

## 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	10,080	S/L HY	5	.20000	3,360
3	TRAILER	1/01/02		700							700	280	S/L HY	5	.20000	140
TOTAL AUTO / TRANSPORT EQUIP				17,500		0	0	0	0	0	17,500	10,360				3,500
FURNITURE AND FIXTURES																
8	FURNITURE AND FIXTURES	1/01/02		1,500							1,500	600	S/L HY	5	.20000	300
TOTAL FURNITURE AND FIXTURE				1,500		0	0	0	0	0	1,500	600				300
MACHINERY AND EQUIPMENT																
1	COMPUTER EQUIPMENT	1/01/99		2,050							2,050	1,640	S/L HY	5	.10000	205
4	PRINTER/FAX	1/01/02		594							594	238	S/L HY	5	.20000	119
5	PROJECTOR	1/01/02		2,143							2,143	858	S/L HY	5	.20000	429
6	COMPUTERS	1/01/02		4,635							4,635	1,837	S/L HY	5	.20000	927
7	COPIER/PRINTER	1/01/02		700							700	280	S/L HY	5	.20000	140
9	COMPUTER EQUIPMENT	1/01/03		5,466							5,466	1,093	S/L HY	5	.20000	1,093
TOTAL MACHINERY AND EQUIPME				15,588		0	0	0	0	0	15,588	5,946				2,913
TOTAL DEPRECIATION				<u>34,588</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>34,588</u>	<u>16,906</u>				<u>6,713</u>
GRAND TOTAL DEPRECIATION				<u>34,588</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>34,588</u>	<u>16,906</u>				<u>6,713</u>

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FORM 199																
AUTO / TRANSPORT EQUIPMENT																
2	TRUCKS	1/01/01		16,800							16,800	10,080	S/L HY	5	.20000	3,360
3	TRAILER	1/01/02		700							700	280	S/L HY	5	.20000	140
TOTAL AUTO / TRANSPORT EQUIP				17,500		0	0	0	0	0	17,500	10,360				3,500
FURNITURE AND FIXTURES																
8	FURNITURE AND FIXTURES	1/01/02		1,500							1,500	600	S/L HY	5	.20000	300
TOTAL FURNITURE AND FIXTURE				1,500		0	0	0	0	0	1,500	600				300
MACHINERY AND EQUIPMENT																
1	COMPUTER EQUIPMENT	1/01/99		2,050							2,050	1,640	S/L HY	5	.10000	205
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TOTAL MACHINERY AND EQUIPME				15,588		0	0	0	0	0	15,588	5,946				2,913
TOTAL DEPRECIATION				<u>34,588</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>34,588</u>	<u>16,906</u>				<u>6,713</u>
GRAND TOTAL DEPRECIATION				<u>34,588</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>34,588</u>	<u>16,906</u>				<u>6,713</u>

**Return of Organization Exempt from Income Tax**

**2004**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning**, 2004, 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
- I** Group Exemption Number. . . ▶
- M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**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.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 626,777.

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

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support . . . . .	<b>1 a</b>	626,509.		
	<b>b</b> Indirect public support . . . . .	<b>1 b</b>			
	<b>c</b> Government contributions (grants) . . . . .	<b>1 c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 626,509. noncash \$ ) . . . . .	<b>1 d</b>	626,509.		
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	<b>2</b>			
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments . . . . .	<b>4</b>		268.	
	<b>5</b> Dividends and interest from securities . . . . .	<b>5</b>			
	<b>6a</b> Gross rents . . . . .	<b>6 a</b>			
	<b>b</b> Less: rental expenses . . . . .	<b>6 b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a) . . . . .	<b>6 c</b>			
<b>7</b> Other investment income (describe . . . . . ) . . . . .	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory . . . . .	(A) Securities		(B) Other		
	<b>8 a</b>				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	2,085.	<b>8 b</b>		
	<b>c</b> Gain or (loss) (attach schedule). . . . . STATEMENT 1 . . . . .	-2,085.	<b>8 c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . .	<b>8 d</b>		-2,085.		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here. . . . . <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a) . . . . .	<b>9 a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>9 b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) . . . . .	<b>9 c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10 a</b>				
	<b>b</b> Less: cost of goods sold . . . . .	<b>10 b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . . . . .	<b>10 c</b>			
<b>11</b> Other revenue (from Part VII, line 103) . . . . .	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) . . . . .	<b>12</b>		624,692.		
<b>EXPENSES</b>	<b>13</b> Program services (from line 44, column (B)) . . . . .	<b>13</b>		499,389.	
	<b>14</b> Management and general (from line 44, column (C)) . . . . .	<b>14</b>		84,944.	
	<b>15</b> Fundraising (from line 44, column (D)) . . . . .	<b>15</b>		50,675.	
	<b>16</b> Payments to affiliates (attach schedule) . . . . .	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A)) . . . . .	<b>17</b>		635,008.	
<b>ASSETS</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) . . . . .	<b>18</b>		-10,316.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .	<b>19</b>		207,356.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20) . . . . .	<b>21</b>		197,040.	

