	Occupancy Travel	010,000	030,311.	<u> </u>	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,284.	1,284.		
20	Interest	1,201.			····
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	63,367.	63,367.		
23	insurance				
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	PROGRAM EXPENSE	2,217.	2,217.		
b	REPAIRS & MAINTENANCE	1,097.	1,097.		
c	LICENSES & TAXES	422.	_,	422.	
d		24.	· · · · · · · · · · · · · · · · · · ·	24.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	912,944.	906,276.	6,668.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1		
	Check here time if following SOP 98-2 (ASC 958-720)				

ECOSYSTEM RESTORATION SUPPORT

Form 990 (2012) Part X Balance Sheet ORGANIZATION, INC

		Check if Schedule O contains a response to any que		(A) Beginning of year		(B) End of year
	1	Cook popiatoret bassing		57,006.		47,711.
	2	Cash - non-interest-bearingSavings and temporary cash investments		57,000.	1	
	23			234,652.	3	234,152.
	3 4	Pledges and grants receivable, net		234,032.	4	434,134.
		Accounts receivable, netLoans and other receivables from current and form				
	5					
		trustees, key employees, and highest compensate Part II of Schedule L			_	
	~	***************************************	d paraana (aa dafinad undar		5	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section 49				
		employers and sponsoring organizations of section				
2	-	employees' beneficiary organizations (see instr). Co			6	7.5.465
Assels	7	Notes and loans receivable, net		040	7	
ξ	8	Inventories for sale or use		948.	8	911.
	9	Prepaid expenses and deferred charges			9	
	TUa	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 1	10a <u>1,201,591</u>	720 740		667 720
		Less: accumulated depreciation		730,749.		667,732.
	11	Investments - publicly traded securities			11	- Ka U.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	····
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,023,355.	15	
	16	Total assets. Add lines 1 through 15 (must equal)		1,043,353.	16	950,506
	17	Accounts payable and accrued expenses			17	
Ì	18	Grants payable		234,152.	18	234,152
	19 00	Deferred revenue		<u> </u>	19	<u> </u>
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	rt IV of Schodula D		20	·
les	21	Loans and other payables to current and former or			21	
LIADIIITIES	22	key employees, highest compensated employees,				
E						
	00	Complete Part II of Schedule L Secured mortgages and notes payable to unrelate			22	
	23 24	Unsecured notes and loans payable to unrelated t			23	
	24 25	Other liabilities (including federal income tax, paya			24	· ····
	20	parties, and other liabilities not included on lines 1				
				0.	25	ე
	26	Schedule D Total liabilities. Add lines 17 through 25	••••••	234,152.		234,154
	20	Organizations that follow SFAS 117 (ASC 958),	abook here N X and	453,154.	20	2J4,1J4
<u>ہ</u>		complete lines 27 through 29, and lines 33 and				
ö	27	Unrestricted net assets		-18,220.	27	-23,106
lar	28	Temporarily restricted net assets		10,220	28	20,100
m	29			807,423.		739,458
Ĕ	20	Organizations that do not follow SFAS 117 (AS	058) check here	0017425.	23	135,430
ш Ъ		and complete lines 30 through 34.				
tso	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ			31	
t A:	32	Retained earnings, endowment, accumulated inco			32	
Š	33	Total net assets or fund balances		789,203.		716,352
	34	Total liabilities and net assets/fund balances		1,023,355		950,506
	04	Total labilities and het assets/junu balances		L, 040, 000,	34	Form 990 (2012

	ECOSYSTEM RESTORATION SUPPORT				
	990 (2012) ORGANIZATION, INC	<u>59-3613</u>	<u>351</u>	Pag	_{je} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any guestion in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	84(),0	<u>93.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			44.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>51.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78	9,2	03.
5	Net unrealized gains (losses) on investments	5			
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	71	6,3	52.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			(
	separate basis, consolidated basis, or both:				Í
	Separate basis Consolidated basis South 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 separa				[
	consolidated basis, or both:				1
	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	ne audit,			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c		x
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1
			Form	990	(2012)

