

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	13,440	S/L HY	5	.20000	3,360
3	TRAILER	1/01/02		700							700	420	S/L HY	5	.20000	140
TOTAL AUTO / TRANSPORT EQUIP				17,500		0	0	0	0	0	17,500	13,860				3,500
FURNITURE AND FIXTURES																
8	FURNITURE AND FIXTURES	1/01/02		1,500							1,500	900	S/L HY	5	.20000	300
TOTAL FURNITURE AND FIXTURE				1,500		0	0	0	0	0	1,500	900				300
MACHINERY AND EQUIPMENT																
1	COMPUTER EQUIPMENT	1/01/99		2,050							2,050	1,845	S/L HY	5		0
4	PRINTER/FAX	1/01/02		594							594	357	S/L HY	5	.20000	119
5	PROJECTOR	1/01/02		2,143							2,143	1,287	S/L HY	5	.20000	429
6	COMPUTERS	1/01/02		4,635							4,635	2,764	S/L HY	5	.20000	927
7	COPIER/PRINTER	1/01/02		700							700	420	S/L HY	5	.20000	140
9	COMPUTER EQUIPMENT	1/01/03		5,466							5,466	2,186	S/L HY	5	.20000	1,093
TOTAL MACHINERY AND EQUIPME				15,588		0	0	0	0	0	15,588	8,859				2,708
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>23,619</u>				<u>6,508</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>23,619</u>				<u>6,508</u>

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FORM 199																
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MACHINERY AND EQUIPMENT																
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TOTAL MACHINERY AND EQUIPME				15,588		0	0	0	0	0	15,588	8,859				2,708
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>23,619</u>				<u>6,508</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>23,619</u>				<u>6,508</u>

Return of Organization Exempt From Income Tax

2005

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.

Header section A-M containing organization details like name (WILD COAST), address, EIN (77-0536297), and accounting method.

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

Main table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program revenue, membership dues, investment income, and total revenue/expenses.

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	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	0.	0.	0.	0.
26 Other salaries and wages.....	26	249,648.	202,760.	26,612.	20,276.
27 Pension plan contributions.....	27				
28 Other employee benefits.....	28	1,527.		1,527.	
29 Payroll taxes.....	29	20,326.	13,388.	6,938.	
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	15,909.		15,909.	
32 Legal fees.....	32	179,228.	178,817.	411.	
33 Supplies.....	33	14,520.	12,428.	2,092.	
34 Telephone.....	34	11,994.	10,337.	1,657.	
35 Postage and shipping.....	35	5,986.	5,506.	320.	160.
36 Occupancy.....	36	23,246.	19,759.	3,487.	
37 Equipment rental and maintenance.....	37	11,205.		11,205.	
38 Printing and publications.....	38	31,642.	19,623.		12,019.
39 Travel.....	39	35,614.	35,614.		
40 Conferences, conventions, and meetings.....	40	956.	653.	303.	
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42	7,411.	3,705.	3,706.	
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 2.....	43a	151,831.	123,084.	14,065.	14,682.
b.....	43b				
c.....	43c				
d.....	43d				
e.....	43e				
f.....	43f				
g.....	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	761,043.	625,674.	88,232.	47,137.

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 \$ _____.

BAA

Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 3</u> 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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 4</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	625,674.
b ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	625,674.