**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	70,000.	70,000.		
26 Other salaries and wages.....	26	129,087.	60,951.	36,472.	31,664.
27 Pension plan contributions.....	27				
28 Other employee benefits.....	28	10,381.	6,540.	2,180.	1,661.
29 Payroll taxes.....	29	15,547.	8,006.	7,541.	
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	13,304.		13,304.	
32 Legal fees.....	32	59,517.	56,427.	3,090.	
33 Supplies.....	33	19,427.	10,767.	8,660.	
34 Telephone.....	34	13,843.	11,796.	2,047.	
35 Postage and shipping.....	35	2,483.	2,087.	291.	105.
36 Occupancy.....	36	17,765.	15,100.	2,665.	
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38	18,492.	9,152.		9,340.
39 Travel.....	39	46,348.	44,509.		1,839.
40 Conferences, conventions, and meetings.....	40	2,890.	2,060.	830.	
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	7,843.	3,922.	3,921.	
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 2	43a	208,081.	198,072.	3,943.	6,066.
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	635,008.	499,389.	84,944.	50,675.

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? <b>SEE STATEMENT 3</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 4 ----- ----- ----- (Grants and allocations \$ _____)	499,389.
b ----- ----- ----- (Grants and allocations \$ _____)	
c ----- ----- ----- (Grants and allocations \$ _____)	
d ----- ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	499,389.

**Part IV Balance Sheets** (See Instructions)

<b>Note:</b> <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>A S S E T S</b>	<b>45</b> Cash — non-interest-bearing .....	20,826.	<b>45</b>	105,304.
	<b>46</b> Savings and temporary cash investments .....	188,063.	<b>46</b>	88,532.
	<b>47 a</b> Accounts receivable .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>47 c</b>	
	<b>48 a</b> Pledges receivable .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>48 c</b>	
	<b>49</b> Grants receivable .....		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....	3,936.	<b>50</b>	3,330.
	<b>51 a</b> Other notes & loans receivable (attach sch.) .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>51 c</b>	
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....		<b>53</b>	
	<b>54</b> Investments — securities (attach schedule) .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>
	<b>55 a</b> Investments — land, buildings, & equipment: basis .....			
	<b>b</b> Less: accumulated depreciation (attach schedule) .....		<b>55 c</b>	
<b>56</b> Investments — other (attach schedule) .....		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment: basis .....	39,914.			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	STATEMENT 5 22,496.	17,683.	<b>57 c</b>	17,418.
<b>58</b> Other assets (describe ▶ SEE STATEMENT 6 .....	1,060.	<b>58</b>	1,167.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....	231,568.	<b>59</b>	215,751.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....	24,212.	<b>60</b>	18,711.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶ .....		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) .....	24,212.	<b>66</b>	18,711.	
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	87,158.	<b>67</b>	107,086.
	<b>68</b> Temporarily restricted .....	120,198.	<b>68</b>	89,954.
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....	207,356.	<b>73</b>	197,040.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	231,568.	<b>74</b>	215,751.

