

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2006

Open to Public Inspection

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

A For the 2006 calendar year, or tax year 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 Website: **N/A**

J Organization type: 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **176,086.**

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: **N/A**
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 Group Exemption Number: **N/A**
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

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b			
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)			1e	0.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	165,492.
3	Membership dues and assessments			3	8,882.
4	Interest on savings and temporary cash investments			4	1,134.
5	Dividends and interest from securities			5	
6 a	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	
8 a	Gross amount from sales 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		8d	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	49.		
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a		SEE STATEMENT 1	9c	49.
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	529.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	176,086.
13	Program services (from line 44, column (B))			13	105,704.
14	Management and general (from line 44, column (C))			14	31,044.
15	Fundraising (from line 44, column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	Total expenses. Add lines 16 and 44, column (A)			17	136,748.
18	Excess or (deficit) for the year Subtract line 17 from line 12			18	39,338.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	20,555.
20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 2	20	2,139.
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	62,032.

SCANNED AUG 2 2007

990

RECEIVED
 AUG 15 2007
 COASTAL SOCIETY

U

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	1,100.	1,100.		
32 Legal fees				
33 Supplies				
34 Telephone	1,207.	1,207.		
35 Postage and shipping	756.	756.		
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	116.	116.		
39 Travel	91.	91.		
40 Conferences, conventions, and meetings	100,214.	100,214.		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a STAFF SUPPORT	30,368.		30,368.	
b BANK CHARGES	131.		131.	
c ADVERTISING - BULLETIN	2,000.	2,000.		
d REGISTRATION FEES,				
e DUES	195.		195.	
f INTERNET	220.	220.		
g INSURANCE	350.		350.	
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	136,748.	105,704.	31,044.	0.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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? COASTAL ENVIRONMENTAL ISSUES	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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.)	
a PUBLICATIONS--BULLETIN	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,000.
b MEMBERSHIP SERVICES	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	3,490.
c CONFERENCES	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	100,214.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(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)	105,704.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	20,555.	45	62,032.
	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 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	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 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	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, including program-related investments (describe ▶ _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	20,555.	59	62,032.	
Liabilities	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 ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65	0.	66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	20,555.	67	59,893.
	68 Temporarily restricted		68	2,139.
	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 and column (B) must equal line 21)	20,555.	73	62,032.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	20,555.	74	62,032.	

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued) table with columns for question, Yes, and No. Includes questions 82a through 91b regarding donations, lobbying, and foreign accounts.

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

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 the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SPONSORSHIPS			07	86,850.	
b REGISTRATION			07	78,642.	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					8,882.
95 Interest on savings and temporary cash investments			14		1,134.
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	49.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					141.
b MISCELLANEOUS CREDIT					388.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		165,541.	10,545.
105 Total (add line 104, columns (B), (D), and (E))					176,086.

Note: Line 105 plus line 1e, 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)
▼	SEE STATEMENT 4

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: Kristen M. Fletcher Date: 8/19/07
 Type or print name and title: KRISTEN M. FLETCHER, President, The Coastal Society

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 08/02/07 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: SWART, LALANDE & ASSOCIATES P.C.
11166 FAIRFAX BOULEVARD, SUITE 300
FAIRFAX, VIRGINIA 22030-5017
 Preparer's SSN or PTIN (See Gen. Inst. X): _____
 EIN: _____
 Phone no: (703) 591-7900

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 4947(a)(1) Nonexempt Charitable Trust

2006

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 2 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
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 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
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 page 2 of the 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 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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,000.			128,217.	129,217.
16 Membership fees received	3,343.		6,575.	9,055.	18,973.
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	247.		234.	1,096.	1,577.
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	769.		147.	380.	1,296.
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	5,359.	0.	6,956.	138,748.	151,063.
24 Line 23 minus line 17	5,112.		6,722.	137,652.	149,486.
25 Enter 1% of line 23	54.		70.	1,387.	
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 2002 through 2005 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 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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					
(2005) 0. (2004) 0. (2003) 0. (2002) 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 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					
(2005) 0. (2004) 0. (2003) 0. (2002) 0.					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	129,217.	18,973.			27c 149,767.
d Add Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 149,767.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 151,063.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.1421%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .8579%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 page 9 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)		
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)

N/A

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

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
41	Lobbying nontaxable amount Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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		
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														
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)														
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36														
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38														

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 on page 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the 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.)			0.

