2003 FEDERAL BOOK DEPRECIATION SCHEDULE

WILDCOAST 77-0536297

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	FORM 990/990-PF															
	AUTO / TRANSPORT EQUIPMENT															
2	TRUCKS	1/01/01		16,800							16,800	6,720	S/L HY	5	.20000	3,360
3	TRAILER	1/01/02		700							700	140	S/L HY	5	.20000	140
	TOTAL AUTO / TRANSPORT EQUIP			17,500		0	0	0	0	0	17,500	6,860				3,500
	FURNITURE AND FIXTURES															
8	FURNITURE AND FIXTURES	1/01/02		1,500							1,500	300	S/L HY	5	.20000	300
	TOTAL FURNITURE AND FIXTURE			1,500		0	0	0	0	0	1,500	300				300
	MACHINERY AND EQUIPMENT															
1	COMPUTER EQUIPMENT	1/01/99		2,050							2,050	1,230	S/L HY	5	.20000	410
4	PRINTER/FAX	1/01/02		594							594	119	S/L HY	5	.20000	119
5	PROJECTOR	1/01/02		2,143							2,143	429	S/L HY	5	.20000	429
6	COMPUTERS	1/01/02		4,635							4,635	788	S/L HY	5	.20000	1,049
7	COPIER/PRINTER	1/01/02		700							700	140	S/L HY	5	.20000	140
9	COMPUTER EQUIPMENT	1/01/03		5,466							5,466		S/L HY	5	.10000	1,093
	TOTAL MACHINERY AND EQUIPME			15,588		0	0	0	0	0	15,588	2,706				3,240
	TOTAL DEPRECIATION			34,588		0	0	0	0	0	34,588	9,866				7,040
	GRAND TOTAL DEPRECIATION			34,588		0	0	0	0	0	34,588	9,866				7,040

12/31/03

2003 CALIFORNIA BOOK DEPRECIATION SCHEDULE

WILDCOAST 77-0536297

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	FORM 199															
	AUTO / TRANSPORT EQUIPMENT															
2	TRUCKS	1/01/01		16,800							16,800	6,720	S/L HY	5	.20000	3,360
3	TRAILER	1/01/02		700							700	140	S/L HY	5	.20000	140
	TOTAL AUTO / TRANSPORT EQUIP			17,500		0	0	0	0	0	17,500	6,860				3,500
	FURNITURE AND FIXTURES															
8	FURNITURE AND FIXTURES	1/01/02		1,500							1,500	300	S/L HY	5	.20000	300
	TOTAL FURNITURE AND FIXTURE			1,500		0	0	0	0	0	1,500	300				300
	MACHINERY AND EQUIPMENT															
1	COMPUTER EQUIPMENT	1/01/99		2,050							2,050	1,230	S/L HY	5	.20000	410
4	PRINTER/FAX	1/01/02		594							594	119	S/L HY	5	.20000	119
5	PROJECTOR	1/01/02		2,143							2,143	429	S/L HY	5	.20000	429
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9	COMPUTER EQUIPMENT	1/01/03		5,466							5,466		S/L HY	5	.10000	1,093
	TOTAL MACHINERY AND EQUIPME			15,588		0	0	0	0	0	15,588	2,706				3,240
	TOTAL DEPRECIATION			34,588		0	0	0	0	0	34,588	9,866				7,040
	GRAND TOTAL DEPRECIATION			34,588		0	0	0	0	0	34,588	9,866				7,040

Form **990** | **Return of Organization Exempt from Income Tax**

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning , 2003, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

WILDCOAST
925 SEACOAST DRIVE
IMPERIAL BEACH, CA 91932

D Employer Identification Number 77-0536297

E Telephone number 619-423-8530

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☐ No
(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site: ► N/A

J Organization type (check only one) ► ☒ 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ► ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

I Group Exemption Number ►

M Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 693,921.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	686,938.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash $ 686,938. noncash $)			1d	686,938.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	1,983.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ►)			7	

			(A) Securities		(B) Other		
	8a	Gross amount from sales of assets other than inventory		8a			
	b	Less: cost or other basis and sales expenses		8b			
	c	Gain or (loss) (attach schedule)		8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	

