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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

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)

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

2009

OMB No 1545 1150

Open to Public Inspection

Canada comparison Cana	Α	Fort	the 2009 cal	endar y	ear, or ta	x year begir	ning		, 2009	, and e	ending		7-		<u>, ,</u>	
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Termination Page	L	Addre	use IRS Center For Alaskan Coastal Studies, Inc.							9	2-0	086250				
Termination enternal Specific	F	Name		labelor [oom/suit	e	Е Те	lephon	e number	
Romer Rome	┝	7	return	type	PO Box	2225							1 (907) 235-666	57
*Section 501(A)2 organizations and 4947(x)1) nonexempt charitable trusts *Section 501(A)2 organizations and 4947(x)1) nonexempt charitable trusts *Section 501(A)2 organizations and 4947(x)1) nonexempt charitable trusts *Section 501(A)2 organizations and 4947(x)1) nonexempt charitable trusts *Section 501(A)2 organization and 4947(x)1) nonexempt charitable trusts *Organization 401 organization and 4947(x)1) nonexempt charitable trusts *Organization 401 organization 401	-	₹.	ination	Specific }			ountry, and ZIP + 4						 		<u> </u>	
*Section 501(c/3) organizations and 4947(c/1) monement chanitable trusts must attach a completed Schedule A (Form 990 or 980-E2). Website: NJA	-	∃	14	tions			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	T 0	0603	2225				•
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\$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. Add lines 56, 6b, and 70, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 Sa2,887, Part	J	Tax-e										, ,				
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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) 19		18						ne 9)				1			-5	8,804.
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Total assets See L-24 Stmt See L-24 Stmt See L-26 Stmt	N	<u>š</u>	figure repo	orted or	n prior yea	ar's return)	ig or year (iiviii	27, COIC	21 (A) (I	nust di	gice W	iai cilu-oi-	y cai		94	8,176.
Part 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 (A) Beginning of year (B) End of year	T	티 .				-	lances (attach e	xplanation)	2	See I	L-20	Stmt				
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) 22		S 21		-					igh 20				>			
(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > See L-24 Stmt) 25 Total assets 26 Total liabilities (describe > See L-26 Stmt) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (A) Beginning of year 114,627. 22 81,032. 757,297. 153,491. 24 186,493. 1,046,458. 25 1,024,822. 98,830.	8 [art II								or mo	ore, file	e Form 990) instea	ad of		
22 Cash, savings, and investments 114,627.22 81,032. 23 Land and buildings 778,340.23 757,297. 24 Other assets (describe > See L-24 Stmt) 153,491.24 186,493. 25 Total assets 1,046,458.25 1,024,822. 26 Total liabilities (describe > See L-26 Stmt) 98,282.26 98,830. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 948,176.27 925,992.	ت :															year
23 Land and buildings 778,340. 23 757,297. 24 Other assets (describe - See L-24 Stmt) 153,491. 24 186,493. 25 Total assets 1,046,458. 25 1,024,822. 26 Total liabilities (describe - See L-26 Stmt) 98,282. 26 98,830. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 948,176. 27 925,992.		2 Ca	ash, savinos	, and in	•		,									
24 Other assets (describe See L-24 Stmt) 153,491. 24 186,493. 25 Total assets 1,046,458. 25 1,024,822. 26 Total liabilities (describe See L-26 Stmt) 98,282. 26 98,830. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 948,176. 27 925,992.			_			-										
27 Net assets or fund balances (line 27 or column (b) must agree with line 21) 948,176.[27] 925,992.				_	e ► Se	e L-24	Stmt	Y								
27 Net assets or fund balances (line 27 or column (b) must agree with line 21) 948,176.[27] 925,992.				, 2000110	<u> </u>											
27 Net assets or fund balances (line 27 or column (b) must agree with line 21) 948,176.[27] 925,992.	z :			s (desci	ribe ► S	ee J26	Stmt	١			-					
	Ę				_			aree with lin	ne 21)							
										ons		7-0	, 	-,-/		