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	
A S S E T S	45 Cash — non-interest-bearing	105,304.	45	29,494.	
	46 Savings and temporary cash investments	88,532.	46	319,922.	
	47 a Accounts receivable	47 a			
	b Less: allowance for doubtful accounts	47 b		47 c	
	48 a Pledges receivable	48 a			
	b Less: allowance for doubtful accounts	48 b		48 c	
	49 Grants receivable		49	151,776.	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	3,330.	50		
	51 a Other notes & loans receivable (attach sch.)	51 a			
	b Less: allowance for doubtful accounts	51 b		51 c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments — securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments — land, buildings, & equipment: basis	55 a			
	b Less: accumulated depreciation (attach schedule)	55 b		55 c	
56 Investments — other (attach schedule)		56			
57 a Land, buildings, and equipment: basis	57 a	39,953.			
b Less: accumulated depreciation (attach schedule)	57 b	21,616.	57 c		
58 Other assets (describe ▶ <u>SEE STATEMENT 6</u>)		17,418.	58		
59 Total assets (must equal line 74). Add lines 45 through 58		215,751.	59	520,240.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	18,711.	60	19,101.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)		64 b		
	65 Other liabilities (describe ▶ _____)		65		
66 Total liabilities. Add lines 60 through 65		18,711.	66	19,101.	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	107,086.	67	234,950.	
	68 Temporarily restricted	89,954.	68	266,189.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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)		197,040.	73	501,139.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		215,751.	74	520,240.

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	1,068,225.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	3,083.
	SEE STM 7		
	Add lines b1 through b4	b	3,083.
c	Subtract line b from line a	c	1,065,142.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	1,065,142.

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

a	Total expenses and losses per audited financial statements	a	764,126.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	3,083.
	SEE STMT 8		
	Add lines b1 through b4	b	3,083.
c	Subtract line b from line a	c	761,043.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	761,043.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
SEE STATEMENT 9		0.	0.	0.

Part VI Other Information (continued)		Yes	No
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
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?	X	
b	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
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		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.		N/A
	85c N/A		
d	Section 162(e) lobbying and political expenditures.		N/A
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		N/A
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).		N/A
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		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?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.		N/A
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		N/A
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
	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.)		N/A
	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 ▶ 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.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		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>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	0
91a	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>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
	If 'Yes,' enter the name of the foreign country ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A ... ▶ <input type="checkbox"/> 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 the instructions.)

	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	
Note: Enter gross amounts unless otherwise indicated.					
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	3,688.	
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			1	2,492.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b OTHER INCOME _____			1	1,141.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				7,321.	
105 Total (add line 104, columns (B), (D), and (E))					7,321.

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 the 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 the 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 the 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 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

2005

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 – A 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 II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other 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. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		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.)		X
3b	Do you have a section 403(b) annuity plan for your employees?		X
3c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
4b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	626,509.	686,938.	718,434.	492,163.	2,524,044.
16 Membership fees received					0.
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		5,000.	7,935.	355.	13,290.
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	268.	1,983.	2,503.	2,063.	6,817.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	626,777.	693,921.	728,872.	494,581.	2,544,151.
24 Line 23 minus line 17	626,777.	688,921.	720,937.	494,226.	2,530,861.
25 Enter 1% of line 23	6,268.	6,939.	7,289.	4,946.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 50,617.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 1,122,157.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 2,530,861.
d Add: Amounts from column (e) for lines: 18 <u>6,817.</u> 19 <u> </u> 22 <u> </u> 26b <u>1,122,157.</u> ▶					26d 1,128,974.
e Public support (line 26c minus line 26d total) ▶					26e 1,401,887.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 55.39 %
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11b, 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 2001 through 2004, 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?		
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.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable 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.

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

2005

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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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) (2005)