	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ► ☐				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	5,000.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	693,921.
EXPENSES	13	Program services (from line 44, column (B))			13	620,800.
	14	Management and general (from line 44, column (C))			14	45,231.
	15	Fundraising (from line 44, column (D))			15	62,651.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	728,682.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-34,761.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	257,968.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1			20	-15,851.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	207,356.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		**(A) Total**	**(B)** Program services	**(C)** Management and general	**(D)** Fundraising
22 Grants and allocations (att sch) (cash $ ______ non-cash $ ______)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	120,000.	120,000.		
26 Other salaries and wages	26	77,433.	77,433.		
27 Pension plan contributions	27				
28 Other employee benefits	28	21,115.	21,115.		
29 Payroll taxes	29	14,530.	14,530.		
30 Professional fundraising fees	30	7,010.			7,010.
31 Accounting fees	31	4,108.		4,108.	
32 Legal fees	32	5,225.		5,225.	
33 Supplies	33	38,655.	34,704.	3,951.	
34 Telephone	34	25,718.	21,860.	3,858.	
35 Postage and shipping	35	2,476.	2,105.	247.	124.
36 Occupancy	36	22,384.	19,026.	3,358.	
37 Equipment rental and maintenance	37	3.	3.		
38 Printing and publications	38	15,088.			15,088.
39 Travel	39	77,102.	38,551.		38,551.
40 Conferences, conventions, and meetings	40	3,663.		3,663.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	6,918.	3,459.	3,459.	
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 2	43a	287,254.	268,014.	17,362.	1,878.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). **Organizations completing columns (B) - (D), carry these totals to lines 13 - 15**	44	728,682.	620,800.	45,231.	62,651.

Joint Costs. Check. ► ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ______; **(ii)** the amount allocated to Program services $ ______; **(iii)** the amount allocated to Management and general $ ______; and **(iv)** the amount allocated to Fundraising $ ______.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ► CHARITABLE; EDUCATIONAL

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 3 (Grants and allocations $)	620,800.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (Grants and allocations $)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	620,800.

Part IV Balance Sheets (See Instructions)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			**(A)** Beginning of year		**(B)** End of year
ASSETS 45 Cash — non-interest-bearing			27,403.	45	20,826.
46 Savings and temporary cash investments			218,480.	46	188,063.
47a Accounts receivable	47a				
b Less: allowance for doubtful accounts	47b			47c	
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)			4,103.	50	3,936.
51a Other notes & loans receivable (attach sch)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges				53	
54 Investments — securities (attach schedule) ► ☐ Cost ☐ FMV				54	
55a Investments — land, buildings, & equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments — other (attach schedule)				56	
57a Land, buildings, and equipment: basis	57a	34,589.			
b Less: accumulated depreciation (attach schedule) STATEMENT 4	57b	16,906.	18,559.	57c	17,683.
58 Other assets (describe ► SEE STATEMENT 5)			350.	58	1,060.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			268,895.	59	231,568.
LIABILITIES 60 Accounts payable and accrued expenses			27,997.	60	24,212.
61 Grants payable				61	
62 Deferred revenue			-17,070.	62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)				64b	
65 Other liabilities (describe ►)				65	
66 **Total liabilities** (add lines 60 through 65)			10,927.	66	24,212.
NET ASSETS OR FUND BALANCES **Organizations that follow SFAS 117, check here** ► [X] and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			257,968.	67	87,158.
68 Temporarily restricted				68	120,198.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			257,968.	73	207,356.
74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			268,895.	74	231,568.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	**a**	693,921.
b	Amounts included on line **a** but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $		
	Add amounts on lines **(1)** through **(4)**	**b**	
c	Line **a** minus line **b**	**c**	693,921.
d	Amounts included on line 12, Form 990 but not on line **a:**		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines **(1)** and **(2)**	**d**	
e	Total revenue per line 12, Form 990 (line **c** plus line **d**)	**e**	693,921.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	**a**	728,682.
b	Amounts included on line **a** but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $		
	Add amounts on lines **(1)** through **(4)**	**b**	
c	Line **a** minus line **b**	**c**	728,682.
d	Amounts included on line 17, Form 990 but not on line **a:**		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines **(1)** and **(2)**	**d**	
e	Total expenses per line 17, Form 990 (line **c** plus line **d**)	**e**	728,682.

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

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(if not paid, enter -0-)**	**(D)** Contributions to employee benefit plans and deferred compensation	**(E)** Expense account and other allowances
SEE STATEMENT 6		120,000.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ► ☐ **Yes** ☒ **No**

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions. **81a** 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) **82b** N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b**, do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members **85c** N/A			
d	Section 162(e) lobbying and political expenditures **85d** N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e** N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f** N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 **86a** N/A			
b	Gross receipts, included on line 12, for public use of club facilities **86b** N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders **87a** N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **87b** N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	*501(c)(3) organizations*. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0.			