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SCHED (Form 99	ULE A 0 or 990-EZ)	Pub	lic Charity St	atus a	and Pi	ublic	Suppo	ort		OMB No. 1	545-004 1 2	7
		Complete	e if the organization is	a section	501(c)(3) o	organizati	on or a se	ction		20	1	
Department of			4947(a)(1) no	-						Open to		C
Internal Reven			ach to Form 990 or For	m 990-EZ	. 🕨 See s	separate i	nstructior			Inspe		
Name of t	he organizati	on ECOSYSTI	EM RESTORATIO	ON SUP	PORT			H	Employer ic	dentificatio	on nun	nber
			ATION, INC							<u>-3613</u>	<u>351</u>	
Part I	Reason	ior Public Chari	ty Status (All organiza	ations mus	t complete	e this part.) See instr	uctions.				
The organi	ization is not a	private foundation b	ecause it is: (For lines 1	through 1	1, check o	nly one bo	эх.)					
1	A church, cor	vention of churches	, or association of churc	hes descri	ibed in sec	tion 170(b)(1)(A)(i).					
2)(b)(1)(A)(ii). (Attach Sch									
3			al service organization d		1 section	170(b)(1)(/	A)(iii).					
4	-		perated in conjunction v					5)(1)(A)('iii). Enter th	e hospital'	s nam	e.
- L	city, and stat	-	poratoa in oonjano					-// -/// -//				-,
5	•		enefit of a college or un	iversity ou	med or on	orated by	a governm	ontalur	ait describe	d in		
э <u> </u>	-			iversity ow		erated by	a governin		III GESCIIDE			
• 🗖		(b)(1)(A)(iv). (Comple	•	· · · ·		100/11/1						
		-	ent or governmental unit					.				
7 X	Ŧ	-	eives a substantial part o	of its suppo	ort from a g	governmei	ntal unit or	from th	ie general p	ublic desci	nbed II	n -
	-	b)(1)(A)(vi). (Complet										
8 💻	-		ection 170(b)(1)(A)(vi). (
9 📖	An organizati	on that normally rece	eives: (1) more than 33 1	/3% of its	support fr	om contrib	outions, me	embers	hip fees, an	d gross rec	eipts t	from
	activities rela	ted to its exempt fun	ctions · subject to certa	in exceptic	ons, and (2) no more	than 33 1/	/3% of i	ts support f	rom gross	invest	ment
	income and u	inrelated business ta	xable income (less sect	ion 511 tax	<) from bus	sinesses a	cquired by	the org	ganization a	fter June 3	0, 197	5.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizati	on organized and op	erated exclusively to tes	st for public	c safety. S	ee sectio	n 509(a)(4)).				
11 🔲	An organizati	on organized and op	erated exclusively for th	ne benefit c	of, to perfo	rm the fun	ctions of,	or to ca	rry out the p	ourposes o	f one o	or
	more publicly	supported organiza	tions described in section	on 509(a)(1) or sectio	n 509(a)(2). See sec	tion 509	9(a)(3). Che	ck the box	that	
			organization and comple									
	a 🛄 Type			/pe III • Fur			d	П т.	/pe 111 - Non	-functional	v inter	arated
е 🗌			t the organization is not	-	-	-		-	-			-
•		· · · · ·	nan one or more publicly		-	-	-					
f		-	ten determination from t		-				(-)(-)		(/(/-	
	+		is box					•••				
~			rganization accepted ar									. –
9	-			• •		-					Vee	Na
	••		irectly controls, either al	_						44-0	Yes	No
			pported organization?		••••••	•••••	•••••	•••••	•••••			
			described in (i) above?					•••••		<u>11g(ii)</u>		
			person described in (i) of				••••••		•••••	11g(iii)]
h	Provide the f	ollowing information	about the supported or	ganization((s).							
			1	1		I			<u> </u>			
(i) Name	e of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Iornaniza	Is the	(vii) Amoun	t of mo	netary
org	janization	(described on lines 1-9 in col. (i) listed in your organization in col. (i) organization in the						sup	port			
			above or IRC section (see instructions))				ouppoirs.		J.S.?			
<u> </u>			(000 mon south a)	Yes	No	Yes	No	Yes	No			
				ļ								
_						1						

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Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Total_

Sche	E(edule A (Form 990 or 990-EZ) 2012 OI	COSYSTEM I RGANIZATIO		ON SUPPOR	т	59-361	3351 Page 2
	rt II Support Schedule for (Organizations	Described in S			170(b)(1)(A)(vi)
	(Complete only if you checked				n failed to qualify ι	inder Part III. If th	e organization
	fails to qualify under the tests	listed below, pleas	se complete Part II	1.)	*		
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,002.	24,116.	75,300.	840,626.	840,033.	1781077.
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						
	Total. Add lines 1 through 3	1,002.	24,116.	75,300.	840,626.	840,033.	1781077.
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)						
	Public support. Subtract line 5 from line 4.	ł					<u> 1781077.</u>
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	r			· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	1,002.	24,116.	75,300.	840,626.	840,033.	1781077.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			0			110
	and income from similar sources	54.	29.	2.	23.	4.	. 112.
9	Net income from unrelated business	ſ					
	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 IV.)						1701100
	Total support. Add lines 7 through 10				1		1781189.
12	Gross receipts from related activities,	· •				12	518.
13	First five years. If the Form 990 is for		s first, second, third	a, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Se	organization, check this box and stor ction C. Computation of Publ		rcentage	· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 2012 (olumn (A)	· · ·	14	99.99 %
14							
15	Public support percentage from 2011 a 33 1/3% support test - 2012. If the c						
102		-					
1	stop here. The organization qualifies 33 1/3% support test - 2011. If the						
ſ	and stop here. The organization qua						
47/							
1/8	a 10% -facts-and-circumstances tes and if the organization meets the "face	-					
	meets the "facts-and-circumstances"			-		-	
	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization		—			• • • • • • • • • • • • • • • • • • • •	