Form 990-EZ (2009) Center For Alas	kan Coastal Studie	es, Inc.	92	-008	36250 Page 2
Partill Statement of Program Se					Expenses
What is the organization's primary exempt purpose? Ed				(Req	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
			uco mannor	501(c)(3) and (4)
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo nersons benefited, or other re	ises in a clear and cond levant information for ex	ach	organ 4947	nizations and section (a)(1) trusts ontional
program title	persons benefited, or other re	ic vant information to co		for of	thers)
28 Environmental education	and natural histor	v workshops			
including anthropology,				l	
geology and nature walks	<u>around the Kachem</u>	ak Bay area.		1	
(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here	▶	28 a	380,135.
29	<u> </u>				
23					
(Grants \$) If th	us amount includes foreign gr	ants check here		29 a	
	is amount includes foreign gre	anta, encert neie			
30					
(Grants \$) If th	is amount includes foreign gra	ants check here		30 a	
31 Other program services (attach schedule		arrie, erreer rie.			
		to the set to the second	- □		
	is amount includes foreign gra	ants, cneck nere		31 a	
32 Total program service expenses (add lin	nes 28a through 31a)		<u> </u>	32	380,135.
Part V List of Officers, Directors	, Trustees, and Key Em	ployees. List each on	e even if not com	pensa	ted (See the instrs)
	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla		and other allowances
(4)	to position	,	deferred compensa		
Derek Stonorov					
51696 Reuther Rd	President				
Homer, AK 99603	2.00	0.		0.	
Michael Allen					
2231 E.Danview	VP				
	.,			_	
Homer AK 99603	2.00	0.		0.	
Karen Marquardt					
3430 Main St, Ste E	Treasurer				
	1			_	
Homer AK 99603	2.00	0.		0.	
David Aplin					
4290 Shirley Ct.	Secretary				
Homer AK 99603	2.00	0.		0.	
	2.00	•		<u> </u>	
Duncan Wanamaker					
PO Box 2225	member				
Homer AK 99603	1.00	0.		0.	
		-			
Ben Gibson					
602 Shellfish Ave	member				
-	1.00	0.	•	0.	
		<u> </u>			
Patricia Kane					
PO Box 15184	member				
Fritz Creek AK 99603	1.00	0.		0.	
Jack Regan					
PO Box 3310	member				
Homer AK 99603	1.00	0.		0.	
Elizabeth Trowbridge					
PO Box 2225	Exec Director				
	•			_	
Homer AK 99603	40.00	37,102.		0.	
Terry Shepherd					
PO Box 2225	Exec Director				
Tanana	•	11 000		^	
Homer AK 99603	40.00	11,877.		0.	
Marilyn Sigman					
PO Box 2225	Exec Director				
	40.00	6 201	,	56	
Homer AK 99603	20.00	6,381.	4,4	259.	
	_				
	1				

Part V Other Information (Note the statement requirements in the instrs for Part V.)	Yes	No
	Yes	l No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33		х
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		Х
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	Association and	
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? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35b		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b	ž	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? 38a		X
b If 'Yes,' complete Schedule L, Part II and enter the total		
amount involved 39 Section 501(c)(7) organizations Enter	**	* \
39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a	×.	
b Gross receipts, included on line 9, for public use of club facilities 39b		
15°	ķ.	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►	<u>`</u> .	*C#
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		х
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.	r You	* C***
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		7, 1,7, 1,1
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	<u> </u>	X
41 List the states with which a copy of this return is filed •		
42 a The organization's		
books are in care of > Executive Director Telephone no > (907) 235	-666	57
Located at PO Box 2225HomerAK ZIP + 4 > 99603-222	·	
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)?	Yes	No X
If 'Yes,' enter the name of the foreign country		
$^{\circ}$		- (8)
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts	ķ.,	** *
c At any time during the calendar year, did the organization maintain an office outside of the U S?		X
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		
	V	AI -
	Yes	No
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 45		x

No

Yes

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.