90a List the states with which a copy of this return is filed ► CALIFORNIA

b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) **90b** 5

91 The books are in care of ► JESUS GONZALES Telephone number ► 619-423-8530

Located at ► 757 EMORY ST PMB 161, IMPERIAL BEACH, CA ZIP + 4 ► 91932

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** – Check here N/A ► ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ► **92** N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	1,983.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER INCOME					5,000.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,983.	5,000.

105 **Total** (add line 104, columns (B), (D), and (E)) ► 6,983.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103B	MISCELLANEOUS PROGRAM RELATED INCOME

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If 'Yes' to* **(b),** *file Form 8870* **and** *Form 4720 (see instructions).*

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

► Signature of officer Date

► Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► CHERYL RHODE | Date | Check if self-employed ► ☐ | Preparer's SSN or PTIN (see General Instruction W) N/A

Firm's name (or yours if self-employed) address, and ZIP + 4 ► WEST RHODE & ROBERTS
2550 FIFTH AVENUE, SUITE 103
SAN DIEGO, CA 92103

EIN ► N/A

Phone no. ► 619-615-5380

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2003

Name of the organization: WILDCOAST

Employer identification number: 77-0536297

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ►	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services ► 0		

Part III Statements About Activities (See instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ N/A (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	**1**		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	**2a**		X
b	Lending of money or other extension of credit?	**2b**		X
c	Furnishing of goods, services, or facilities?	**2c**		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	**2d**		X
e	Transfer of any part of its income or assets?	**2e**		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	**3a**		X
b	Do you have a section 403(b) annuity plan for your employees?	**3b**		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	**4**		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	**(a)** 2002	**(b)** 2001	**(c)** 2000	**(d)** 1999	**(e)** Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	718,434.	492,163.			1,210,597.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	7,935.	355.			8,290.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,503.	2,063.			4,566.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	728,872.	494,581.			1,223,453.
24 Line 23 minus line 17	720,937.	494,226.			1,215,163.
25 Enter 1% of line 23	7,289.	4,946.			

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ► **26a** 24,303.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► **26b** 407,136.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► **26c** 1,215,163.

d Add: Amounts from column (e) for lines: 18 4,566. 19 ______ 22 ______ 26b 407,136. **26d** 411,702.

e Public support (line 26c minus line 26d total) ► **26e** 803,461.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► **26f** 66.12 %

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2002) ______ (2001) ______ (2000) ______ (1999) ______

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2002) ______ (2001) ______ (2000) ______ (1999) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ **27c**

d Add: Line 27a total ______ and line 27b total ______ **27d**

e Public support (line 27c total minus line 27d total) ► **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► **27h** %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ► a ☐ if the organization belongs to an affiliated group. Check ► b ☐ if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is — / **The lobbying nontaxable amount is —**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2003	**(b)** 2002	**(c)** 2001	**(d)** 2000	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h.**)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51 a (i)**		X
(ii) Other assets	**a (ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b (i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b (ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b (iii)**		X
(iv) Reimbursement arrangements	**b (iv)**		X
(v) Loans or loan guarantees	**b (v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b (vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2003

Name of organization	**Employer identification number**
WILDCOAST	77-0536297

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule — see instructions.)*

General Rule —

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

Special Rules —

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

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

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

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

Name of organization
WILDCOAST

Employer identification number
77-0536297

Part I **Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE GA BINNEY CONSERVATION FND 5761 CARNEGIE STREET SAN DIEGO, CA 92122	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	UGO CONTI 1318 BREWSTER DRIVE EL CERRITO, CA 94530	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	ENVIRONMENT NOW 2515 WILSHIRE BLVD SANTA MONICA, CA 90403	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	KIMBERLY AND SMOKY BAYLESS 1112 FLORA AVENUE CORONADO, CA 92118	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	HOMELAND FOUNDATION 412 NORTH COAST HIGHWAY LAGUNA BEACH, CA 92651	$ 71,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	INTERNATIONAL COMMUNITY FNDN 1420 KETTNER BLVD SUITE 500 SAN DIEGO, CA 92101	$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
WILDCOAST	77-0536297

Part I **Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	INTL FUND FOR ANIMAL WELFARE 411 MAIN STREET YARMOUTH PORT, MA 02675-1822	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	NATIONAL FISH AND WILDLIFE FDN 1120 CONNECTICUT AVE NW #900 WASHINGTON, DC 20036	$ 17,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	NATIONAL MARINE FISHERIES SERV 7600 SAND POINT WAY NE SEATTLE, WA 98115-6349	$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	THE DAVID & LUCILE PACKARD FDN 300 SECOND STREET #200 LOS ALTOS, CA 94022	$ 160,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	THE PANAPHIL FOUNDATION 4701 PINE STREET, A-6 PHILADELPHIA, PA 19143-1817	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12	PARK FOUNDATION P.O. BOX 550 ITHACA, NY 14851	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization
WILDCOAST