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.)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements. . . . . ▶	<b>a</b>	626,777.
<b>b</b>	Amounts included on line <b>a</b> 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):		
	SEE STM 7 \$ 2,085.		
	Add amounts on lines (1) through (4). . . . ▶	<b>b</b>	2,085.
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	624,692.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990. . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2). . . ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . . ▶	<b>e</b>	624,692.

<b>a</b>	Total expenses and losses per audited financial statements. . . . . ▶	<b>a</b>	635,008.
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	635,008.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990. . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2). . . ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . . ▶	<b>e</b>	635,008.

**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 8		70,000.	0.	0.
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**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.		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		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?		X
81a	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
81b	Did the organization file Form 1120-POL for this year?		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?		X
82b	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?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
85c	Dues, assessments, and similar amounts from members.	85c	N/A
85d	Section 162(e) lobbying and political expenditures.	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities.	86b	N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A
87b	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.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	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.		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 <u>CALIFORNIA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	5
91	The books are in care of <u>JESUS GONZALES</u> Telephone number <u>619-423-8530</u> Located at <u>757 EMORY ST PMB 161, IMPERIAL BEACH, CA</u> ZIP + 4 <u>91932</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <u>92</u>		N/A

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
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	268.	
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 . . . . .			18	-2,085.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				-1,817.	
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					-1,817.

**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).
N/A	

**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 \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 **WEST RHODE & ROBERTS  
3104 FOURTH AVE  
SAN DIEGO, CA 92103**

Check if self-employed  Preparer's SSN or PTIN (See General Instruction W) **N/A**

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

**2004**

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	

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

Schedule A (Form 990 or 990-EZ) 2004

**Part III Statements About Activities** (See instructions.)

	Yes	No
<b>1</b> 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. . . . ▶ \$ <u>                    N/A                    </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	<b>1</b>	<b>X</b>
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.		
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	<b>X</b>
SEE FORM 990, PART V		
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	<b>X</b>
<b>3a</b> 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.) . . . . .	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>3b</b>	<b>X</b>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>4b</b>	<b>X</b>

**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 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? .....		
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? .....		
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? .....		
	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? .....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	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? .....		
	b Admissions policies? .....		
	c Employment of faculty or administrative staff? .....		
	d Scholarships or other financial assistance? .....		
	e Educational policies? .....		
	f Use of facilities? .....		
	g Athletic programs? .....		
	h Other extracurricular activities? .....		
	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? .....		
	b Has the organization's right to such aid ever been revoked or suspended? .....		
	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. ....		

**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.

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	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 .....	<b>41</b>
	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 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	
<b>Caution:</b> 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> 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

	Yes		No		Amount
	Yes	No	Yes	No	
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:					
<b>a</b> Volunteers .....					
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....					
<b>c</b> Media advertisements .....					
<b>d</b> Mailings to members, legislators, or the public .....					
<b>e</b> Publications, or published or broadcast statements .....					
<b>f</b> Grants to other organizations for lobbying purposes .....					
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....					
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....					
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....					

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



**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

**2004**

Name of organization

WILDCOAST

Employer identification number

77-0536297

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 boxes for both the General Rule and a Special Rule – see instructions.)

**General Rule –**

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 2 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).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2004)

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	INTERNATIONAL COMMUNITY FNDN ----- 11300 SORRENTO VALLEY RD #115 ----- SAN DIEGO, CA 92121 -----	\$ 30,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	NATIONAL FISH AND WILDLIFE FDN ----- 1120 CONNECTICUT AVE NW #900 ----- WASHINGTON, DC 20036 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	NATIONAL MARINE FISHERIES SERV ----- 8604 LA JOLLA SHORES DRIVE ----- LA JOLLA, CA 92037 -----	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	THE DAVID & LUCILE PACKARD FDN ----- 300 SECOND STREET #200 ----- LOS ALTOS, CA 94022 -----	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	PORT OF SAN DIEGO ----- P.O. BOX 120488 ----- SAN DIEGO, CA 92122-0488 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	SAN DIEGO FNDN - ETTINGER FUND ----- 1420 KETTNER BLVD STE 500 ----- SAN DIEGO, CA 92101 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