46 5 4				af az .m anna	aition to condu	dotoc	Yes	No	
46 Didit	he organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule C	rt political campaign acti , Part I	ivities on benair	of or in oppo	Silion to caridic	4		X	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II									
	e organization a school as described in se					4	8	Х	
	he organization make any transfers to an					49	9a	X	
	es,' was the related organization a section	·				49	9Ь		
50 Com	plete this table for the organization's five loyees) who each received more than \$100	nighest compensated en	nployees (other t	than officers,	directors, trus	tees and key			
	Name and address of each employee paid	(b) Title and average	(c) Compensal	tion (d) Co	ontributions to emplo benefit plans and	oyee (e	Expense count and r allowance		
None_	more than \$100,000	devoted to position		de	ferred compensation	ii ouie	1 allowalice		
				-					
- Total	I number of other employees paid over \$1	00.000							
1 10ta	i flumber of other employees paid over \$10								
51 Com	plete this table for the organization's five logical pensation from the organization of there is	nighest compensated inc none, enter 'None '	dependent contra	actors who ea	ach received m	ore than \$10	00,000 of	f	
	(a) Name and address of each independent cont	ractor paid more than \$100 000		(b) Ty	pe of service	(c) C	ompensati		
None	(a) Harrie and address of each macpenache com	ractor paid more triain \$100,000			pc 0/ 30/ //cc	(0,0	оттротізаці		
d Tota	I number of other independent contractors	each receiving over \$10	00,000	<u> </u>					
	111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						al ballad at		
	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer					ny knowledge ani	a bener, it	is	
				1	7/9	1201	D		
Sign	Signature of officer	Clear			Pate Pate	1 201			
Here	\sim 100 \sim 1	hael Allen	. 1-	residen					
	Type or print name and title	Maej Piller	, , ,	residen	7				
Paid	Preparer's signature	CPA	Date 6: 2	11.2010	Check if self-employed	Preparer's Ide (See instructi	entifying Ni ons)	umber	
ore-	Firm's name (or Karen M Foster	CPA, Foster &		1 00	J.I.p.Oyou a	- 11			
oarer's Jse	yours if self-				EIN	>			
Only	employed), address, and ZIP + 4 Wasilla		AK 99	687	+	907) 370	6-690	1	
May the IF	RS discuss this return with the preparer sh	own above? See instruc					res 📗	No	
BAA							990-EZ	(2009)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Cen	ter	For Alaskar	n Coastal Stud	lies,	Inc.					92 - 00)86250)		
Part		Reason for Pub	olic Charity Statu	s (All	organizations i	must c	omple	te this	part.)	See ii	nstructi	ons		
he o	rgan	ization is not a priva	ate foundation becaus	e it is	(For lines 1 throug	jh 11, ch	neck onl	y one bo	ox)					
1		A church, conventio	n of churches or asso	ciation	of churches descri	ibed in s	section '	170(b)(1)(A)(i).					
2		A school described	ın section 170(b)(1)(A)(ii). (A	Attach Schedule E)								
3		A hospital or cooper	rative hospital service	organi	zation described in	section	n 170(b)	(1)(A)(ii	i).					
4		A medical research	organization operated	t in con	junction with a hos	spital de	scribed	ın secti	on 170(b)(1)(A)	(iii) Ente	r the hospi	tal's	
		name, city, and stat		-										
5		An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit on the complete Part II)	of a coll	ege or university o	wned o	r operat	ed by a	governr	nental u	nıt descr	ibed in sec	tion	
6			local government or g											
7		ın section 170(b)(1)	t normally receives a : (A)(vi). (Complete Pa	art II)				ernmeni	ai unit d	or from t	ne gener	ai public di	escribe	ea
8														
9	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 exempt 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). (Complete Part III)													
10		An organization org	anized and operated o	exclusiv	ely to test for publ	lic safet	y See s	ection 5	509(a)(4).				
11		more publicly suppo	anized and operated orted organizations de of supporting organizations	escribed	d in section 509(a)	(1) or s	ection 5	09(a)(2)	ions of, See s e	or carry ection 5	out the 09(a)(3).	purposes o Check the	f one of box th	or nat
		a ∏Type I	b Type II		c Type III				ed		d 🗍	Type III-	Other	
е	_	By checking this boothan foundation mail 509(a)(2)	x, I certify that the org nagers and other than	janization one or	on is not controlled more publicly sup	d directly	y or indi organiza	rectly by	y one or escribed	more d	isqualifie on 509(a	d persons)(1) or sec	other tion	
f		, , , ,	eceived a written dete	erminati	on from the IRS th	nat is a	Гуре I, Т	ype II o	r Type I	III suppo	rting org	anızatıon,		
g		Since August 17, 20	006, has the organizat	ion acc	epted any gift or o	contribu	tion fron	n any of	the foll	owing pe	ersons?			
													Yes	No
		(i) a person who below, the gov	directly or indirectly c verning body of the su	ontrols,	, either alone or to I organization?	gether v	vith pers	sons des	scribed	ın (ıı) an	d (III)	11 g (i)		
		(ii) a famıly meml	ber of a person descr	ribed in	(ı) above?							11 g (ii)		
		(iii) a 35% control	led entity of a person	describ	ed in (i) or (ii) abo	ove?						11 g (in)		
h		Provide the followin	g information about th	ne supp	orted organization:	s								
	(1)	Name of Supported Organization	(II) EIN	(des	ype of organization cribed on lines 1 9 ove or IRC section ee instructions)	organizat	s the ion in col I in your rning nent?	the organ	ou notify nization in (i) of upport?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amour	it of Sup	port
						Yes	No	Yes	No	Yes	No			
					, , , , , , , , , , , , , , , , , , 									
					,									
													<u>_</u>	
[ntal			\$.	45.			Ĉv.	- in			, ,			