Employer identification number
77-0536297

Part I **Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	PORT OF SAN DIEGO P.O. BOX 120488 SAN DIEGO, CA 92122-0488	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14	THE SAN DIEGO FOUNDATION 1420 KETTNER BLVD STE 150 SAN DIEGO, CA 92101	$ 57,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15	SANDLER FAMILY FOUNDATION 4431 23RD STREET SAN FRANCISCO, CA 94114	$ 70,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16	THE SIMA ENVIRONMENTAL FUND 120 1/2 EL CAMINO REAL STE 204 SAN CLEMENTE, CA 92672	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17	UNITED STATES FISH & WILDLIFE 1875 CENTURY BOULEVARD ATLANTA, GA 30345	$ 23,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18	WALLACE RESEARCH FNDN 5715 NORTH SUNRAY DRIVE TUCSON, AZ 85743	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
WILDCOAST	77-0536297

Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization
WILDCOAST

Employer identification number
77-0536297

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year (Complete cols **(a)** through **(e) and** the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once — see instructions.) ► $ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

STATEMENT 1
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

AUDIT CORRECTION ON AMOUNT OF 2002 ENDING ASSETS	$ -15,851.
TOTAL	$ -15,851.

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	1,189.		1,189.	
COMMUNICATIONS	189.	189.		
CONSULTING SERVICES	263,126.	263,126.		
FUNDRAISING FEES	405.			405.
GOV AGENCY FEES	290.	290.		
INSURANCE	4,894.	2,935.	1,959.	
MISCELLANEOUS	14,214.		14,214.	
WEBSITE EXPENSE	2,947.	1,474.		1,473.
TOTAL	$ 287,254.	$ 268,014.	$ 17,362.	$ 1,878.

STATEMENT 3
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES

WILDLIFE PROGRAM 2003

WILDCOAST COORDINATED THE FIFTH ANNUAL SEA TURTLE CONSERVATION MEETING IN LORETTO, BAJA CALIFORNIA SUR. THE MEETING INCLUDED WORKSHOPS ON MEDIA RELATIONS, ENVIRONMENTAL EDUCATION AND SEA TURTLE CONSERVATION. MORE THAN 175 PEOPLE PARTICIPATED INCLUDING OUR MONITORING TEAMS, MEXICAN GOVERNMENT OFFICIALS AND LOCALS FROM THE PRIVATE SECTOR.

IN PARTNERSHIP WITH TV AZTECA, WILDCOAST ASSISTED MEXICO'S SECOND HIGHEST RATED TELEVISION NETWORK TO CARRY OUT AN HISTORIC AND UNPRECEDENTED SEA TURTLE CONSERVATION TELETHON FROM AUGUST 4-7, 2003. MORE THAN 15 SEA TURTLE-RELATED NEWS SEGMENTS AND COUNTLESS PSAS AIRED ON NATIONAL TELEVISION AND FEATURED WILDCOAST EXECUTIVE DIRECTOR SERGE DEDINA AND SOME OF MEXICO'S MOST POLAR ENTERTAINMENT PERSONALITIES. THE EVENT RAISED CLOSE TO THREE MILLION DOLLARS FOR SEA TURTLE CONSERVATION IN MEXICO.

DURING OCTOBER-NOVEMBER A TEAM OF WILDCOAST STAFF AND VOLUNTEERS WENT ON TOUR WITH MANA-THE WORLD'S MOST POPULAR SPANISH LANGUAGE-ROCK BAND TO PROMOTE SEA TURTLE CONSERVATION. WILDCOAST STAFFED A BOOTH AT CONCERTS IN SAN DIEGO, LOS ANGELES, SAN JOSE, LAS VEGAS, PHOENIX, TIJUANA, AND MEXICALI-HANDING OUT FLYERS AND STICKERS TO THOUSANDS OF