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	SANDLER FAMILY FOUNDATION ----- 121 STEUART STREET ----- SAN FRANCISCO, CA 94105 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	THE SIMA ENVIRONMENTAL FUND ----- 120 1/2 EL CAMINO REAL STE 204 ----- SAN CLEMENTE, CA 92672 -----	\$ 36,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	WALLACE RESEARCH FNDN ----- 5715 NORTH SUNRAY DRIVE ----- TUCSON, AZ 85743 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	CA COASTAL PROTECTION NETWORK ----- 906 GARDEN STREET ----- SANTA BARBARA, CA 93101 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	GLOBAL GREENGRANTS FUND ----- 2840 WILDERNESS PLACE STE E ----- BOULDER, CO 80301 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	KOHLBERG FOUNDATION ----- 111 RADIO CIRCLE ----- MT. KISCO, NY 10549 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

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
13	WESTERN PAC REG FISHERY MGMT ----- 1164 BISHOP STREET STE 1400 ----- HONOLULU, HI 96813 -----	\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	SAN DIEGO FNDN - ORCA FUND ----- 1420 KETTNER BLVD STE 500 ----- SAN DIEGO, CA 92101 -----	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 ----- ----- -----		

BAA

Name of organization

Employer identification number

WILDCOAST

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

## WILD COAST

77-0536297

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 0.  
 COST OR OTHER BASIS: 2,085.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -2,085.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -2,085.

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

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT &amp; GENERAL</u>	<u>FUNDRAISING</u>
BANK CHARGES	283.		283.	
COMMUNICATIONS	5,202.	5,202.		
CONSULTING SERVICES	165,779.	164,666.	1,113.	
FUNDRAISING FEES	9,361.	6,957.		2,404.
INSURANCE	8,110.	4,888.	2,547.	675.
MISCELLANEOUS	16,573.	14,972.		1,601.
WEBSITE EXPENSE	2,773.	1,387.		1,386.
TOTAL	\$ <u>208,081.</u>	\$ <u>198,072.</u>	\$ <u>3,943.</u>	\$ <u>6,066.</u>

**STATEMENT 3**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE MISSION OF WILD COAST IS TO PRESERVE THE ENDANGERED COASTAL WILDLANDS AND MARINE SPECIES OF THE CALIFORNIAS.

**STATEMENT 4**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
WILDLANDS CONSERVATION PROGRAM		

WE HAD OUR MOST SUCCESSFUL YEAR EVER IN 2004 PRESERVING ONE OF THE WORLD'S MOST BEAUTIFUL BEACHES FOR PERPETUITY IN PARTNERSHIP WITH A FISHING FAMILY FROM THE VILLAGE OF BAHIA DE LOS ANGELES IN THE SEA OF CORTEZ. WE HELPED THIS FAMILY ESTABLISH THE 1.2 MILE BEACHFRONT LA UNICA RESERVE THROUGH A PIONEERING CONSERVATION EASEMENT. IN ADDITION, WE HELPED PRESERVE OVER 1,200 ACRES OF COASTAL WETLAND AND BEACH SITES ALONG THE SEA OF CORTEZ JUST NORTH OF BAHIA DE LOS ANGELES.

