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Form 990-EZ

# 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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 01-01-2009

, and ending 12-31-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
AMERICAN CETACEAN SOCIETY - NATIONALNumber and street (or P O box, if mail is not delivered to street address) Room/suite  
PO BOX 1391City or town, state or country, and ZIP + 4  
SAN PEDRO, CA 90733

D Employer identification number

95-2512764

E Telephone number

(310) 548-6279

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: ► acsonline.org

J Tax-Exempt status (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ► \$ 194,995

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

1	Contributions, gifts, grants, and similar amounts received	1	114,639
2	Program service revenue including government fees and contracts	2	49,419
3	Membership dues and assessments	3	25,923
4	Investment income	4	2,430
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6a	
a	Gross revenue (not including \$ of contributions reported on line 1)	6b	
b	Less direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	1,602
7a	Gross sales of inventory, less returns and allowances	7b	414
b	Less cost of goods sold	7c	1,188
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	982
8	Other revenue (describe ►)	9	194,581
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule) ►	10	6,202
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	38,669
13	Professional fees and other payments to independent contractors	13	6,411
14	Occupancy, rent, utilities, and maintenance	14	1,437
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ►)	16	73,103
17	<b>Total expenses.</b> Add lines 10 through 16	17	125,822
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	68,759
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)	19	209,608
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	278,367

### 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	170,583	22
23		23
24	40,006	24
25	210,589	25
26	981	26
27	209,608	27
		278,367

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Cat No 10642I

Form 990-EZ (2009)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )				<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <b>EDUCATION, CONSERVATION &amp; RESEARCH OF CETACEANS</b>				
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title				
<b>28</b> EDUCATION & FIELD STUDY OCEANIC TRIPS TO STUDY CETACEANS AUTHORITIES AND NATURALISTS EXPLAIN BEHAVIOR, HABITAT, INTERACTION, HANDOUTS ARE DISTRIBUTED UP TO 100 ATTENDEES PER TRIP (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>28a</b>	38,753	
<b>29</b> CONSERVATION PROGRAMS - MONTHLY OR QUARTERLY MEETINGS EXPERTS DISCUSS THE MARINE ENVIRONMENT, CETACEANS NEWSLETTER & WEBSITE UP TO 70 ATTENDEES PER MEETING RESEARCH PROGRAMS INCLUDING GRAY WHALE & ORCA MIGRATION & CENSUS AND DOLPHIN CENSUS (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>29a</b>	8,649	
<b>30</b>  (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>30a</b>		
<b>31</b> Other program services (attach schedule) (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>31a</b>		
<b>32</b> Total program service expenses (add lines 28a through 31a)	. . . . . ► <input type="checkbox"/>	<b>32</b>	47,402	
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-.)</b>	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

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		33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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?		35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0	
b	Did the organization file <b>Form 1120-POL</b> for this year?		37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		38b	
39	<b>Section 501(c)(7) organizations.</b> Enter		39a	
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	
40a	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0		40b	No
b	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	
c	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0		40b	
d	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ► 0		40b	
e	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		40e	No
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 ► (310) 548-6279	
	PO BOX 1391 Located at ► SAN PEDRO, CA		ZIP + 4 ► 90733	
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)?		42b	No
	If "Yes," enter the name of the foreign country ► _____		42b	
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		42c	
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
	If "Yes," enter the name of the foreign country ► _____		42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		43	
44	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		45	No

**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.

		<b>Yes</b>	<b>No</b>
<b>46</b>	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	<b>46</b>	No
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	No
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	No
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	No
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**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."

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
NONE				

**50(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."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	***** Signature of officer CHERYL MCCORMICK EXECUTIVE DIRECTOR Type or print name and title	2010-11-11 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature Andrew J Ozurovich	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 LICKER OZUROVICH CPA'S 1901 AVENUE OF THE STARS 1050 LOS ANGELES, CA 90067			EIN <input checked="" type="checkbox"/>

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

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
AMERICAN CETACEAN SOCIETY - NATIONAL

Employer identification number

95-2512764

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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 organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
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)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	32,337	48,489	7,078	247,807	140,562	476,273
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	39,384	96,171	67,476	76,047	51,686	330,764
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	71,721	144,660	74,554	323,854	192,248	807,037
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				205,000		205,000
<b>c</b> Add lines 7a and 7b				205,000		205,000
<b>8 Public Support</b> (Subtract line 7c from line 6 )						602,037