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Center For Alaskan Coastal Studies, Inc. 92-0086250

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the box on line	5, 7, or 8 of Part I	l)		· · · · · · · · · · · · · · · · · · ·	
Sec	tion A. Public Support						
Cale: begir	ndar year (or fiscal year ning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	262,719.	290,272.	294,817.	201,377.	176,578.	1,225,763.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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						
4	Total. Add lines 1-through 3	262,719.	290,272.	294,817.	201,377.	176,578	1,225,763.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4			1			1,225,763.
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·	r		
	ndar year (or fiscal year nnıng in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	262,719.	290,272.	294,817.	201,377.	176,578	1,225,763.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	14,040.	11,027.	3,917.	10,058.	7,428.	46,470.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0.	0.	598.	40.	1,413.	2,051.
11	Total support. Add lines 7 through 10						1,274,284.
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12	<u></u>
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	a section 501(c)(3	3) ▶ □
	tion C. Computation of Pu						1
	Public support percentage for 200 Public support percentage from 2		•	e 11, column (f)		14 15	96.19%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported org	on line 13, and t ganization	he line 14 is 33-1/	/3 % or more, ch	eck this box
t	33-1/3 support test — 2008. If the and stop here. The organization of	organization did qualifies as a publ	not check a box o licly supported org	in line 13, or 16a, ganization	and line 15 is 33-	1/3% or more, ch	neck this box
17 a	10%-facts-and-circumstances te or more, and if the organization rethe organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part I	V how
	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and	neets the 'facts-ar I-circumstances'	nd-circumstances' test The organiza	test, check this bation qualifies as	ox and stop here. a publicly supporte	Explain in Part I ed organization	V how the ▶
18 BAA	Private foundation. If the organiz	ation did not ched	ck a box on line, 1	3, 16a, 16b, 17a,			tructions P