## WILD Coast

77-0536297

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>WE ALSO ASSISTED EFFORTS TO PREVENT THE ILLEGAL DEVELOPMENT OF A BADLY CONCEIVED MARINA PROJECT IN THE MIDDLE OF A WHALE SHARK BIRTHING SITE IN BAHIA DE LOS ANGELES.</p> <p>WILD Coast ALSO WORKED TO REACH AN AGREEMENT WITH THE LOCAL OWNERS OF LAGUNA SAN IGNACIO, A UNESCO WORLD HERITAGE SITE AND GRAY WHALE BIRTHING LAGOON TO PROTECT 145,000-ACRES OF ONE OF THE WORLD'S MOST IMPORTANT WILDLIFE HABITATS. THIS AMAZING PROJECT WILL PROVIDE 44 FAMILIES WITH A TRUST FUND TO MANAGE THEIR LANDS BUT ALSO MANAGE THEM FOR CONSERVATION PURPOSES.</p> <p>THROUGH A PARTNERSHIP WITH GREENPEACE AND THE BORDER POWER PLANT WORKING GROUP WE FOUGHT EFFORTS BY CHEVRON-TEXACO TO BUILD A LIQUEFIED NATURAL GAS FACILITY ADJACENT TO THE LOS CORONADOS ISLANDS, ONE OF THE WORLD'S MOST SIGNIFICANT SEA BIRD NESTING SITES.</p> <p>ALONG THE U.S.-MEXICO PROGRAM WE DEVELOPED AN INNOVATIVE EMAIL OCEAN REPORT ALERT SERVICE TO PROVIDE INFORMATION TO OCEAN USERS ABOUT WATER QUALITY PROBLEMS IN THE REGION. DUE TO THIS INNOVATIVE PROGRAM WE DRAMATICALLY HELPED TO REDUCE EXPOSURE TO POLLUTED WATER OVER A 15 MILE STRETCH OF COASTLINE.</p> <p>WILDLIFE CONSERVATION PROGRAM</p> <p>IN 2004 WILD Coast DRAMATICALLY EXPANDED ITS "DON'T EAT TURTLE" PROGRAM BY JOINING FORCES WITH LATIN AMERICAN MUSICAL ICONS LOS TIGRES DEL NORTE. BY JOINING THE LOS TIGRES 2004 NORTH AMERICAN TOUR, WILD Coast REACHED TENS OF THOUSANDS OF MULTI-GENERATIONAL FANS FROM ALL PARTS OF MEXICO AND THE SOUTHWESTERN UNITED STATES. WE ALSO EXPANDED OUR PARTNERSHIP WITH MANA, THE WORLD'S MOST POPULAR SPANISH LANGUAGE ROCK BAND THAT INCLUDED WILD Coast IN ITS NEW CONCERN DVD, ACESO TOTAL.</p> <p>THE DON'T EAT TURTLE CAMPAIGN ALSO EXPANDED TO INCLUDE THE CONSUMPTION OF SEA TURTLE EGGS. THROUGH A PARTNERSHIP WITH CREATIVO, FUNDACION EDUCACIONAL AMBIENTAL AND DORISMAR, WE CREATED A GROUNDBREAKING CAMPAIGN TO REDUCE THE CONSUMPTION OF SEA TURTLE EGGS IN MEXICO AND BEYOND. THIS CAMPAIGN WAS KICKED OFF BY HELPING COMMUNITIES IN GUERRERO, MEXICO, PUBLICIZE THEIR EFFORTS TO HALT VIOLENT POACHERS FROM KILLING THOUSANDS OF BABY TURTLES AND ADULT EGG-LAYING MOMS.</p> <p>IN SAN DIEGO, WE EXPANDED OUR EFFORTS TO TEACH RESIDENTS ABOUT ENDANGERED ANIMALS BY HELPING DEVELOP AN EXHIBIT ON SAN DIEGO BAY WILDLIFE AND THE SAN DIEGO INTERNATIONAL AIRPORT AND BY JOINING THE EFFORT TO PRESERVE THE HARBOR SEALS OF LA JOLLA.</p> <p>ONCE AGAIN, THE MEDIA HELPED WILD Coast REACH A GLOBAL AUDIENCE WITH COVERAGE OF OUR PROJECTS BY CBS NEWS,</p>		274,560.

## WILDCOAST

77-0536297

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
ASSOCIATED PRESS, LOS ANGELES TIMES, NEW YORK TIMES, TELEVISA, TV-AZTECA, UNIVISION, SURFER, SURFER'S PATH, AND THE SAN DIEGO UNION-TRIBUNE.		224,829.
ADMINISTRATION		
WILDCOAST CARRIED OUT ITS FIRST TWO-YEAR AUDIT AND UPGRADED OUR FINANCIAL AND PROJECT MANAGEMENT SYSTEMS, DECREASING OUR ADMINISTRATIVE AND OPERATIONAL COSTS IN THE PROCESS.		
	<u>\$ 0.</u>	<u>\$ 499,389.</u>