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	71,721	144,660	74,554	323,854	192,248	807,037
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	363	97	13	1,899	2,430	4,802
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	363	97	13	1,899	2,430	4,802
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )	72,084	144,757	74,567	325,753	194,678	811,839

**14 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	74 160 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	70 800 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 590 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 310 %
<b>19a 33 1/3% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** AMERICAN CETACEAN SOCIETY - NATIONAL**EIN:** 95-2512764

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	AMERICAN CETACEAN SOCIETY
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	6,202
<b>Purpose of Payment to Affiliate</b>	DUES
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2009 Other Assets Schedule

**Name:** AMERICAN CETACEAN SOCIETY - NATIONAL**EIN:** 95-2512764

Description	Beginning of Year Amount	End of Year Amount
INVENTORIES	39,067	38,861
Other Depreciable Assets	939	734

## TY 2009 Other Expenses Schedule

**Name:** AMERICAN CETACEAN SOCIETY - NATIONAL**EIN:** 95-2512764

Description	Amount
OFFICE COSTS	11,533
PUBLICATION	6,824
MISCELLANEOUS EXPENSES	25
CONFERENCES/MEETINGS	10,184
PAYROLL TAXES	
PROGRAM COSTS	38,753
INSURANCE	4,303
TRAVEL	1,269
DUES AND SUBSCRIPTIONS	212

## TY 2009 Other Liabilities Schedule

**Name:** AMERICAN CETACEAN SOCIETY - NATIONAL**EIN:** 95-2512764

Description	Beginning of Year Amount	End of Year Amount
PAYROLL TAXES	981	567

## TY 2009 Other Revenues Schedule

**Name:** AMERICAN CETACEAN SOCIETY - NATIONAL**EIN:** 95-2512764

Description	Amount
OTHER INCOME	982

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** AMERICAN CETACEAN SOCIETY - NATIONAL

**EIN:** 95-2512764

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-2512764  
**Name:** AMERICAN CETACEAN SOCIETY - NATIONAL

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PATTY GEARY 18316 STEAMSIDE DR 202 GAIITHERSBURG, MD 20879	PAST PRESIDENT 0 00	0	0	0
KATHY ZAGZEBSKI NMLC PO BOX 269 BUZZARDS BAY, MA 02532	PRESIDENT 0 00	0	0	0
CINDY RUSTANIUS 2377 CRENSHAW BLVD 280 TORRANCE, CA 90501	TREASURER 0 00	0	0	0
MASON WEINRICH 248 GRANITE ST ROCKPORT, MA 19860	VICE PRESIDENT 0 00	0	0	0
KATHERINE SARDI 1 SCHOOL ST 4 MANCHESTER, MA 01944	RESEARCH 0 00	0	0	0
JONATHAN STERN 635 WAKERON LANE SAN RAFAEL, CA 94903	CONSEVATION 0 00	0	0	0
BERNARDO ALPS PO BOX 1667 SAN PEDRO, CA 90733	meMBER AT LARGE 0 00	0	0	0
DIANE ALLEN 46 VILLAGE WAY SUITE 171 PORT LUDLOW, WA 98368	MEMBER AT LARGE 0 00	0	0	0
BARBARA BENNETT 7201 S PARK DRIVE ANCHORAGE, AK 99516	MEMBER AT LARGE 0 00	0	0	0
JERRY LOOMIS 4055 MORA LANE PEBBLE BEACH, CA 93953	MEMBER AT LARGE 0 00	0	0	0
WELLINGTON ROGERS 6241 WARNER AVE 203 HUNTINGTON BEACH, CA 92647	OC PRESIDENT 0 00	0	0	0
UKO GORTER 12712 NE 91ST LANE KIRKLAND, WA 98033	PS PRESIDENT 0 00	0	0	0
MARY KAYE PEDERSEN PO BOX 1391 SAN PEDRO, CA 90733	MEMBER AT LARGE 0 00	0	0	0
DIANE GLIM PO BOX 1391 SAN PEDRO, CA 90733	MB PRESIDENT 0 00	0	0	0
katie garrison PO BOX 1391 sAN PEDRO, CA 90733	memBER AT LARGE 0 00	0	0	0
michelle berman PO BOX 1391 SAN PEDRO, CA 90733	CHAPTER DELEGATE 0 00	0	0	0