STATEMENT 3 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
YOUNG PEOPLE. WILDCOAST STAFF APPEARED IN TELEVISION AND RADIO PROGRAMS ABOUT THE SEA TURTLE PROGRAM IN PHOENIX, ARIZONA ALONG WITH FHER, THE BAND'S LEAD SINGER.		
IN DECEMBER, MANA INVITED OUR TEAM TO JOIN BAND MEMBERS AND THE MEDIA ON A SEA TURTLE BEACH IN JALISCO, MEXICO, TO RELEASE SEA TURTLE HATCHLINGS AND CELEBRATE CONSERVATION WITH FANS. THE TURTLE RELEASE AND CONCERT WAS VIEWED ALL OVER LATIN AMERICA.		
THE TOUR AND TURTLE EVENT RESULTED IN A GREAT WORKING RELATIONSHIP WITH AN ICON FOR THE YOUTH OF LATIN AMERICAN (MANA.COM.MX) AND THE BAND'S FOUNDATION SELVA NEGRA (SELVANEGRA.ORG). WE ARE CURRENTLY PRODUCING A SEA TURTLE PSA (IN SPANISH) FEATURING LEAD SINGER FHER.		321,545.
WILDLANDS PROGRAM 2003		
IN PARTNERSHIP WITH PRONATURA, WILDCOAST COMPLETED MEXICO'S FIRST PRIVATE-SECTOR COASTAL CONSERVATION EASEMENT-THE LA UNICA NATURE RESERVE-A 300-ACRE (1.2 MILE-LONG) COASTAL SITE, JUST SOUTH OF BAHIA DE LOS ANGELES.		
MAJOR ADVANCES WERE MADE IN THE ESTABLISHMENT OF THE BAHIA DE LOS ANGELES NATIONAL MARINE PARK:		
FERMIN SMITH, FORMER MAYOR OF BAHIA DE LOS ANGELS, WAS HIRED BY PRONATURA AS LOCAL PROJECT COORDINATOR;		
WILDCOAST, IN PARTNERSHIP WITH PRONATURA, ORGANIZED A MEDIA CAMPAIGN TO CONVINCE THE GOVERNOR OF BAJA CALIFORNIA TO SUPPORT THE PROPOSED 1.9 MILLION ACRE BAHIA DE LOS ANGELES NATIONAL MARINE PARK PROJECT. ELEVEN REPORTERS VISITED BAHIA DE LOS ANGELES IN OCTOBER AND SUBSEQUENT COVERAGE REACHED MORE THAN FIVE MILLION PEOPLE THROUGH REPEATED TELEVISION, RADIO AND NEWSPAPER FEATURES INCLUDING THE ASSOCIATED PRESS, PBS, THE SAN FRANCISCO CHRONICLE, SAN DIEGO UNION TRIBUNE, THE NEW YORK TIMES AND THE WASHINGTON POST.		
PRONATURA OPENED THE BAHIA DE LOS ANGELES COMMUNITY CENTER AND INITIATED A NATIONAL PARK TRAINING PROGRAM FOR LOCAL PEOPLE.		
WILDCOAST CREATED A WEBSITE-BAHIADELOSANGELES.BIZ AND COMPLETED PLANS FOR THE BAHIA DE LOS ANGELES NATIONAL PARK HQ.		
DEVELOPED AND COMPLETED THE BAY OF HOPE VIDEO IN ENGLISH AND SPANISH.		
PRONATURA AND WILDCOAST MET WITH THE EJIDO LA PURISIMA TO DISCUSS THE CONSERVATION PLANS FOR THE BAHIA CONCEPCION PENINSULA RESERVE PROJECT. THE GENERAL ASSEMBLY VOTED TO MOVE FORWARD WITH A PROPOSAL TO CREATE A CONSERVATION PLAN FOR THE 1.2 MILLION ACRE EJIDO AND INCREASE THE SIZE OF THE		

STATEMENT 3 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CONSERVATION PROJECT BY A FACTOR OF 10. PRONATURA AND WILDCOAST WILL WORK WITH THE EJIDO TO DEVELOP A CONSERVATION PLAN FOR THE ENTIRE EJIDO. DEVELOPING THE CONSERVATION PLAN SHOULD TAKE BETWEEN 6 MONTHS AND A YEAR. THIS PROJECT IS ONE OF THE MOST IMPORTANT PRIVATE-LAND CONSERVATION PROJECTS IN LATIN AMERICA.		
WILDCOAST AND OUR MEXICAN PARTNERS CELEBRATED A MAJOR VICTORY THIS YEAR REGARDING THE ESCALERA NAUTICA PROJECT. THE MEXICAN GOVERNMENT HAS REDUCED THE NUMBER OF SITES FOR MARINA DEVELOPMEBT TO ENSENADA, CABO SAN LUCAS, LORETO, LA PAZ AND SANTA ROSALIA. THE MAJORITY OF ESCALARA NAUTICA-RELATED SIGNAGE ON HIGHWAY 1 HAS BEEN REMOVED. A LAWSUIT FILED BY MEXICO'S GROUP OF 100 REGARDING ILLEGAL MARINA DEVELOPMENT IN THE VILLAGE OF SANTA ROSALILLITA RESULTED IN AN $80,000 FINE AGAINST THE DEVELOPER.		276,807.
ADMINISTRATION		
WILDCOAST MANAGES THE WILDLIFE AND WILDLANDS PROJECTS WITH FOUR EMPLOYEES AND A VOLUNTEER BOARD OF DIRECTORS. THIS YEAR THE STAFF AND BOARD OF DIRECTORS PARTICIPATED IN THE DEVELOPMENT OF A STRATEGIC PLAN.		
WILDCOAST AS PART OF CALIFORNIA COASTKEEPER ALLIANCE WAS HONORED BY THE CALIFORNIA LEAGUE OF CONSERVATION VOTERS ON SEPTEMBER 22ND ALONG WITH SENATOR JOHN KERRY.		
WILDCOAST CREATES AND DISTRIBUTES THE FIRST VOLUME OF ITS NEWSLETTER TO APPROXIMATELY 600 MEMBERS, DONORS AND PARTNERS THROUGH OUR MEMBERSHIP DATABASE.		
FRIENDS OF WILDCOAST PROVIDED COUNTLESS HOURS OF VOLUNTEER TIME GIVING TALKS AT SCHOOLS; STAFFING EDUCATION BOOTHS AND SPECIAL EVENTS AND ASSISTING US IN THE OFFICE.		22,448.
	$ 0.	$ 620,800.