Schedule A (Form 990 or 990-EZ) 2012

chedule A (Form 990 or 990-EZ) 2012		<u> </u>		(0)		Page 3
Part III Support Schedule for C	+			•••		
(Complete only if you checked			ganization failed t	o qualify under Pa	rt II. If the organiza	ition fails to
ection A. Public Support	elow, please com	olete Part II.)				
alendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(a) 2000	(0) 2003	(0) 2010			(i) Iotai
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				ļ		
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disgualified persons that				×		
exceed the greater of \$5,000 or 1% of the			•			
amount on line 13 for the year c Add lines 7a and 7b						1
8 Public support (Subtract line 7c from line 6.)						· ·
ection B. Total Support				· · · · · · · · · · · · · · · · · · ·	,	J
alendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
0a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						·
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated business activities not included in line 10b. 						
whether or not the business is						
regularly carried on						+
or loss from the sale of capital						
assets (Explain in Part IV.)						+
 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is form 		l	rd fourth or fifth	tay year as a cost	on 501/o)/3) organ	ization
check this box and stop here	n the organization	r a mar, secona, thi	ia, iourin, or iiim	ומא אבמו מא א אפכנו	on oo nojo) organ	
Section C. Computation of Pub	lic Support P	ercentage				احد الم
15 Public support percentage for 2012			column (fi)		15	%
16 Public support percentage from 2012		-		••••••	16	<u>%</u>
Section D. Computation of Inve			,		,	
17 Investment income percentage for 2					17	%
18 Investment income percentage from	-					_%
19a 33 1/3% support tests - 2012. If th						17 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2011. If th						
line 18 is not more than 33 1/3%, cl	neck this box and	stop here. The org	anization qualifie	s as a publicly sup	ported organizatio	n 🕨 🛄
20 Private foundation. If the organizat	ion did not check	a box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	

(Form Departr	HEDULE D 990) nent of the Treasury Revenue Service	► Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes," to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12i 990. ► See separate instructions.			OMB No. 1545-0047 2012 Open to Public Inspection			
	e of the organizati	ORGANIZATION, INC			Employer identification number 59-3613351				
Par		ations Maintaining Donor Advise		s or Ac	ccoui	nts. Complete if the			
·	organizatio	n answered "Yes" to Form 990, Part IV, lin	e 6. (a) Donor advised funds	//-		is and other accounts			
			(a) Donor advised funds	(L	ij runc				
1		nd of year utions to (during year)							
2 3		from (during year)				<u> </u>			
3 4		It end of year							
5		on inform all donors and donor advisors in		ed fund	 1e				
5	-	on's property, subject to the organization's	_			Yes No			
6		on inform all grantees, donors, and donor a							
•	-	poses and not for the benefit of the donor of			-				
	impermissible priv				Ĵ	🔄 Yes 🗌 No			
Par		vation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	Part IV, I	ine 7.				
1	Purpose(s) of con	servation easements held by the organizat	ion (check all that apply).						
	Preservation	n of land for public use (e.g., recreation or e	education) Preservation of an his	storically	y impo	rtant land area			
	Protection of	of natural habitat	Preservation of a cert	tified his	storic s	structure			
	Preservatio	n of open space							
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation contribution in the form	of a co	nserva	tion easement on the last			
	day of the tax yea	ır.		г					
						Held at the End of the Tax Year			
а					2a				
b		tricted by conservation easements			2b				
c		rvation easements on a certified historic st			2c	· · · · ·			
d		rvation easements included in (c) acquired		1					
-		nal Register			2d				
3		rvation easements modified, transferred, re	eased, extinguished, or terminated by the	e organ	Ization	during the tax			
	year	where property subject to conservation ea			-				
4 5		ation have a written policy regarding the pe							
J	+	forcement of the conservation easements				Yes No			
6	•	er hours devoted to monitoring, inspecting							
7		ses incurred in monitoring, inspecting, and							
8		rvation easement reported on line 2(d) abo	-			·			
-		ר)(4)(B)(ii)?				Yes No			
9		ibe how the organization reports conservation				and balance sheet, and			
	include, if applica	ble, the text of the footnote to the organization	ation's financial statements that describes	s the org	ganizat	ion's accounting for			
·	conservation eas								
Pa	rt III Organiz	ations Maintaining Collections of	of Art, Historical Treasures, or C	Other \$	Simil	ar Assets.			
		if the organization answered "Yes" to Forn							
1a	If the organization	n elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment ar	nd bala	ance sheet works of art,			
		es, or other similar assets held for public ex		ance of	public	service, provide, in Part XIII,			
		otnote to its financial statements that desc							
b	-	n elected, as permitted under SFAS 116 (A							
		er similar assets held for public exhibition, o	education, or research in furtherance of p	ublic sei	rvice, ș	provide the following amounts			
	relating to these				•	¢.			
		cluded in Form 990, Part VIII, line 1				\$			
^			anguran, ar other nimilar consta for financi			\$			
2	-	n received or held works of art, historical tr		iai gai⊓,	provid				
-		ounts required to be reported under SFAS ed in Form 990, Part VIII, line 1				¢			
a		in Form 990, Part X				\$\$			
U U				• • • • • • • • • • • • • • • • • • • •		\$			

