

# Return of Organization Exempt From Income Tax

**2001**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2001 calendar year, or tax year period beginning and ending

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

**C** Name of organization: **THE COASTAL SOCIETY**  
 Number and street (or P O box if mail is not delivered to street address): **P.O. BOX 25408**  
 City or town, state or country, and ZIP + 4: **ALEXANDRIA, VA 22313-5408**

**D** Employer identification number: **52-1082650**

**E** Telephone number: **(703) 768-1599**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**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.

**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? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN ▶

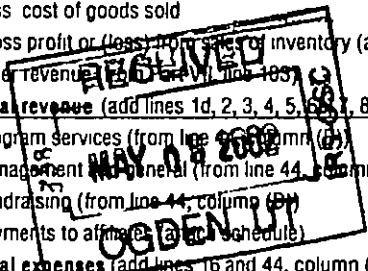
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **11,588.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	4,101.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 4,101. noncash \$ )			1d	4,101.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	41.
3	Membership dues and assessments			3	5,731.
4	Interest on savings and temporary cash investments			4	1,715.
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe )			7	
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	Special events and activities (attach schedule)			8d	
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sale of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (attach schedule) (line 10c)			11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	11,588.
13	Program services (from line 2, column (B))			13	19,079.
14	Management and general (from line 44, column (C))			14	11,315.
15	Fundraising (from line 44, column (B))			15	
16	Payments to affiliates (attach schedule)			16	
17	Total expenses (add lines 13 and 14, column (A))			17	30,394.
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-18,806.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	59,596.
20	Other changes in net assets or fund balances (attach explanation)			20	0.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	40,790.

SCANNED MAY 22 '02



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**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 (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	565.	565.	
32	Legal fees	32			
33	Supplies	33	378.	378.	
34	Telephone	34	459.	459.	
35	Postage and shipping	35	1,911.	1,536.	375.
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38	4,141.	4,141.	
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 1	43e	22,940.	12,565.	10,375.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	30,394.	19,079.	11,315.

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?	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
<b>a ORGANIZE NATIONAL CONFERENCE ON COASTAL ISSUES</b>	
(Grants and allocations \$ _____)	10,359.
<b>b PUBLICATIONS -- BULLETIN</b>	
(Grants and allocations \$ _____)	4,141.
<b>c MEMBERSHIP SERVICES</b>	
(Grants and allocations \$ _____)	4,317.
<b>d ORGANIZING AND MAINTAINING A WEB SITE ON THE INTERNET TO PROMOTE EDUCATION AND KNOWLEDGE OF THE ORGANIZATION TO ITS MEMBERS.</b>	
(Grants and allocations \$ _____)	262.
<b>e Other program services (attach schedule)</b>	(Grants and allocations \$ _____)
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	19,079.

**Part IV Balance Sheets**

Note		(A) Beginning of year		(B) End of year	
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>					
<b>Assets</b>	45	Cash - non-interest-bearing	59,596.	45	40,790.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable		47a	
	b	Less allowance for doubtful accounts		47b	47c
	48 a	Pledges receivable		48a	
	b	Less allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable		51a	
	b	Less allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a	Investments - land, buildings, and equipment, basis		55a	
	b	Less accumulated depreciation		55b	55c
56	Investments - other		56		
57 a	Land, buildings, and equipment, basis		57a		
b	Less accumulated depreciation		57b	57c	
58	Other assets (describe <input type="checkbox"/> )		58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	59,596.	59	40,790.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input type="checkbox"/> )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	0.	66	0.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	59,596.	67	40,790.
	68	Temporarily restricted		68	
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	59,596.	73	40,790.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	59,596.	74	40,790.	

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.



Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 90b regarding organizational activities, financials, and governance.

91 The books are in care of WILL HALL, TREASURER Telephone no (703)768-1599
Located at P.O. BOX 25408 ALEXANDRIA, VA ZIP + 4 22313-5408

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
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 Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>PUBLICATIONS</b>					41.
b <b>SPONSORSHIP TCS 17</b>					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					5,731.
95 Interest on savings and temporary cash investments			14	1,715.	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01		
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))		0.		1,715.	5,772.
105 Total (add line 104, columns (B), (D), and (E))					7,487.

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 Specific Instructions on page 32)

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)
▼	SEE STATEMENT 3

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(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 Specific Instructions on page 33)

- (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)

I am preparing this return accompanying schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge

1/1/02  
WALTER CLARK, PRESIDENT  
Type or print name and title

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization

**THE COASTAL SOCIETY**

Employer identification number

**52 1082650**

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

(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
<b>NONE</b> -----				
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