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

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
PUBLICATIONS	49.		49.		49.	
TO FM 990, PART I, LINE 9	49.		49.		49.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
CRRF				2,139.
TOTAL TO FORM 990, PART I, LINE 20				2,139.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	3
----------	--	-----------	---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KRISTEN FLETCHER 10 METACOM AVE. BRISTOL, RI 02809	PRESIDENT 0.00	0.	0.	0.
JOHN DUFF 100 MORRISSEY BLVD. BOSTON, MA 02125-3393	PAST PRESIDENT 0.00	0.	0.	0.
PAUL C. TICCO 1305 EAST-WEST HIGHWAY SILVER SPRING, MD 20910	PAST PRESIDENT 0.00	0.	0.	0.
MAURICE P. LYNCH P.O.BOX 125 GLOUCESTER POINT, VA 23062	TREASURER 0.00	0.	0.	0.
LINDSAY FULLENKAMP 3520 CONNECTICUT AVENUE, NW WASHINGTON, DC 20008	SECRETARY 0.00	0.	0.	0.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization THE COASTAL SOCIETY	Employer identification number 52-1082650
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 25408	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22313-5408	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MAURICE P. LYNCH**
 Telephone No. ▶ **(804) 684-7151** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2006** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization THE COASTAL SOCIETY	Employer identification number 52-1082650
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 25408	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. ALEXANDRIA, VA 22313-5408	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MAURICE P. LYNCH**
 Telephone No ▶ **(804) 684-7151** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2006** or
 ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Print



Export

Name: THE COASTAL SOCIETY

IRS Center: OGDEN

e-Postmark: 5/14/2007 12:46:00
PM

FEIN: 52-1082650

Refund: \$0.00

Notification:

Return History

DCN	DATE	TYPE OF ACTIVITY	UPDATED BY
	05/14/2007	Upload Start	
	05/14/2007	Ready to Release	
	05/14/2007	Released for Transmission	701616
	05/14/2007	Transmitted to FD	
	05/14/2007	Accepted by FD	

Client **COAST-1 - The Coastal Society**
 Engagement **990 - The Coastal Society**
 Period Ending **12/31/2006**
 Trial Balance **TB**
 Workpaper **8300 05 - TB Report**