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	ECOSYST	EM RESTORA	TION	SUPPO	RT					
Schee		ATION, INC						<u>361335</u>		ige 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar As	ssets(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the i	following that	are a sig	nificant use of	fits collection	n item:	S
	(check all that apply):	· . 								
а	Public exhibition	d		oan or excl	hange prograr	ns				
b	Scholarly research	e	L c	ther				<u></u>		
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizatio	n's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit c	r receive donations	of art, his	torical treas	sures, or othe	r similar a	assets			_
	to be sold to raise funds rather than to be m	aintained as part of t	he organ	ization's co	llection?			Yes	L	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "`	res" to F	orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.			· •••					
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontribution	s or other ass	ets not ir	ncluded			-
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						
								Amoun	t	
c	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F							. 🛄 Yes		No
	If "Yes," explain the arrangement in Part XIII									
Par) <u>.</u>			
		(a) Current year	(b) Pr	ior year	(c) Two years	s back 🛛 (d) Three years t	oack (e) Fou	r years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
_	and programs									
f	Administrative expenses				1					
g	End of year balance					Ì				
2	Provide the estimated percentage of the cu		ce (line 1o	a, column (a	a)) held as:					
	Board designated or quasi-endowment		%	,,	<i>"</i>					
	Permanent endowment	%								
-	Temporarily restricted endowment									
Ū	The percentages in lines 2a, 2b, and 2c sho						-			
3a	Are there endowment funds not in the poss		ation tha	t are held a	and administe	red for th	e organizatior	ı		
04	by:						· · · · · · · · · · · · · · · · · · ·	-	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations								1	1
ħ	If "Yes" to 3a(ii), are the related organization								1	Í
4	Describe in Part XIII the intended uses of th						•••••		1	
	rt VI Land, Buildings, and Equipr									
<u> </u>	Description of property	(a) Cost or			t or other	(c) Ac	cumulated	(d) Bo	ok vali	10
	boothplich of property	basis (invest			(other)		reciation	(0,00		
1a	Land	· ·				<u>_</u>		1		
b								1		
2	Leasehold improvements									
d					1,620.		791	_	2	329
	Other			1 2	$\frac{1}{59}, 971.$		593,068		56,9	
		equal Form 000 Por	t X colur			-	<u></u>		57,7	
<u>Tota</u>	il. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, colur	nn (B), line	10(c) .)		▶ •	08	51,1	13.

Schedule D (Form 990) 2012

ECOSYSTEM RESTORATION SUPPORT A MT CA DT OM TNO

(A) (A) (B) (A) (C) (A) (D) (A) (E) (A) (F) (A) (G) (A) (H) (A) (I) (A)	Part VII Investments - Other Securities Sec		(D	-95	SOISSSI Pages
1) Financial derivatives				on: Cost or end-	of-year market value
2) Obselvatid equity interests					
3) Other					· · · · · · · · · · · · · · · · · · ·
(A)	(3) Other			· · · · ·	
(a)					
D.					
ID					
(F)					
(G) (G) (G)	(E)				
(b)	(F)				
0)	(G)				
Ional. (cb. (b) must equal Form 980, Part X, col. (B) line 12) ▶	(H)		·····		
Part Nill Investments - Program Related. See Form 990, Part X, line 13. (a) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (c) (c) Method of valuation: Cost or end-of-year market value (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (7) (c) (c) (7) (c) (c) (7) (c) (c) (10) (c) (c) (11) (c) (c) (12) (c) (c) (2) (c) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (7) (c) (c)	(1)				
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end of year market value (1)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
(1)					
(2)	(a) Description of investment type	(b) Book value	(c) Method of valuation	on: Cost or end-	of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Teal. (00. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part X Other Assets. See Form 990, Part X, ine 15. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (10) <					
(4) (5) (5) (6) (7) (7) (8) (7) (9) (7) (10) (7) (11) (9) (12) (9) (13) (9) (14) (9) (15) (9) (2) (9) (3) (9) (6) (9) (10) (10) (11) (11) (12) (12) (13) (13) (14) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (2) SALES TAX PAYABLE (2) (2) (3) (10) (10) (10) (10) (10) (11) (11) (12) (11) (13) (
(9)					
(6)					
(?) (8) (9) (10) (10) (11) Part IX Other Assets. See Form 990, Part X, tine 15. (a) (a) Description (a) (b) Book value (1) (a) Description (b) Book value (b) Book value (1) (a) Description (a) (b) Book value (1) (a) Description (b) Book value (b) Book value (1) (a) Description (b) Book value (c) Description (a) (c) Description (b) Book value (c) Description (b) Book value (c) Description (c) (c) Description (b) Description (c) Description (c) Description of liability (b) Book value (1) Federal income taxes (c) Description of liability (c) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (c) Book value (d) (c) Description of liability (e) Description (c) Description of liability					
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. See Form 930, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (6) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SALES TAX PAYABLE 2. (3) (4) (6) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (10) (11) (2) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (11) (11) (11) (11) (11) (12) (12) (2) (2) (2) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (10) (11) (11) (11) (12) (12) (2) (2) (2) (2) (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (10) (11) (11) (12) (12) (12) (13) (14) (15) (15) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (11) (10) (11) (11) (11) (12) (11) (12) (12) (12) (12) (12) (13) (14) (15) (15) (15) (15) (16) (17) (17) (17) (18) (19) (19) (11) (11) (11) (11) (12)					
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(10) Image: See Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (10) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) > Part X Other Liabilities. See Form 990, Part X, col. (B) line 25.) > (a) (b) Book value (c) (1) (c) Book value (c) (1) (c) Book value (c) (1) (c) Book value (c) (2) SALES TAX PAYABLE 2. (3) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (10) (c) (c) (10) (c) (c)		· · · · · · · · · · · · · · · · · · ·			17 440(81), 2 4 14
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (b) Book value (a) Description (b) Book value (1) (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Description of liability (10) Federal income taxes (c) (1) Federal income taxes (c) (4) (c) (5) (c) (a) Description of liability (b) Book value (1) Federal income taxes (c) (c) SALES TAX PAYABLE 2. (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (6) (c) (7) (c) (7) (c) (6) (c) (7) (c) (6) (c) (7) (c) (6) (c) (10) <td></td> <td></td> <td></td> <td></td> <td></td>					
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (10) (c) Description of liability (b) Book value (c) Port X (11) (c) Description of liability (b) Book value (11) Federal income taxes 2. (2) SALES TAX PAYABLE 2. (3) (b) Book value (11) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) (c) (10) (11) (c) (c) (11) (c) (c) (c) (12) (c) (c) (c) (13) (c) (c) (c) (c) <td>· · ·</td> <td></td> <td></td> <td></td> <td></td>	· · ·				
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(10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2.		······			
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2.	·	[
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
		a (25.)			
				omonte that re-	orte the organization's