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	NATIONAL FISH AND WILDLIFE FDN 1120 CONNECTICUT AVE NW #900 WASHINGTON, DC 20036,	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE DAVID & LUCILE PACKARD FDN 300 SECOND STREET #200 LOS ALTOS, CA 94022,	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SAN DIEGO UNIFIED PORT DISTRIC P.O. BOX 120488 SAN DIEGO, CA 92122-0488,	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SANDLER FAMILY FOUNDATION 121 STEUART STREET SAN FRANCISCO, CA 94105,	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE SIMA ENVIRONMENTAL FUND 120 1/2 EL CAMINO REAL STE 204 SAN CLEMENTE, CA 92672,	\$ 46,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WALLACE RESEARCH FNDN 5715 NORTH SUNRAY DRIVE TUCSON, AZ 85743,	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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	SAN DIEGO FNDN - ORCA FUND ----- 1420 KETTNER BLVD STE 500 ----- SAN DIEGO, CA 92101, -----	\$ 215,000.	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	FRIENDS OF WILDLIFE REFUGES ----- 301 CASPIAN WAY ----- IMPERIAL BEACH, CA 91932 -----	\$ 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>
9	PROTNATURA NOROESTE ----- PERIFERICO NORTE 21-A ----- COL. CONSTITUCION CP, HERMOSILLO, SON 83150 MEXICO -----	\$ 9,224.	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	SAN DIEGO REGIONAL AIRPORT AUT ----- P.O. BOX 82776 ----- SAN DIEGO, CA 92138 -----	\$ 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	PARK FOUNDATION ----- P.O. BOX 550 ----- ITHACA, NY 14851 -----	\$ 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>
12	ORANGE COUNTY COMMUNITY FDN ----- 30 CORPORATE PARK STE 410 ----- IRVINE, CA 92606 -----	\$ 25,000.	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	FIDELITY CHARITABLE GIFTS P.O. BOX 55158 BOSTON, MA 02205	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	JOHN SINGLETON 3375 CALLE TRES VISTAS ENCINITAS, CA 92024	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	THE CALIFORNIA ENDOWMENT 21650 OXNARD STREET STE 1200 WOODLAND HILLS, CA 91367	\$ 49,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	ALLIANCE HEALTHCARE FOUNDATION 9325 SKY PARK COURT STE 350 SAN DIEGO, CA 92123	\$ 24,958.	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.)

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 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
SPECIAL EVENTS	5,575.	0.	5,575.	3,083.	2,492.
TOTAL	<u>\$ 5,575.</u>	<u>\$ 0.</u>	<u>\$ 5,575.</u>	<u>\$ 3,083.</u>	<u>\$ 2,492.</u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	21,463.	16,626.		4,837.
BANK CHARGES	598.		598.	
COMMUNICATIONS	11,603.	11,603.		
CONSULTING SERVICES	92,340.	86,945.	5,395.	
FUNDRAISING FEES	8,232.	45.		8,187.
INSURANCE	10,363.	6,529.	2,176.	1,658.
MISCELLANEOUS	6,380.	484.	5,896.	
VOLUNTEER PROGRAM	852.	852.		
TOTAL	<u>\$ 151,831.</u>	<u>\$ 123,084.</u>	<u>\$ 14,065.</u>	<u>\$ 14,682.</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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
WILDLANDS CONSERVATION PROGRAM		
<p>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. WE ALSO ASSISTED EFFORTS TO PREVENT THE ILLEGAL DEVELOPMENT</p>		

WILDCOAST

77-0536297

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>OF A BADLY CONCEIVED MARINA PROJECT IN THE MIDDLE OF A WHALE SHARK BIRTHING SITE IN BAHIA DE LOS ANGELES.</p> <p>WILDCOAST 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>		305,298.

INCLUDES FOREIGN GRANTS: NO

WILDLIFE CONSERVATION PROGRAM

IN 2004 WILDCOAST 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, WILDCOAST 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 WILDCOAST IN ITS NEW CONCERN DVD, ACESO TOTAL.

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.

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.

ONCE AGAIN, THE MEDIA HELPED WILDCOAST REACH A GLOBAL AUDIENCE WITH COVERAGE OF OUR PROJECTS BY CBS NEWS,

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
ASSOCIATED PRESS, LOS ANGELES TIMES, NEW YORK TIMES, TELEVISA, TV-AZTECA, UNIVISION, SURFER, SURFER'S PATH, AND THE SAN DIEGO UNION-TRIBUNE. INCLUDES FOREIGN GRANTS: NO		162,384.
ADMINISTRATION WILD Coast CARRIED OUT ITS FIRST TWO-YEAR AUDIT AND UPGRADED OUR FINANCIAL AND PROJECT MANAGEMENT SYSTEMS, DECREASING OUR ADMINISTRATIVE AND OPERATIONAL COSTS IN THE PROCESS. INCLUDES FOREIGN GRANTS: NO		157,992.
	<u>\$ 0.</u>	<u>\$ 625,674.</u>