Account	Description	1st PP-FINAL 12/31/2005	UNADJ 12/31/2006	JE Ref #	AJE	ADJ 12/31/2006
Group . [4110]	Cash					
Subgroup [4111]	Cash					
1000	Checking	0 00	23,457 00		685 00	24,142 00
				AJE - 1	417 00	
				AJE - 2	268 00	
					685 00	
Subtotal [4111]	Cash	0 00	23,457 00		685 00	24,142 00
Total [4110]	Cash	0.00	23,457 00		685 00	24,142 00
Group [4150]	Investments					
Subgroup None						
1010	Investment	0 00	37,890 00		0 00	37,890 00
Subtotal - None		0 00	37,890 00		0.00	37,890 00
Total [4150]	Investments	0 00	37,890 00		0.00	37,890 00
	Current Assets	0 00	61,347 00		685 00	62,032 00
	Non-Current Assets	0 00	0 00		0 00	0 00
	TOTAL ASSET	0.00	61,347 00		685 00	62,032 00
	Current Liabilities	0 00	0 00		0 00	0.00
	Non-Current Liabilities	0 00	0 00		0 00	0 00
	TOTAL LIABILITY	0.00	0.00		0.00	0 00
Group . [6110]	Fund balances					
Subgroup : [6111]	Unrestricted fund balance					
3000	Net Assets	0 00	(20,555 00)		0 00	(20,555 00)
Subtotal [6111]	Unrestricted fund balance	0.00	(20,555 00)		0 00	(20,555 00)
Subgroup : [6113]	Restricted fund balance					
3100	Restricted Accounts CRRF	0 00	(2,139 00)		0 00	(2,139 00)
Subtotal [6113]	Restricted fund balance	0 00	(2,139 00)		0 00	(2,139 00)
Total [6110]	Fund balances	0 00	(22,694 00)		0 00	(22,694 00)
	Equity	0 00	(22,694 00)		0 00	(22,694 00)
	NET (INCOME) LOSS	0 00	(38,653 00)		(685 00)	(39,338 00)
	TOTAL EQUITY	0 00	(61,347 00)		(685 00)	(62,032 00)
	TOTAL LIABILITY AND EQUITY	0 00	(61,347 00)		(685 00)	(62,032 00)
Group . [7110]	Revenues					
Subgroup [7111]	Membership dues revenue					
4100	Dues Cascadia	0 00	(15 00)		0 00	(15 00)
4150	Dues TCS	0 00	(8,867 00)		0 00	(8,867 00)
Subtotal [7111]	Membership dues revenue	0.00	(8,882 00)		0 00	(8,882 00)
Subgroup : [7112]	Grants and contracts					
4050	Donation	0 00	(120 00)		0 00	(120 00)
Subtotal [7112]	Grants and contracts	0 00	(120 00)		0 00	(120 00)
Subgroup : [7113]	Publications revenue					
4550	Miscellaneous Income Publications	0 00	(49 00)		0 00	(49 00)
Subtotal [7113]	Publications revenue	0.00	(49 00)		0.00	(49 00)
Subgroup : [7114]	Meetings and seminar revenue					
4500	Miscellaneous Income	0 00	(1 00)		0 00	(1 00)
4510	Miscellaneous Income event income	0 00	(20 00)		0 00	(20 00)
4600	TCS20 Registraton	0 00	(78,642 00)		0 00	(78,642 00)
4650	TCS20 Sponsorship	0 00	(86,850 00)		0 00	(86,850 00)
Subtotal [7114]	Meetings and seminar revenue	0.00	(165,513 00)		0 00	(165,513 00)
Subgroup . [7115]	Interest Income					
4400	Interest Bank Interest	0 00	(38 00)		0 00	(38 00)
4410	Interest Investment Income	0 00	(1,028 00)		0 00	(1,028 00)
4450	Interest other interest	0 00	(68 00)		0 00	(68 00)
Subtotal [7115]	Interest Income	0 00	(1,134 00)		0 00	(1,134 00)
Subgroup . [7116]	Miscellaneous					
4020	Refund	0 00	(388 00)		0 00	(388 00)
Subtotal [7116]	Miscellaneous	0 00	(388 00)		0 00	(388 00)

Client **COAST-1 - The Coastal Society**
 Engagement **990 - The Coastal Society**
 Period Ending **12/31/2006**
 Tnal Balance **TB**
 Workpaper **8300 05 - TB Report**