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

	ECOSYSTEM RESTORATION SUPPO	RT			
-	dule D (Form 990) 2012 ORGANIZATION, INC t XI Reconciliation of Revenue per Audited Financial Statemer	ta Möth Davanus nan	<u>59-36</u>	<u>13351</u>	Page 4
				040	000
1				840	<u>,093.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			Υ.	
а	Net unrealized gains on investments				
b	Donated services and use of facilities		_		
c	Recoveries of prior year grants	20	_		
d	Other (Describe in Part XIII.)		_		
е	Add lines 2a through 2d		. 2e		0.
3	Subtract line 2e from line 1		. 3	840	,093.
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			
C	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	840	,093.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	er Return		
1	Total expenses and losses per audited financial statements		. 1	912	,944.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		Ο.
3	Subtract line 2e from line 1			912	,944.
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.)				
c	Add lines 4a and 4b		4c		Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	912	,944.
Pa	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1a and 4; Part IV, lines	s 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.

Schedule D (Form 990) 2012

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

990, Part IV, línes 29 or 30.

► Attach to Form 990. ECOSYSTEM RESTORATION SUPPORT

Employer identification number 59-3613351

ORGANIZATION, INC

L		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrit amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu			 è
1	Art - Works of art		itema contributed	<u>10(11000, 1 art vii</u>	n, mie rg				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods						·····	•••	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
••	Historic structures								
14	Qualified conservation contribution - Other		-			· · · · ·			
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other	X	2			COMPARABLE	LEA	SES	
18	Collectibles								
1 9	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy			_					
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other 🕨 ()								
28	Other 🕨 (
29	Number of Forms 8283 received by the organ	ization durir	ig the tax year for (contributions					
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive t	oy contributi	on any property re	ported in Part I, line	es 1∙28 th	at it must hold for			
	at least three years from the date of the initial	contribution	n, and which is not	required to be use	d for exer	npt purposes for			
	the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.			-					
31	Does the organization have a gift acceptance	policy that	requires the review	of any non-standa	rd contrib	outions?	31		х
32a	Does the organization hire or use third parties								
	contributions?		-	•			32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	n column (c)	for a type of prope	erty for which colun	nn (a) is cl	hecked,	1		
	describe in Part II.			-					
LHA		e the Instru	ctions for Form 9	90		Schedule N	l (Form	990)	(2012)

		ECOSYSTEM			SUPPORT			
Schedule M	Supplemental	ORGANIZATI	molete	this nart to prov	ide the information required by Part	L lines 30t	- <u>3613351</u> b, 32b, and 33, an	Page 2 d whether
	the organization is Also complete this	reporting in Part I, o part for any addition	olumn (I nal infor	b), the number c mation.	of contributions, the number of items	s received,	or a combination	of both.
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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

Name of the organization ECOSYSTEM RESTORATION SUPPORT ORGANIZATION, INC Employer identification number 59-3613351

OMB No. 1545-0047

Open to Public

Inspection

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

PROJECTS.

FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT AND SECRETARY ARE

BROTHER AND SISTER. GLENN AND VICTORIA BUTTS ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 4: DUE TO A REORGANIZATION AT THE

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION THE HABITAT RESTORATION

SECTION HAS BEEN MOVED TO THE NORTHWEST FLORIDA AQUATIC PRESERVE PROGRAM

(NWFAP). AS A RESULT ERSO IS NOW SUPPORTING THE FOUR AQUATIC PRESERVES

MANAGED BY NWFAP.

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED TO THE BOARD AT THE BOARD MEETING CLOSEST TO COMPLETIION OF THE 990. IF THE DATE OF THE MEETING FALLS AFTER THE DUE DATE OF THE 990 IT MAY BE PRESENTED AFTER THE 990 IS FILED.