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	$ 17,500.	$ 10,360.	$ 7,140.
FURNITURE AND FIXTURES	4,937.	600.	4,337.
MACHINERY AND EQUIPMENT	12,152.	5,946.	6,206.
TOTAL	$ 34,589.	$ 16,906.	$ 17,683.

STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS	$ 710.
SUPPLIES ON HAND	350.
TOTAL	$ 1,060.

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PATRICIA MCCOY 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	$ 0.	$ 0.	$ 0.
BARBARA ANDREWS 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
JORGE TAPIAS 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
ELENA EGER 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
SMOKY BAYLESS 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
JIM SANDLER 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
SUSAN FLIEDER 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
LARRY WAN 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
SERGE DEDINA 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	EXECUTIVE DIREC 40	60,000.	0.	0.
WALLACE J. NICHOLS 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	 40	60,000.	0.	0.
	TOTAL	$ 120,000.	$ 0.	$ 0.

YEAR **2003**

California Exempt Organization Annual Information Return

FORM **199**

For calendar or fiscal year beginning month day year 2003, and ending month day year

IMPORTANT: Your number is required.

California corporation number	Federal employer identification number
2079391	77-0536297

Corporation/Organization name

WILDCOAST

Address: 925 SEACOAST DRIVE | PMB no.

City, State, ZIP Code: IMPERIAL BEACH, CA 91932

A Final return? ☐ Yes. Check applicable box. ☒ No
● ☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)
If a box is checked, enter date ●

B Check forms filed this year: State: ☐ 109 ☐ 100 ☐ 100S ☐ 100W Fed: ☒ 990
Fed: ☐ 990EZ ☐ 990T ☐ 990PF ☐ 1041 ☐ 1120H ☐ 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** ● ☐

D Is this a group filing? See General Instruction N. ☐ Yes ☒ No

E Accounting method used . ACCRUAL

F Type of organization ☒ Exempt under Section 23701 D (insert letter)
☐ IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues (Attach check or money order here.)	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	6,983.
	2	Gross dues and assessments from members and affiliates ●	2	
	3	Gross contributions, gifts, grants, and similar amounts received. See instructions SEE SCH. B ●	3	686,938.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 **This line must be completed.** If the result is less than $25,000, see General Instruction C ●	4	693,921.
	5	Cost of goods sold (5)		
	6	Cost or other basis, and sales expenses of assets sold (6)		
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	8	693,921.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	728,682.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-34,761.
Filing Fee	11	Filing fee $10 or $25. See General Instruction F	11	10.
	12	Penalty for failure to file on time. See General Instruction L	12	
	13	Use tax. See instructions ●	13	
	14	Balance due. Add line 11, line 12, and line 13 FILING FEE PAID 10	14	

15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☒ No

16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents ☐ Yes ☒ No

17 Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If 'Yes,' enter amount of gross receipts from nonmember sources $

18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? ☐ Yes ☒ No
If 'Yes,' enter amount of total income reported $

19 The financial records are in care of JESUS GONZALES Daytime telephone 619-423-8530
located at 757 EMORY ST PMB 161, IMPERIAL BEACH, CA 91932

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► Signature of officer Date ► Title
● 619-423-8530 Daytime telephone

Paid Preparer's Use Only

Paid Preparer's signature ► CHERYL RHODE Date Check if self-employed ☐ ● Paid preparer's SSN or PTIN P00234939