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

(See page 2 of the 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
<b>NONE</b> -----		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**Part III Statements About Activities** (See page 2 of the 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 <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-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		X
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
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below )		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the 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 page 5 of the 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 page 6 of the 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	43,635.	26,000.	61,618.	1,100.	132,353.
16 Membership fees received	7,520.	8,020.	7,448.	7,415.	30,403.
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	65,967.	268.	54,469.	260.	120,964.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,055.	1,027.	590.	5.	3,677.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	119,177.	35,315.	124,125.	8,780.	287,397.
24 Line 23 minus line 17	53,210.	35,047.	69,656.	8,520.	166,433.
25 Enter 1% of line 23	1,192.	353.	1,241.	88.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	N/A
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	N/A
c Total support for section 509(a)(1) test; Enter line 24, column (e)		26c	N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____		26d	N/A
22 _____ 26b _____		26e	N/A
e Public support (line 26c minus line 26d total)		26f	N/A %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12	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	(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year		(2000) 0.	(1999) 0.	(1998) 0.	(1997) 0.	
c Add Amounts from column (e) for lines 15 _____ 16 _____		17 _____ 120,964.	20 _____	21 _____ 30,403.		27c 283,720.
d Add Line 27a total _____ and line 27b total _____		0.		0.		27d 0.
e Public support (line 27c total minus line 27d total)						27e 283,720.
f Total support for section 509(a)(2) test; Enter amount on line 23, column (e)				27f 287,397.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))						27g 98.7206%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						27h 1.2794%

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

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

		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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)  _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)  _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	





**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

**2001**

Name of organization

THE COASTAL SOCIETY

Employer identification number

52-1082650

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990 PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

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

**General Rule-**

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

**Special Rules-**

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization <b>THE COASTAL SOCIETY</b>	Employer identification number <b>52-1082650</b>
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**Part I Contributors** (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ _____	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)

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
STAFF SUPPORT	12,687.	2,312.	10,375.	
MEMBERSHIP PLANNING				
EXPENSES	2,005.	2,005.		
WEB SITE	262.	262.		
SITE FEES FOR TCS 18	7,867.	7,867.		
INTERNET	119.	119.		
<b>TOTAL TO FM 990, LN 43</b>	<b>22,940.</b>	<b>12,565.</b>	<b>10,375.</b>	

FORM 990                      PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES                      STATEMENT 2

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MEGAN D. BAILIFF 1721 CALLE DELICADA LA JOLLA, CA 92037	PAST PRESIDENT 8	0.	0.	0.
WALTER CLARK 1811 PARK DRIVE RALEIGH, NC 27605	PRESIDENT 8	0.	0.	0.
JOHN DUFF 246 DEERING AVENUE PORTLAND, ME 04102-2898	PRESIDENT ELECT 2	0.	0.	0.
WILLIAM W. HALL 2731 WETMORE AVENUE, SUITE 300 EVERETT, WA 98201-3581	TREASURER 1	0.	0.	0.
ROBERT H. BOYLES, JR 217 FORT JOHNSON ROAD CHARLESTON, SC 29422-2559	SECRETARY 1	0.	0.	0.
DARRELL D. BROWN US EPA, COASTAL MANAGEMENT BRANCH 1200 PENNSYLVANIA AVE., MAIL CODE 2127 WASHINGTON, DC 20460	DIRECTOR .5	0.	0.	0.

THE COASTAL SOCIETY

52-1082650

JESSICA COGAN USEPA 1200 PENNSYLVANIA AVE., MAIL CODE 2127 WASHINGTON, DC 20460	DIRECTOR .5	0.	0.	0.
KRISTEN FLETCHER MS-AL SEA GRANT LEGAL PROGRAM, LAW CENTER ROOM 518 UNIVERSITY, MS 38677	DIRECTOR .5	0.	0.	0.
MICHAEL F. ENG US INST. CONFLICT RESOLUTION 110 SOUTH CHURCH AVE., SUITE 3350 TUCSON, AZ 85701	DIRECTOR .5	0.	0.	0.
JOELLE Y. GORE NOAA/NOS/OCRM 1305 EAST WEST HIGHWAY, SSMC4, N/ORM3 SILVER SPRING, MD 20910	DIRECTOR .5	0.	0.	0.
JAMES D. GIATTINA GULF OF MEXICO PROGRAM, BUILDING 1103, ROOM 203 STENNIS SPACE CENTER, MS 39529-6000	DIRECTOR .5	0.	0.	0.
MICHAEL HENDERSON OFFICE OF MARINE AND AVIATION OPERATIONS, SSMC-3, #12746(OMAOX4) 1315 EAST- SILVER SPRING, MD 20910	DIRECTOR .5	0.	0.	0.
MARC POIRIER SETON HALL UNIVERSITY SCHOOL OF LAW ONE NEWARK CENTER NEWARK, NJ 07102-5210	DIRECTOR .5	0.	0.	0.
CHAD E. NELSON 122 S. EL CAMINO REAL SAN CLEMENTE, CA 92672	DIRECTOR .5	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

0.	0.	0.
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FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 3

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
101	SALE OF BULLETIN, PUBLICATIONS AND RELATED ITEMS WHICH PROVIDE INFORMATION REGARDING THE EXEMPT PURPOSES OF THE SOCIETY.
94	DUES ARE RECEIVED IN EXCHANGE FOR PROVIDING MEMBERS WITH CERTAIN BENEFITS FOR VARIOUS PROGRAM SERVICES AS LISTED ON PART III.
93A	REGISTRATION FEES COVERING ANNUAL CONFERENCE HELD TO DISSEMINATE INFORMATION ON PURPOSE OF EXEMPT FUNCTION
93B	SPONSORSHIP FEES RELATED TO ANNUAL CONFERENCE HELD TO DISSEMINATE INFORMATION ON PURPOSE OF EXEMPT FUNCTION