Account	Description	1st PP-FINAL 12/31/2005	UNADJ 12/31/2006	JE Ref #	AJE	ADJ 12/31/2006
Total [7110] Revenues		<u>0 00</u>	<u>(176,086 00)</u>		<u>0 00</u>	<u>(176,086 00)</u>
Revenues		0 00	(176,086 00)		0 00	(176,086 00)
TOTAL REVENUE		<u>0 00</u>	<u>(176,086.00)</u>		<u>0 00</u>	<u>(176,086 00)</u>
Group . [7310] Expenditures and expenses						
Subgroup [7312] Conferences and meetings						
5500	Conferences Miscellaneous	0 00	550 00		0 00	550 00
5800	Conferences TCS 20 Conference Svcs	0 00	33,275 00		0 00	33,275 00
5810	Conferences TCS 20 Event expenses	0 00	2,515 00		0 00	2,515 00
5820	Conferences TCS 20 Plaques	0 00	255 00		0 00	255 00
5830	Conferences TCS 20 Abstract management	0 00	2,938 00		0 00	2,938 00
5840	Conferences TCS 20 Bulletin	0 00	1,786 00		0 00	1,786 00
5850	Conferences TCS 20 Deposit	0 00	1,000 00		0 00	1,000 00
5860	Conferences TCS 20 Facilities	0 00	38,090 00		0 00	38,090 00
5870	Conferences TCS 20 Logo Items	0 00	1,976 00		0 00	1,976 00
5890	Conferences TCS 20 Miscellaneous	0 00	16 00		0 00	16 00
5900	Conferences TCS 20 Pre conf visit	0 00	264 00		0 00	264 00
5910	Conferences TCS 20 Proceedings management	0 00	8,119 00		0 00	8,119 00
5920	Conferences TCS 20 Program Layout	0 00	2,000 00		0 00	2,000 00
5930	Conferences TCS 20 shipping	0 00	162 00		0 00	162 00
5940	Conferences TCS 20 student awards	0 00	1,050 00		0 00	1,050 00
5950	Conferences TCS 20 Travel	0 00	1,195 00		0 00	1,195 00
5960	Conferences TCS 20 Travel Student	0 00	5,291 00		0 00	5,291 00
6500	Regional Meetings	0 00	0 00		(268 00)	(268 00)
				AJE - 2	(268 00)	
Subtotal [7312] Conferences and meetings		<u>0 00</u>	<u>100,482 00</u>		<u>(268 00)</u>	<u>100,214 00</u>
Subgroup [7314] Publications						
5200	Bulletn editing	0 00	1,000 00		0 00	1,000 00
5210	Bulletn Layout	0 00	1,000 00		0 00	1,000 00
Subtotal [7314] Publications		<u>0 00</u>	<u>2,000 00</u>		<u>0 00</u>	<u>2,000 00</u>
Subgroup : [7315] General administration						
6000	Event expense	0 00	417 00		(417 00)	0 00
				AJE - 1	(417 00)	
6200	Insurance	0 00	350 00		0 00	350 00
6300	Office Expenses Bank Charges Checks	0 00	94 00		0 00	94 00
6310	Office Expenses Bank Charges Fees and charges	0 00	37 00		0 00	37 00
6340	Office Expenses Internet	0 00	126 00		0 00	126 00
6350	Office Expenses Parking	0 00	91 00		0 00	91 00
6360	Office Expenses Phone/Fax	0 00	1,207 00		0 00	1,207 00
6370	Office Expenses Postage	0 00	750 00		0 00	750 00
6380	Office Expenses Printing	0 00	116 00		0 00	116 00
6390	Office Expenses Supplies	0 00	6 00		0 00	6 00
6400	Professional Services Accountant	0 00	1,100 00		0 00	1,100 00
6410	Professional Services Web site work	0 00	94 00		0 00	94 00
Subtotal [7315] General administration		<u>0 00</u>	<u>4,388.00</u>		<u>(417.00)</u>	<u>3,971.00</u>
Subgroup [7316] Staff Support						
6100	Executive Services Board	0 00	30,100 00		0 00	30,100 00
6110	Executive Services Training	0 00	147 00		0 00	147 00
6120	Executive Services Travel	0 00	121 00		0 00	121 00
Subtotal [7316] Staff Support		<u>0 00</u>	<u>30,368 00</u>		<u>0 00</u>	<u>30,368 00</u>
Subgroup [7317] Dues & Registrations						
5450	Chapter Dues Cascadia	0 00	60 00		0 00	60 00
6320	Office Expenses Corporate Registration	0 00	135 00		0 00	135 00
Subtotal [7317] Dues & Registrations		<u>0 00</u>	<u>195.00</u>		<u>0 00</u>	<u>195 00</u>
Total [7310] Expenditures and expenses		<u>0 00</u>	<u>137,433 00</u>		<u>(685 00)</u>	<u>136,748 00</u>
Other Expenses		0 00	137,433 00		(685 00)	136,748 00
TOTAL EXPENSE		<u>0 00</u>	<u>137,433 00</u>		<u>(685 00)</u>	<u>136,748.00</u>
NET (INCOME) LOSS		<u>0 00</u>	<u>(38,653 00)</u>		<u>(685 00)</u>	<u>(39,338 00)</u>
Sum of Account Groups		<u>0.00</u>	<u>0 00</u>		<u>0.00</u>	<u>0.00</u>

4:09 PM

05/30/07

Accrual Basis

The Coastal Society Adjusting Journal Entries

January 2005 through December 2006

<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Memo</u>	<u>Account</u>	<u>Debit</u>	<u>Credit</u>
12/31/2005	SLA2006-01		To tie to 12/31/05 en.	Checking		685
			To tie to 12/31/05 en	Event expense	417	
			To tie to 12/31/05 en	Regional Meetings	268	
					<u>685</u>	<u>685</u>
12/31/2006	SLA2006-2		To reverse expense p	Event expense		417
			To reverse expense p	Checking	417	
					<u>417</u>	<u>417</u>
12/31/2006	SLA2006-3		To void check in '06	Regional Meetings		268
			To void check in '06	Checking	268	
					<u>268</u>	<u>268</u>
TOTAL					<u>1,370</u>	<u>1,370</u>