**STATEMENT 5**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 17,500.	\$ 13,860.	\$ 3,640.
FURNITURE AND FIXTURES	6,457.	2,290.	4,167.
MACHINERY AND EQUIPMENT	15,957.	6,346.	9,611.
TOTAL	<u>\$ 39,914.</u>	<u>\$ 22,496.</u>	<u>\$ 17,418.</u>

**STATEMENT 6**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

DEPOSITS .....	\$ 710.
SUPPLIES ON HAND .....	457.
TOTAL	<u>\$ 1,167.</u>

**STATEMENT 7**  
**FORM 990, PART IV-A, LINE B(4)**  
**OTHER AMOUNTS**

LOSS ON DISPOSAL OF ASSETS .....	\$ 2,085.
TOTAL	<u>\$ 2,085.</u>

WILD Coast

77-0536297

**STATEMENT 8  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>	
JEFF OPDYCKE 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	\$ 0.	\$ 0.	\$ 0.	
RONALD LEE FORSTER 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.	
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 PMG 161 IMPERIAL BEACH, CA 91932	EXECUTIVE DIREC 40	70,000.	0.	0.	
		TOTAL	<u>\$ 70,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

YEAR  
**2004**

# California Exempt Organization Annual Information Return

FORM  
**199**

For calendar or fiscal year beginning month _____ day _____ year <b>2004</b> , and ending month _____ day _____ year	
<b>IMPORTANT: Your number is required.</b>	
California corporation number <b>2079391</b>	Federal employer identification number (FEIN) <b>77-0536297</b>
Corporation/Organization name <b>WILD COAST</b>	
Address <b>925 SEACOAST DRIVE</b>	PMB no.
City <b>IMPERIAL BEACH, CA 91932</b>	State ZIP Code
<b>A</b> Final return? <input type="checkbox"/> Yes. Check applicable box. <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date	
<b>B</b> Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Fed: <input checked="" type="checkbox"/> 990 Fed: <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120	
<b>C</b> 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. <b>See General Instruction F. No filing fee is required.</b> <input checked="" type="checkbox"/>	
<b>D</b> Is this a group filing? See General Instruction N. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>E</b> Accounting method used . <b>ACCRUAL</b>	
<b>F</b> Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 <b>D</b> (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust	

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

<b>Receipts and Revenues</b> <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . . ●	<b>1</b>	268.
	2 Gross dues and assessments from members and affiliates. . . . . ●	<b>2</b>	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions . . . . . SEE .SCH. B . . . ●	<b>3</b>	626,509.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C. . . . ●	<b>4</b>	626,777.
	5 Cost of goods sold . . . . . <b>5</b>		
	6 Cost or other basis, and sales expenses of assets sold. . . . . <b>6</b>		2,085.
	7 Total costs. Add line 5 and line 6 . . . . .	<b>7</b>	2,085.
	8 Total gross income. Subtract line 7 from line 4 . . . . .	<b>8</b>	624,692.
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18 . . . . .	<b>9</b>	635,008.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . .	<b>10</b>	-10,316.
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F. . . . .	<b>11</b>	
	12 Penalty for failure to file on time. See General Instruction L. . . . .	<b>12</b>	
	13 Use tax. See instructions. . . . . ●	<b>13</b>	
	14 Balance due. Add line 11, line 12, and line 13 . . . . .	<b>14</b>	

- 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

<b>Please Sign Here</b>	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.		Title _____	
	Signature of officer _____		Date _____	
<b>Paid Preparer's Use Only</b>	Paid Preparer's signature <b>CHERYL RHODE</b>		Date _____	
	Firm's name (or yours, if self-employed) and address <b>WEST RHODE &amp; ROBERTS</b> <b>3104 FOURTH AVE</b> <b>SAN DIEGO, CA 92103</b>		Check if self-employed <input type="checkbox"/>	Paid preparer's SSN or PTIN <b>P00234939</b>
			FEIN <b>33-0783983</b>	Daytime telephone <b>619-615-5380</b>