Firm's name (or yours, if self-employed) and address ► WEST RHODE & ROBERTS
2550 FIFTH AVENUE, SUITE 103 ● FEIN 33-0783983
SAN DIEGO, CA 92103 ● Daytime telephone 619-615-5380

Part II Organizations with gross receipts of more than $25,000 and private foundations regardless of amount of gross receipts— complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	1,983.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule SEE STATEMENT 1	7	5,000.
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	6,983.
Expenses and Disburse-ments	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	11	120,000.
	12	Other salaries and wages	12	77,433.
	13	Interest	13	
	14	Taxes	14	14,530.
	15	Rents	15	22,384.
	16	Depreciation and depletion	16	6,918.
	17	Other. Attach schedule SEE STATEMENT 3	17	487,417.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	728,682.

Schedule L Balance Sheets

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		245,883.		208,889.
2 Net accounts receivable				
3 Net notes receivable. Attach schedule		4,103.		3,936.
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of loans ___)				
9 Other investments. Attach schedule				
10a Depreciable assets	28,425.		34,589.	
b Less accumulated depreciation	9,866.	18,559.	16,906.	17,683.
11 Land				
12 Other assets. Attach schedule ST 4		350.		1,060.
13 Total assets		268,895.		231,568.
Liabilities and net worth				
14 Accounts payable		27,997.		24,212.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule		-17,070.		
19 Capital stock or principle fund		257,968.		207,356.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		268,895.		231,568.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $25,000

1 Net income per books	-34,761.	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule		8 Deductions in this return not charged against book income this year. Attach schedule	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	-34,761.	10 Net income per return. Subtract line 9 from line 6	-34,761.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2003

Name of organization	Employer identification number
WILDCOAST	77-0536297

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule — see instructions.)*

General Rule —

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

Special Rules —

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

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

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

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

Name of organization	**Employer identification number**
WILDCOAST	77-0536297

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE GA BINNEY CONSERVATION FND 5761 CARNEGIE STREET SAN DIEGO, CA 92122	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	UGO CONTI 1318 BREWSTER DRIVE EL CERRITO, CA 94530	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	ENVIRONMENT NOW 2515 WILSHIRE BLVD SANTA MONICA, CA 90403	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	KIMBERLY AND SMOKY BAYLESS 1112 FLORA AVENUE CORONADO, CA 92118	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	HOMELAND FOUNDATION 412 NORTH COAST HIGHWAY LAGUNA BEACH, CA 92651	$ 71,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	INTERNATIONAL COMMUNITY FNDN 1420 KETTNER BLVD SUITE 500 SAN DIEGO, CA 92101	$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization
WILDCOAST

Employer identification number
77-0536297

Part I **Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	INTL FUND FOR ANIMAL WELFARE 411 MAIN STREET YARMOUTH PORT, MA 02675-1822	$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
8	NATIONAL FISH AND WILDLIFE FDN 1120 CONNECTICUT AVE NW #900 WASHINGTON, DC 20036	$ 17,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
9	NATIONAL MARINE FISHERIES SERV 7600 SAND POINT WAY NE SEATTLE, WA 98115-6349	$ 40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
10	THE DAVID & LUCILE PACKARD FDN 300 SECOND STREET #200 LOS ALTOS, CA 94022	$ 160,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
11	THE PANAPHIL FOUNDATION 4701 PINE STREET, A-6 PHILADELPHIA, PA 19143-1817	$ 25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
12	PARK FOUNDATION P.O. BOX 550 ITHACA, NY 14851	$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
WILDCOAST

Employer identification number
77-0536297

Part I **Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	PORT OF SAN DIEGO P.O. BOX 120488 SAN DIEGO, CA 92122-0488	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14	THE SAN DIEGO FOUNDATION 1420 KETTNER BLVD STE 150 SAN DIEGO, CA 92101	$ 57,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15	SANDLER FAMILY FOUNDATION 4431 23RD STREET SAN FRANCISCO, CA 94114	$ 70,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16	THE SIMA ENVIRONMENTAL FUND 120 1/2 EL CAMINO REAL STE 204 SAN CLEMENTE, CA 92672	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17	UNITED STATES FISH & WILDLIFE 1875 CENTURY BOULEVARD ATLANTA, GA 30345	$ 23,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18	WALLACE RESEARCH FNDN 5715 NORTH SUNRAY DRIVE TUCSON, AZ 85743	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
WILDCOAST	77-0536297

Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization
WILDCOAST

Employer identification number
77-0536297

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once — see instructions.) . . . . ► $ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