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 14,000.	\$ 14,000.	\$ 0.
FURNITURE AND FIXTURES	4,314.	1,213.	3,101.
MACHINERY AND EQUIPMENT	15,089.	4,765.	10,324.
IMPROVEMENTS	6,550.	1,638.	4,912.
TOTAL	<u>\$ 39,953.</u>	<u>\$ 21,616.</u>	<u>\$ 18,337.</u>

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

DEPOSITS	\$ 710.
ROUNDING	1.
TOTAL	<u>\$ 711.</u>

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

SPECIAL EVENT EXPENSE	\$ 3,083.
TOTAL	<u>\$ 3,083.</u>

WILD Coast

77-0536297

**STATEMENT 8
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

SPECIAL EVENT EXPENSE..... \$ 3,083.
TOTAL \$ 3,083.

**STATEMENT 9
FORM 990, PART V-A
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
JAMES YOUNG 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
JEFF OPDYCKE 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR 0	0.	0.	0.
RONALD LEE FORSTER 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR 0	0.	0.	0.
JORGE TAPIAS 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR 0	0.	0.	0.
SMOKY BAYLESS 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR 0	0.	0.	0.
JIM SANDLER 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR 0	0.	0.	0.
SUSAN FLIEDER 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR 0	0.	0.	0.
LARRY WAN 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR 0	0.	0.	0.
SERGE DEDINA 757 EMORY STREET PMG 161 IMPERIAL BEACH, CA 91932	EXECUTIVE DIREC 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month _____ day _____ year 2005, and ending month _____ day _____ year	
IMPORTANT: Your number is required.	
California corporation number 2079391	Federal employer identification number (FEIN) 77-0536297
Corporation/Organization name WILD COAST	
Address 925 SEACOAST DRIVE	PMB no.
City IMPERIAL BEACH, CA 91932	State ZIP Code

A Final return? Check applicable box. Yes 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 <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	10,404.
	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	1,057,821.
	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	1,068,225.
	5 Cost of goods sold 5	5	
	6 Cost or other basis, and sales expenses of assets sold. 6	6	
	7 Total costs. Add line 5 and line 6	7	
	8 Total gross income. Subtract line 7 from line 4	8	1,068,225.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	764,126.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	304,099.
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	14	10.

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

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	3,688.
	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	6,716.
	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	10,404.
Expenses and Disbursements	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	0.
	12 Other salaries and wages	12	249,648.
	13 Interest	13	
	14 Taxes	14	20,326.
	15 Rents	15	23,246.
	16 Depreciation and depletion	16	7,411.
	17 Other. Attach schedule SEE STATEMENT 3	17	463,495.
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	764,126.

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		193,836.		349,416.
2 Net accounts receivable				151,776.
3 Net notes receivable. Attach schedule		3,330.		
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	39,914.		39,953.	
b Less accumulated depreciation	22,496.	17,418.	21,616.	18,337.
11 Land				
12 Other assets. Attach schedule ST. 4		1,167.		711.
13 Total assets		215,751.		520,240.
Liabilities and net worth				
14 Accounts payable		18,711.		19,101.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund		197,040.		501,139.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		215,751.		520,240.

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	304,099.	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	304,099.
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	304,099.		