**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.**

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions . . . . .	<b>1</b>	
	<b>2</b> Interest . . . . .	<b>2</b>	268.
	<b>3</b> Dividends . . . . .	<b>3</b>	
	<b>4</b> Gross rents . . . . .	<b>4</b>	
	<b>5</b> Gross royalties . . . . .	<b>5</b>	
	<b>6</b> Gross amount received from sale of assets . . . . .	<b>6</b>	
	<b>7</b> Other income. Attach schedule . . . . .	<b>7</b>	
	<b>8 Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	<b>8</b>	268.
<b>Expenses and Disbursements</b>	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	<b>9</b>	
	<b>10</b> Disbursements to or for members . . . . .	<b>10</b>	
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule . . . . . <i>SEE STATEMENT 1</i>	<b>11</b>	70,000.
	<b>12</b> Other salaries and wages . . . . .	<b>12</b>	129,087.
	<b>13</b> Interest . . . . .	<b>13</b>	
	<b>14</b> Taxes . . . . .	<b>14</b>	15,547.
	<b>15</b> Rents . . . . .	<b>15</b>	17,765.
	<b>16</b> Depreciation and depletion . . . . .	<b>16</b>	7,843.
	<b>17</b> Other. Attach schedule . . . . . <i>SEE STATEMENT 2</i>	<b>17</b>	394,766.
	<b>18 Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	<b>18</b>	635,008.

<b>Schedule L Balance Sheets</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>				
<b>1</b> Cash . . . . .		208,889.		193,836.
<b>2</b> Net accounts receivable . . . . .				
<b>3</b> Net notes receivable. Attach schedule . . . . .		3,936.		3,330.
<b>4</b> Inventories . . . . .				
<b>5</b> Federal and state government obligations . . . . .				
<b>6</b> Investments in other bonds. Attach schedule . . . . .				
<b>7</b> Investments in stock. Attach schedule . . . . .				
<b>8</b> Mortgage loans (number of loans . . . . .)				
<b>9</b> Other investments. Attach schedule . . . . .				
<b>10a</b> Depreciable assets . . . . .	34,589.		39,914.	
<b>b</b> Less accumulated depreciation . . . . .	16,906.	17,683.	22,496.	17,418.
<b>11</b> Land . . . . .				
<b>12</b> Other assets. Attach schedule . . . . . <i>ST. 3</i>		1,060.		1,167.
<b>13</b> Total assets . . . . .		231,568.		215,751.
<b>Liabilities and net worth</b>				
<b>14</b> Accounts payable . . . . .		24,212.		18,711.
<b>15</b> Contributions, gifts, or grants payable . . . . .				
<b>16</b> Bonds and notes payable. Attach schedule . . . . .				
<b>17</b> Mortgages payable . . . . .				
<b>18</b> Other liabilities. Attach schedule . . . . .				
<b>19</b> Capital stock or principle fund . . . . .		207,356.		197,040.
<b>20</b> Paid-in or capital surplus. Attach reconciliation . . . . .				
<b>21</b> Retained earnings or income fund . . . . .				
<b>22</b> Total liabilities and net worth . . . . .		231,568.		215,751.

**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

<b>1</b> Net income per books . . . . .	-10,316.	<b>7</b> Income recorded on books this year not included in this return. Attach schedule . . . . .	
<b>2</b> Federal income tax . . . . .		<b>8</b> Deductions in this return not charged against book income this year. Attach schedule . . . . .	
<b>3</b> Excess of capital losses over capital gains . . . . .		<b>9</b> Total. Add line 7 and line 8 . . . . .	
<b>4</b> Income not recorded on books this year. Attach schedule . . . . .		<b>10</b> Net income per return. Subtract line 9 from line 6 . . . . .	
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .			
<b>6</b> Total. Add line 1 through line 5 . . . . .	-10,316.		-10,316.

**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

**2004**

Name of organization

WILDCOAST

Employer identification number

77-0536297

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 boxes for both the General Rule and a Special Rule – see instructions.)