TAXABLE YEAR **2003** **Corporation Depreciation and Amortization** CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199

Corporation name	California corporation number
WILDCOAST	2079391

Part I Depreciation

1 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Method of figuring depre-ciation	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
COMPUTER EQUIPMEN	1/01/99	2,050.	1,230.	S/L	5	410.	
TRUCKS	1/01/01	16,800.	6,720.	S/L	5	3,360.	
TRAILER	1/01/02	700.	140.	S/L	5	140.	
PRINTER/FAX	1/01/02	594.	119.	S/L	5	119.	
PROJECTOR	1/01/02	2,143.	429.	S/L	5	429.	
COMPUTERS	1/01/02	4,635.	788.	S/L	5	1,049.	
COPIER/PRINTER	1/01/02	700.	140.	S/L	5	140.	
FURNITURE AND FIX	1/01/02	1,500.	300.	S/L	5	300.	
COMPUTER EQUIPMEN	1/01/03	5,466.		S/L	5	1,093.	

2 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed $2,000. See instructions for line 1, column (h) . . . . . . 2 — 7,040.

3 Total. Add the amounts on line 2, column (g) and column (h). . . . . . 3 — 7,040.

4 Total depreciation claimed for federal purposes from federal Form 4562, line 22 4

5 Depreciation adjustment. If line 4 is greater than line 3, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 4 is less than line 3, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.). 5

Part II Amortization

1 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section	(f) Period or percentage	(g) Amortization for this year

2 Total. Add the amounts in column (g) 2

3 Total amortization claimed for federal purposes from federal Form 4562, line 44 3

4 Amortization adjustment. If line 3 is greater than line 2, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 3 is less than line 2, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 4

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

OTHER INCOME	$	5,000.
TOTAL	$	5,000.

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PATRICIA MCCOY 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	$ 0.	$ 0.	$ 0.
BARBARA ANDREWS 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
JORGE TAPIAS 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
ELENA EGER 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
SMOKY BAYLESS 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
JIM SANDLER 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
SUSAN FLIEDER 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
LARRY WAN 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	0.	0.	0.
SERGE DEDINA 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	EXECUTIVE DIREC 40	60,000.	0.	0.
WALLACE J. NICHOLS 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	40	60,000.	0.	0.
TOTAL		$ 120,000.	$ 0.	$ 0.

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES	$ 4,108.
BANK CHARGES	1,189.
COMMUNICATIONS	189.
CONFERENCES, CONVENTIONS, AND MEETINGS	3,663.
CONSULTING SERVICES	263,126.
EQUIPMENT RENTAL AND MAINTENANCE	3.
FUNDRAISING FEES	405.
GOV AGENCY FEES	290.
INSURANCE	4,894.
LEGAL FEES	5,225.
MISCELLANEOUS	14,214.
OTHER EMPLOYEE BENEFIT	21,115.
POSTAGE AND SHIPPING	2,476.
PRINTING AND PUBLICATIONS	15,088.
PROFESSIONAL FUNDRAISING FEES	7,010.
SUPPLIES	38,655.
TELEPHONE	25,718.
TRAVEL	77,102.
WEBSITE EXPENSE	2,947.
TOTAL	$ 487,417.

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

DEPOSITS	710.
SUPPLIES ON HAND	350.
TOTAL	$ 1,060.

CS

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
http://ag.ca.gov/charities/

REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.

IRS FORM 990 EXTENSIONS WILL BE HONORED

Enter State Charity Registration Number, Name, and Address of Organization:

State Charity Registration Number 112873

WILDCOAST
Name of Organization

925 SEACOAST DRIVE
Address (Number and Street)

IMPERIAL BEACH, CA 91932
City or Town State ZIP Code

Check if:
☐ **Change of address**
☐ **Amended report**

Corporate or Organization No. 2079391

Federal Employer ID No. 77-0536297

PART A — ACTIVITIES

		Yes	No
1	During your most recent full accounting period did your gross receipts or total assets equal $100,000 or more?	X	

Note: If the answer is yes, you are required by Title 11 of the California Code of Regulations, Sections 311 and 312, to attach a check in the amount of $25.00 to this report. Make check payable to Department of Justice.

2 For your **most recent full accounting period** (beginning 1/01/03 ending 12/31/03) list:
Gross receipts $ 693,921. Total assets $ 231,568. Actual ☒ Estimated ☐

PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

		Yes	No
1	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3	During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5	During this reporting period, were the services of a professional fund-raiser or fund-raising counsel used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.		X
6	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7	During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8	Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fund-raiser.		X

Organization's area code and telephone number 619-423-8530

Organization's e-mail address

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer Printed Name Title Date