FORM 990, PART VI, SECTION C, LINE 19: THESE ITEMS ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1	CAMERA	120502	SL	5.00	17	500.			500.	500.		0.
2	30" CENTER CUTTER	100802	SL	7.00	17	81.			81.	81.		0.
		071511	SL	7.00	16	689.			689.	98.		98.
		121012	SL	15.00	16	350.			350.			14.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					1,620.		о.	1,620.	679.	0.	112.
	PROGRAM SERVICES										ι.	
3	ENGINEERING FEES	083001	SL	20.00	17	2,000.			2,000.	1,050.		100.
	FABRIC & TURBIDITY CURTAIN	013102	SL	20.00	17	22,315.			22,315.	11,716.		1,116.
5	LABOR FABRIC	013102	SL	20.00	17	14,586.			14,586.	7,657.		729.
6	ROCK	102601	.SL	20.00	17	90,000.			90,000.	47,250.	:	4,500.
		120701	SL	20.00	17	119,964.			119,964.	62,981.		5,998.
		121501		20.00	17	6,000.			6,000.	3,150.		300.
_		121501		20.00	17	100,000.			100,000.	52,500.		5,000.
		081902		20.00		100,000.			100,000.	47,500.		5,000.
		091602		20.00		2,157.			2,157.	1,025.		108.
	BOUY MARKER & LIGHT			20.00		1,669.			1,669.	791.		83.
		010302				120,000.		 	120,000.	60,000.		6,000.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
14	PLANTS	01300	3SL	20.00	17	5,950.			5,950.	2,828.		298.
15	ROCKS	02280	3SL	20.00	17	35,000.			35,000.	16,625.		1,750.
16	ROCKS	03240	3SL	20.00	17	35,753.			35,753.	16,984.		1,788.
17	EQUIPMENT LABOR	08120	2SL	20.00	17	170,346.			170,346.	80,868.		8,523.
18	EQUIPMENT LABOR	08190	2SL	20.00	17	29,175.			29,175.	13,859.		1,459.
19	ROCKS	10030	3SL	20.00	17	2,556.			2,556.	1,087.		128.
	40 WAVE ATTENUATORS	10030	3SL	20.00	17	45,000.			45,000.	19,125.		2,250.
		06040		20.00	17	2,100.			2,100.	945.		105.
		01200	4SL	20.00	17	4,000.			4,000.	1,600.		200.
		10040		20.00	17	10,400.			10,400.	3,900.		520.
	· · · · · · · · · · · · · · · · · · ·	11300		20.00	17	34,065.			34,065.	9,367.	,	1,703.
	· · ·	05240		20.00		28,417.			28,417.	7,815.		1,421.
	GREENSHORES II	11010		20.00		200,000			200,000.	45,000.		10,000.
		12180		10.00		5,000.			5,000.	2,250.		500.
	EMERALD OCEAN ENG.	12180		20.00		27,518.			27,518.	6,192.		1,376.
		01081		20.00		45,000.			45,000.	-		2,250.
	RECEPTICELS AT	06031		20.00		1,000.			1,000.	104.		50.
-	GREENHOUSE * 990 PAGE 10 TOTAL PROGRAM SERVICES	1 1		20.00		1259971.		0.	1259971.		0.	63,255.

228102 05-01**-**12

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(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* GRAND TOTAL 990 PAGE 10 DEPR			,		1261591.		0.	1261591.	530,492.	ο.	63,367.
										¢ .		
										Result Com		

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

01

File a separate application for each return.
--

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,

visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits.	
Dort 1	Automatic 3-Month Extension of Time	Only submit original (no copies needed)

Part i Automatic 3-women extension of time, Only submit original (no copies needed).	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete	
Part I only	
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time	
to file income tax returns.	

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or					
print	ECOSYSTEM RESTORATION SUPPORT						
-	ORGANIZATION, INC	59-3613351					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)					
filing your return, See	POST OFFICE BOX 407						
instructions,	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	PENSACOLA, FL 32591	1 ±74+7					

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
Is For	Code	Is For		Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
 VICTORIA K. BU' The books are in the care of ▶ <u>1201 N. NINTH</u> Telephone No. ▶ <u>850-434-2374</u> If the organization does not have an office or place of busines If this is for a Group Return, enter the organization's four digit box ▶ If it is for part of the group, check this box ▶ 1 I request an automatic 3-month (6 months for a corporation <u>FEBRUARY 15, 2014</u>, to file the exemplis for the organization's return for: ▶ or ▶ X tax year beginning JUL 1, 2012 2 If the tax year entered in line 1 is for less than 12 months, or Change in accounting period 	AVENU s in the Ur Group Exc and atta n required ot organiza	E – PENSACOLA, FL 32 FAX No. ► 850-434-0906 nited States, check this box emption Number (GEN) If this ach a list with the names and EINs of all to file Form 990-T) extension of time unt ation return for the organization named a and ending JUN 30, 2013	s is for membe	the whole gro ers the extension	ion is for.
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	0-		0.
nonrefundable credits. See instructions.	ontor on	rofundable credite and	<u>3a</u>	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069	-		Зb	ŝ	0.
estimated tax payments made. Include any prior year over c Balance due. Subtract line 3b from line 3a. Include your p				Ψ 	
 Balance due. Subtract line 3b from line 3a. include your p by using EFTPS (Electronic Federal Tax Payment System). 	•		3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal				, Ŧ	
LHA For Privacy Act and Paperwork Reduction Act Notice			0010		68 (Rev. 1-2013)