**General Rule –**

- 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 2 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).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2004)

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	INTERNATIONAL COMMUNITY FNDN ----- 11300 SORRENTO VALLEY RD #115 ----- SAN DIEGO, CA 92121 -----	\$ 30,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	NATIONAL FISH AND WILDLIFE FDN ----- 1120 CONNECTICUT AVE NW #900 ----- WASHINGTON, DC 20036 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	NATIONAL MARINE FISHERIES SERV ----- 8604 LA JOLLA SHORES DRIVE ----- LA JOLLA, CA 92037 -----	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	THE DAVID & LUCILE PACKARD FDN ----- 300 SECOND STREET #200 ----- LOS ALTOS, CA 94022 -----	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	PORT OF SAN DIEGO ----- P.O. BOX 120488 ----- SAN DIEGO, CA 92122-0488 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	SAN DIEGO FNDN - ETTINGER FUND ----- 1420 KETTNER BLVD STE 500 ----- SAN DIEGO, CA 92101 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

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	SANDLER FAMILY FOUNDATION ----- 121 STEUART STREET ----- SAN FRANCISCO, CA 94105 -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	THE SIMA ENVIRONMENTAL FUND ----- 120 1/2 EL CAMINO REAL STE 204 ----- SAN CLEMENTE, CA 92672 -----	\$ 36,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	WALLACE RESEARCH FNDN ----- 5715 NORTH SUNRAY DRIVE ----- TUCSON, AZ 85743 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	CA COASTAL PROTECTION NETWORK ----- 906 GARDEN STREET ----- SANTA BARBARA, CA 93101 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	GLOBAL GREENGRANTS FUND ----- 2840 WILDERNESS PLACE STE E ----- BOULDER, CO 80301 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	KOHLBERG FOUNDATION ----- 111 RADIO CIRCLE ----- MT. KISCO, NY 10549 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

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
13	WESTERN PAC REG FISHERY MGMT ----- 1164 BISHOP STREET STE 1400 ----- HONOLULU, HI 96813 -----	\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	SAN DIEGO FNDN - ORCA FUND ----- 1420 KETTNER BLVD STE 500 ----- SAN DIEGO, CA 92101 -----	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 ----- ----- -----		

BAA

Name of organization

Employer identification number

WILDCOAST

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**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



## WILD COAST

77-0536297

**STATEMENT 1**  
**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
JEFF OPDYCKE 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	\$ 0.	\$ 0.	\$ 0.
RONALD LEE FORSTER 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.
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 PMG 161 IMPERIAL BEACH, CA 91932	EXECUTIVE DIREC 40	70,000.	0.	0.
		TOTAL \$ 70,000.	\$ 0.	\$ 0.

**STATEMENT 2**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$ 13,304.
BANK CHARGES.....	283.
COMMUNICATIONS.....	5,202.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	2,890.
CONSULTING SERVICES.....	165,779.
FUNDRAISING FEES.....	9,361.
INSURANCE.....	8,110.
LEGAL FEES.....	59,517.
MISCELLANEOUS.....	16,573.
OTHER EMPLOYEE BENEFIT.....	10,381.
POSTAGE AND SHIPPING.....	2,483.
PRINTING AND PUBLICATIONS.....	18,492.
SUPPLIES.....	19,427.

STATEMENT 2 (CONTINUED)  
FORM 199, PART II, LINE 17  
OTHER EXPENSES

TELEPHONE.....	\$	13,843.
TRAVEL.....		46,348.
WEBSITE EXPENSE.....		2,773.
	TOTAL	<u>\$ 394,766.</u>

STATEMENT 3  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS

DEPOSITS.....		710.
SUPPLIES ON HAND.....		457.
	TOTAL	<u>\$ 1,167.</u>

IN  
**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/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 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 extensions will be honored.



State Charity Registration Number <u>112873</u>  <b>WILDCOAST</b> <small>Name of Organization</small> <u>925 SEACOAST DRIVE</u> <small>Address (Number and Street)</small> <u>IMPERIAL BEACH, CA 91932</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input checked="" type="checkbox"/> Amended report  Corporate or Organization No. <u>2079391</u>  Federal Employer ID No. <u>77-0536297</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/04 ending 12/31/04) list:  
 Gross annual revenue \$ 626,777. Total assets \$ 215,751.

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 \_\_\_\_\_