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

2005

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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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) (2005)

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	NATIONAL FISH AND WILDLIFE FDN 1120 CONNECTICUT AVE NW #900 WASHINGTON, DC 20036	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE DAVID & LUCILE PACKARD FDN 300 SECOND STREET #200 LOS ALTOS, CA 94022	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SAN DIEGO UNIFIED PORT DISTRIC P.O. BOX 120488 SAN DIEGO, CA 92122-0488	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SANDLER FAMILY FOUNDATION 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE SIMA ENVIRONMENTAL FUND 120 1/2 EL CAMINO REAL STE 204 SAN CLEMENTE, CA 92672	\$ 46,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WALLACE RESEARCH FNDN 5715 NORTH SUNRAY DRIVE TUCSON, AZ 85743	\$ 35,000.	Person <input checked="" 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 I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SAN DIEGO FNDN - ORCA FUND 1420 KETTNER BLVD STE 500 SAN DIEGO, CA 92101	\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	FRIENDS OF WILDLIFE REFUGES 301 CASPIAN WAY IMPERIAL BEACH	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	PROTNATURA NOROESTE PERIFERICO NORTE 21-A COL. CONSTITUCION CP	\$ 9,224.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SAN DIEGO REGIONAL AIRPORT AUT P.O. BOX 82776 SAN DIEGO	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	PARK FOUNDATION P.O. BOX 550 ITHACA	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	ORANGE COUNTY COMMUNITY FDN 30 CORPORATE PARK STE 410 IRVINE	\$ 25,000.	Person <input checked="" 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 I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	FIDELITY CHARITABLE GIFTS P.O. BOX 55158 BOSTON	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	JOHN SINGLETON 3375 CALLE TRES VISTAS ENCINITAS	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	THE CALIFORNIA ENDOWMENT 21650 OXNARD STREET STE 1200 WOODLAND HILLS	\$ 49,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	ALLIANCE HEALTHCARE FOUNDATION 9325 SKY PARK COURT STE 350 SAN DIEGO	\$ 24,958.	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.)

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

2005 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W.

Table with 2 columns: Corporation name (WILDCOAST) and California corporation number (2079391)

Part I Election to Expense Certain Property Under IRC Section 179

Table with 2 columns: Description and Amount. Includes lines 1-13 for Section 179 election details.

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Method of figuring depreciation, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes line 15 for totals.

Part III Summary

Table with 2 columns: Description and Amount. Includes lines 16-18 for summary of depreciation.

Part IV Amortization

Table with 8 columns: (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. Includes lines 20-22 for amortization details.

WILD Coast

77-0536297

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

INCOME FROM SPECIAL EVENTS.....	\$	5,575.
OTHER INCOME		1,141.
TOTAL	\$	<u>6,716.</u>

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JAMES YOUNG 757 EMORY STREET PMB 161 IMPERIAL BEACH, CA 91932	DIRECTOR NONE	\$ 0.	\$ 0.	\$ 0.
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 NONE	0.	0.	0.
	TOTAL	\$ <u>0.</u>	\$ <u>0.</u>	\$ <u>0.</u>

WILD Coast

77-0536297

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

ACCOUNTING FEES.....	\$	15,909.
ADVERTISING.....		21,463.
BANK CHARGES.....		598.
COMMUNICATIONS.....		11,603.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		956.
CONSULTING SERVICES.....		92,340.
EQUIPMENT RENTAL AND MAINTENANCE.....		11,205.
FUNDRAISING FEES.....		8,232.
INSURANCE.....		10,363.
LEGAL FEES.....		179,228.
MISCELLANEOUS.....		6,380.
OTHER EMPLOYEE BENEFIT.....		1,527.
POSTAGE AND SHIPPING.....		5,986.
PRINTING AND PUBLICATIONS.....		31,642.
SPECIAL EVENT EXPENSES.....		3,083.
SUPPLIES.....		14,520.
TELEPHONE.....		11,994.
TRAVEL.....		35,614.
VOLUNTEER PROGRAM.....		852.
	TOTAL \$	<u>463,495.</u>

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

SUPPLIES ON HAND.....		710.
ROUNDING.....		1.
	TOTAL \$	<u>711.</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> WILDCOAST <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>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2079391</u> Federal Employer ID No. <u>77-0536297</u>
--	--

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 1/01/05 ending 12/31/05) list:
 Gross annual revenue \$ 1,068,225. Total assets \$ 520,240.

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 _____