	**** THI	S IS NOT A FILE	EABLE COPY *****		
-		IRS e-file Signature A			OMB No. 1545-1878
Form 8879-EO		for an Exempt Org			
	For calendar year 2012, or fiscal	year beginning <u>JUL 1</u>	, 2012, and ending JUN 30	,20 <u>13</u>	2012
Department of the Treasury Internal Revenue Service		Do not send to the IRS. Kee	ep for your records.		
Name of exempt organization	I			Employer identi	fication number
ECOSYSTEM RES	TORATION SUPP	ORT			
ORGANIZATION,	INC			59-3613	3351
Name and title of officer VICTORIA K. B TREASURER	UTTS, CPA				
	Return and Return I	nformation (Whole Dollar	rs Only)		
on line 1a, 2a, 3a, 4a, or 5	a, below, and the amount	on that line for the return beir	r the applicable amount, if any, fr ng filed with this form was blank, Irn, then enter -0- on the applicab	then leave line *	lb, 2b, 3b, 4b, or 5b,
1a Form 990 check here	► X b Total rev	enue, if any (Form 990, Part	VIII, column (A), line 12)	1b	840093
2a Form 990-EZ check he	ere 🕨 📃 b Tota	l revenue, if any (Form 990-E	Z, line 9)	2b	· · ·
3a Form 1120-POL check			e 22)		
4a Form 990-PF check h			e (Form 990-PF, Part VI, line 5)		
5a Form 8868 check her	e 🕨 🛄 b Balance	Due (Form 8868, Part I, line 3	3c or Part II, line 8c)		
Part II Declara	tion and Signature A	uthorization of Office	r		
electronic return and acc further declare that the ar intermediate service prov (a) an acknowledgement the date of any refund. If	ompanying schedules and nount in Part I above is the ider, transmitter, or electro of receipt or reason for reje applicable, I authorize the	statements and to the best o amount shown on the copy nic return originator (ERO) to oction of the transmission, (b) U.S. Treasury and its designa	and that I have examined a cop of my knowledge and belief, they of the organization's electronic r send the organization's return to the reason for any delay in proc ated Financial Agent to initiate an fitware for payment of the organi	are true, correct eturn. I consent the IRS and to essing the return electronic funds	, and complete. I to allow my receive from the IRS n or refund, and (c) s withdrawal (direct
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- CURRENT YEAR FEDERAL - ECOSYSTEM

ECOSYSTEM RESTORATION SUPPORT ORGANIZATION, INC

		· · · · · · · · · · · · · · · · · · ·		· · · ·	,			TON, THC	· · · · ·	line in the second s		
Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											a a
1	CAMERA	120502	SL	5.00	17	500.			500.	500.		0.
2	30" CENTER CUTTER	100802	SL	7.00	17	81.			81.	81.		0.
		071511	SL	7.00	16	689.			689.	98.		98.
32		121012	SL	15.00	16	350.			350.			14.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM	1				1,620.		0.	1,620.	679.	ο.	112.
	PROGRAM SERVICES											
		083001	SL	20.00	17	2,000.			2,000.	1,050.		100.
	FABRIC & TURBIDITY CURTAIN	013102	SL	20.00	17	22,315.			22,315.	11,716.		1,116.
5	LABOR FABRIC	013102	SL	20.00	17	14,586.			14,586.	7,657.		: 729.
6	ROCK	102601	SL	20.00	17	90,000.	-		90,000.	47,250.		4,500.
7	ROCK	120701	SL	20.00	17	119,964.			119,964.	62,981.		5,998.
8	ENGINEERING FEES	121501	SL	20.00	17	6,000.			6,000.	3,150.		300.
9	SAND	121501	SL	20.00	17	100,000.			100,000.	52,500.		5,000.
10	ROCK & CONCRETE	081902	SL	20.00	17	100,000.			100,000.	47,500.		5,000.
11	TURBIDITY CURTAIN	091602	SL	20.00	17	2,157.			2,157.	1,025.		108.
12	BOUY MARKER & LIGHT	092302	SL	20.00	17	1,669.			1,669.	791.		83.
13	SAND	010302	SL	20.00	17	120,000.			120,000.	60,000.		6,000.

228102 05-01-12

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - ECOSYSTEM RESTORATION SUPPORT

ORGANIZATION, INC Current Year Accumulated Current Bus % Reduction In Basis For Unadiusted Date Line No. Asset Life Sec 179 Deduction Method Basis Depreciation Depreciation Description Acquired Cost Or Basis Exc No. 5,950. 2,828. 298 013003SL 5,950. 20.0017 14PLANTS 16,625. 1,750. 35,000 20.0017 35,000. 1022810315L 15ROCKS 35,753. 16,984. 1,788. 35,753. 20.0017 032403SL 16ROCKS 80,868. 8,523. 170,346. 170,346. 0812025L 20.0017 17EOUIPMENT LABOR 13,859. 1,459. 29,175. 20.0017 29,175. 081902SL 18EOUIPMENT LABOR 2,556. 128 1,087. 20.0017 2,556. 100303SL 19ROCKS 2,250 45,000. 19,125. 2040 WAVE ATTENUATORS 100303 SL 20.0017 45,000. 105. 2,100. 945. 20.0017 2,100. 060403SL 21ENGINEERING FEES 200. 4,000. 1,600. 012004SL 20.0017 4,000. 22ENGINEERING FEES 3,900. 520. 10,400. 10,400. 20.0017 100404SL 23ENGINEERING FEES 34,065. 1,703. 9,367. 20.0017 34,065. 113006SL 24ENGINEERING FEES 1,421 28,417. 7,815. 052407SL 20.0017 28,417. 25ENGINEERING FEES GREENSHORES II 200,000. 45,000. 10,000. 200,000. 20.0017 26 CARTER'S CONT. 110107SL 500. 5,000 2,250. 10.0017 121807SL 5,000. 27SIGNS EMERALD OCEAN ENG. 1,376. 6,192. 27,518. 27,518. 20.0017 28SITE II 121807SL 5,644 2,250. 45,000. 45,000. 20.0016 010810SL 290YSTER SHELLS RECEPTICELS AT 50. 104. 1,000 20.0016 1,000. 060310SL **30GREENHOUSE** 990 PAGE 10 TOTAL 0. 63.255. 529,813 0. 1259971 1259971 PROGRAM SERVICES