Schedule A (Form 990 or 990-EZ) 2009 Center For Alaskan Coastal Studies, Inc. 92-0086250 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support Calendar year for toally beginning in)* (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total of total state unusual grants of an inchied was unusual grants of a control inchied propose. 3 flavs registe from admission that was end of an unusual grants of a control inchied and inchied part of a control in		(Complete only if you chec	Ned the Bex on the					
Grist, grants, contributions and membrately lieus received (C) Gross receipts from admissions, mechanidas sold or services performed, or admissions, mechanidas sold or services performed, or the property of the services performed, or the property of the services performed, or the property of the services of of the serv	Sec	tion A. Public Support			γ	 -	r 	
2 Gross receipts from admissions, metchandise sold facilities furnished in a actively that is related to the organization's face-sempt programment of the programment			(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
admissions, meritandise sold or services performed, or cutivity that is related to the organizations size-exempt purpose organizations size-exempt organizations size-exempt organizations size-exempt on size-exempt organizations organizations organizations size-exempt organization organizations size-exempt organizations and size-exempt organizations organizations organizations and size-exempt o								
of the university transfer to business under section is benefit and of the corpanization's benefit and of its behalf. 5 The value of sepreted on its behalf of its behalf. 5 The value of sepreted by a governmental unit to the organization without charge of facilities furnished by a governmental unit to the organization without charge of a governmental unit to the properties of the prope	2	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
organization's benefit and either paid to or expended on its behalf The value of services or growing and the paid to organization without charge 6 Total. Add lines I through 5 7 A Amounts included on lines 1, 2, 3 received from disqualitied persons b Amounts included on lines 2, and 3 received from their than disqualitied persons that the amount on line 13 for the year C Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from but the services of the security of the services of the security of the sec	3	not an unrelated trade or business						
facilities furnished by a governmental unit to the organization without charge of Statal. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calledray ear of fisally beginning in 1 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (sees section 51) acquared after June 30, 1975 c Add lines 10 and 10 b 11 Not income from intelated histories solve from year of the business sativities on included inline 10b, whether or not the business is of years and years are solved from the safe of grant or the	4	organization's benefit and either paid to or expended on						
7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the persons that exceed the greater of 1% of the persons that exceed the greater of 1% of the persons that exceed the greater of 1% of the persons that exceed the greater of 1% of the persons of the greater of 1% of the persons of the greater of 1% of the persons of the greater of 1% of	5	facilities furnished by a governmental unit to the						
and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) * (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 9 Amounts from line 6 103 Gross income from interest, dividends, payments received on securities basis, rents, royalties and income form similar sources but the standard on securities and income form similar sources but the standard of the support grant of 11 lists of the standard of the support grant of 11 lists of the standard of the support grant of 11 lists of the support grant of 11 lists of the support grant of 11 lists		Amounts included on lines 1, 2, 3 received from disqualified						
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Schedul	e A (Form 99	90 or 990-EZ) 2	2009	Center	For	Alaskan	Coastal	Studies,	Inc.	92-0086250	Page 4
Part I	Supple	mental Info	ormat	ion. Com	plete	this part to	provide t	he explanati	ons req	uired by Part II	, line 10;
	Part II,	line 17a or	17b;	and Part	III, Iır	ne 12. Pro	vide any o	ther addition	nal intor	mation. See ins	structions.
•											
Other	Income	Part II,	Lin	<u>e 10</u>			_				
Desci	iption:	Refunds					_				
2005:	<u>- 0 •</u>			 -							
2006:	-0							-			
2007	500										
2007	258							-			
2000	. 40										
20003	<u>40.</u>	_						_			
2009	1/12										
2009	- 1413.										
-											
								-			
									-		
							-				
						-					
						-					
											

Other Assets and Liabilities

Form 990-EZ Part II

Name as Shown on Return

Center For Alaskan Coastal Studies, Inc.

Employer Identification No 92-0086250

Line 24 - Other Assets:	Beginning of Year	End of Year
Inventories	7,403.	7,403.
Investments	145,966.	145,243.
Other	122.	401.
Prepaid Expense	0.	3,220.
Endowment Investment		30,226.
Totals to Form 990-EZ, Part II, line 24	153,491.	186,493.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Bonds, Mortgages & Other Notes	98,282.	98,830.
Totals to Form 990-EZ, Part II, line 26	98,282.	98,830.

TEEW1801 SCR 02/11/10

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
Insurance	14,029.
Program Services	122,809.
Supplies	5,081.
Telephone	5,537.
Conferences and Meetings	12,855.
Other	4,290.
Interest	6,024.
Depreciation	28,346.
Total	198,971.

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
Prior period adjustment of unreported investment	25,941.
Unrealized gains on investments carried at FMV	10,679.
Total	36,620