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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

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A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization DIGITAL COAST, INC.		D Employer identification number 95-4678546
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite C/O GLENBARR MGMT, 2390 CRENSHAW BL 202		E Telephone number
		City or town, state or country, and ZIP + 4 TORRANCE, CA 90501		F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method. Cash Accrual
 Other (specify) _____

I Website: WWW.DIGITALCOAST.ORG
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

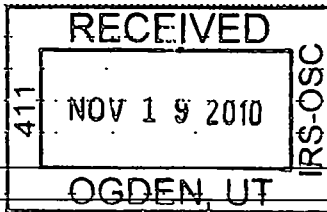
J Tax-exempt status (check only one) - 501(c)(6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **4,393.**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
	6b	Less direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
7b	Less cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe FORGIVENESS OF LIABILITIES) 4,393.																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 4,393.																											
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe _____)																										
17	Total expenses. Add lines 10 through 16 0.																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 4,393.																										
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) <4,393.>																										
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 0.																										



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	179.	0.
23	Land and buildings		
24	Other assets (describe ACCOUNTS RECEIVABLE)	11,250.	0.
25	Total assets	11,429.	0.
26	Total liabilities (describe SEE STATEMENT 1)	15,822.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	<4,393.>	0.

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity ...		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes ...		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? ...		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
	37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
	38b N/A		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
	39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities		
	39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911		
	N/A ; section 4912 N/A , section 4955 N/A		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
	40b N/A		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	N/A		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
	N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed		
	CA		
42a	The organization's books are in care of		
	THE ORGANIZATION Telephone no		
	Located at C/O GLENBARR MGMT, 2390 CRENSHAW BL, TORRANCE, C ZIP + 4 90501		
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)?		
	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 Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
	43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
N/A				

f Total number of other employees paid over \$100,000 ▶ _____

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

Sign Here

Signature of officer: *[Signature]* Date: *11/15/10*

Type or print name and title: *Treasurer*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *11/12/10* Check if self-employed:

Firm's name (or yours if self-employed): **HOAG & ROBI, INC.** EIN: _____

address, and ZIP + 4: **2660 TOWNSGATE ROAD, SUITE 330 WESTLAKE VILLAGE, CA 91361** Phone no.: **(805) 494-8414**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

DIGITAL COAST, INC.

Employer identification number
95-4678546

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	THE ORGANIZATION HAD NO ASSETS AS OF 12/31/09. SOME MINOR LIABILITIES WERE FORGIVEN, AND		0.				

	Yes	No
2a		X
2b		X
2c		X
2d		X

- 2 Did or will any officer, director, trustee, or key employee of the organization:
- a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule N (Form 990 or 990-EZ) 2009

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a** Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?
- b** If "Yes," provide the date of the letter. **▶** . Attach a copy of the letter and, if applicable, the organization's request for the letter.
- 5a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 6** Did the organization discharge or pay all liabilities in accordance with state laws?
- 7a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c** If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

	Yes	No
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt or type of entity)

- 2** Did or will any officer, director, trustee, or key employee of the organization:
 - a** Become a director or trustee of a successor or transferee organization?
 - b** Become an employee of, or independent contractor for, a successor or transferee organization?
 - c** Become a direct or indirect owner of a successor or transferee organization?
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

	Yes	No
2a	<input type="checkbox"/>	<input type="checkbox"/>
2b	<input type="checkbox"/>	<input type="checkbox"/>
2c	<input type="checkbox"/>	<input type="checkbox"/>
2d	<input type="checkbox"/>	<input type="checkbox"/>

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

PART I, LINE 3: THE ORGANIZATION HAD NO ASSETS AS OF 12/31/09. SOME MINOR LIABILITIES WERE FORGIVEN, AND OTHER REMAINING ORGANIZATION EXPENSES WERE PAID BY BOARD MEMBERS FROM PERSONAL FUNDS.

FORM 990-EZ

OTHER LIABILITIES

STATEMENT 1

DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

15,822.

0.

TOTAL TO FORM 990-EZ, LINE 26

15,822.

0.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
TOM SARNOFF, 5404 JANDY PLACE, LOS ANGELES, CA 90066	CHAIRMAN 0.00	0.	0.	0.
LINDA NICOLAI, 5404 JANDY PLACE, LOS ANGELES, CA 90066	VICE PRESIDENT 0.00	0.	0.	0.
LEONARD WASHINGTON, 5404 JANDY PLACE, LOS ANGELES, CA 90066	VICE PRESIDENT 0.00	0.	0.	0.
JOHN FARINA, 5404 JANDY PLACE, LOS ANGELES, CA 90066	TREASURER 0.00	0.	0.	0.
DAN MCINTOSH, 5404 JANDY PLACE, LOS ANGELES, CA 90066	SECRETARY 0.00	0.	0.	0.
ALAN BELL, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
GORDON BELLAMY, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
ELIZABETH DALEY, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
KEN DOZIER, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
FARIDA FOTOUHI, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
JOHN MANULIS, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
PETER MARX, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
RACHEL MCCALLISTER, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
JEFF SCHUMACHER, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.

DAVID WERTHEIMER, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
BLAIR WESTLAKE, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
KENNETH WILLIAMS, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
POURIA ABBASSI, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
ALBHY GALUTEN, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
CONCHETTA FABARES, 5404 JANDY PLACE, LOS ANGELES, CA 90066	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

THE ORGANIZATION PROVIDED BUSINESS AND EDUCATIONAL FORUMS, NETWORKING EVENTS, AND OTHERWISE PROMOTED THE DEVELOPMENT OF ECONOMIC OPPORTUNITIES FOR TECHNOLOGY BUSINESSES AND ORGANIZATIONS LOCATED ON THE DIGITAL COAST.