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - ECOSYSTEM RESTORATION SUPPORT

ORGANIZATION, INC

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
•	* GRAND TOTAL 990 PAGE 10 DEPR					1261591.		0.	1261591.	530,492.	0.	63,367.
					:							
			:									
											-	

228 102 05-01-12

- NEXT YEAR FEDERAL -

ECOSYSTEM RESTORATION SUPPORT

ORGANIZATION, INC

			01.01		TON' THE	1			
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT								
	CAMERA	120502	SL	5.00	500.		500.	500.	0.
	30" CENTER CUTTER	100802	SL	7.00	81.		81.	81.	0.
	TRASH CANS	071511		7.00	689.		689.	196.	98.
	LIGHTS AT GREENHOUSE	121012	SL	15.00	350.		350.	14.	23.
	* 990 PAGE 10 TOTAL MACHINERY &								
	EOUIPMENT				1,620.		1,620.	791.	121.
	PROGRAM SERVICES								
	ENGINEERING FEES	083001		20.00	2,000.		2,000.	1,150.	100.
	FABRIC & TURBIDITY CURTAIN	013102		20.00	22,315.		22,315.	12,832.	1,116.
	LABOR FABRIC	013102	SL	20.00	14,586.		14,586.	8,386.	729.
	ROCK	102601	SL	20.00	90,000.		90,000.	51,750.	4,500.
	ROCK	120701	SL	20.00	119,964.		119,964.	68,979.	5,998.
	ENGINEERING FEES	121501	SL	20.00	6,000.		6,000.	3,450.	300.
	SAND	121501	SL	20.00	100,000.		100,000.	57,500.	5,000.
	ROCK & CONCRETE	081902	SL	20.00	100,000.		100,000.	52,500.	5,000.
	TURBIDITY CURTAIN	091602	SL	20.00	2,157.		2,157.	1,133.	108.
	BOUY MARKER & LIGHT	092302	SL	20.00	1,669.		1,669.	874.	83.
	SAND	010302	SL	20.00	120,000.		120,000.	66,000.	6,000.
	PLANTS	013003		20.00	5,950.		5,950.	3,126.	298.
	ROCKS	022803	SL	20.00	35,000.		35,000.	18,375.	1,750.
	ROCKS	032403	SL	20.00	35,753.		35,753.	18,772.	1,788.
	EQUIPMENT LABOR	081202		20.00	170,346.		170,346.	89,391.	8,517.
	EQUIPMENT LABOR	081902		20.00	29,175.		29,175.	15,318.	1,459.
	ROCKS	100303		20.00	2,556.		2,556.	1,215.	128.
	40 WAVE ATTENUATORS	100303		20.00	45,000.		45,000.	21,375.	2,250.
	ENGINEERING FEES	060403		20.00	2,100.		2,100.	1,050.	105.
	ENGINEERING FEES	012004		20.00	4,000.		4,000.	1,800.	200.
	ENGINEERING FEES	100404		20.00	10,400.		10,400.	4,420.	520.
	ENGINEERING FEES	113006		20.00	34,065.		34,065.	11,070.	1,703.
	ENGINEERING FEES	052407	SL	20.00	28,417.		28,417.	9,236.	1,421.
	GREENSHORES II CARTER'S CONT.	110107	ŜГ	20.00	200,000.		200,000.	55,000.	10,000.
	SIGNS	121807	SL	10.00	5,000.		5,000.	2,750.	500.
	EMERALD OCEAN ENG. SITE II	121807	SL	20.00	27,518.		27,518.	7,568.	1,376.

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228103 05-01-12 (D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - ECOSYSTEM RESTORATION SUPPORT ORGANIZATION. INC

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* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

29OYSTER SHELLS 010810SL 20.00 45,000. 45,000. 7,894. 2,25 30RECEPTICELS AT GREENHOUSE 060310SL 20.00 1,000. 1,000. 154. 5 * 990 PAGE 10 TOTAL PROGRAM SERVICES 0 1259971. 1259971. 593,068. 63,24						ION, INC				· · · ·
2901STER DHELLO 30RECEPTICELS AT GREENHOUSE 060310SL 20.00 1,000. 1,000. 154. 5 * 990 PAGE 10 TOTAL PROGRAM SERVICES 1259971. 1259971. 593,068. 63,24	Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	2	OYSTER SHELLS RECEPTICELS AT GREENHOUSE * 990 PAGE 10 TOTAL PROGRAM SERVICES	010810 060310)sl	20.00	45,000. 1,000. 1259971.	Basis	45,000. 1,000. 1259971.	7,894. 154. 593,068.	Depreciation 2,250 50 63,249 63,370