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# Form **990**

# 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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning Jan 1 2010, and ending 2010 D Employer Identification Number Check if applicable C Name of organization Center For Alaskan Coastal Studies, Inc. Address change Doing Business As 92-0086250 Number and street (or P O box if mail is not delivered to street addr) Telephone number Name change Initial return PO Box 2225 (907) 235-6667 City, town or country ZIP code + 4 Terminated Amended return Homer 99603-2225 AΚ G Gross receipts \$ 462,352 F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes H(b) Are all affiliates included? Michael F. Allen PO Box 2225 AK 99603 Homer If 'No,' attach a list (see instructions) X | 501(c)(3) Tax-exempt status 4947(a)(1) or 501(c) ( ) ◀ (insert no ) 527 Website: ► akcoastalstudies.org H(c) Group exemption number Form of organization X Corporation Trust L Year of Formation 1982 M State of legal domicile AK Part I Summary Briefly describe the organization's mission or most significant activities The Center for Alaskan Coastal Studies fosters responsible interaction with our natural surroundings and generates Governance knowledge of the unique marine and coastal ecosystems of Kachemak Bay through science-based environmental education and stewardship. Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) **3** | 9 Activities & 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 16 Total number of volunteers (estimate if necessary) 6 135 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 170,110. 256,524. Program service revenue (Part VIII, line 2q) 159,144. 183,047. 7,428. 8,229. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,076. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,552. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 351,758. 462,352. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 173,789 194,581. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,443. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 236,773. 296,197. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 410,562. 490,778. Revenue less expenses Subtract line 18 from line 12 -28,426. -58,804 Beginning of Current Year **End of Year** 1,017,413. Total assets (Part X, line 16) 20 1,024,822 21 Total liabilities (Part X, line 26) 98,830. 90,429. MAY 1 7 2011 Net assets or fund balances Subtract line 21 from line 20 925,992 926,984. Part II Signature Block schedules and slatements and to the best of my knowledge and belief, it is true, correct, and are has any knowledge. Under penalties of perjury) declare that I have examined this return, including accomplanying complete Declaration of pregarer (other than officer) is based on all information of which pref MAW Sign Here Daye. Type or print name and title Print/Type preparer's name Date Preparer's Check X of Karen M Foster 05/05/11 Paid self-employed ► FOSTER AND ZOMPA Preparer Firm's name

**Use Only** 

Firm's address

WASILLA

► PO BOX 872194

May the IRS discuss this return with the preparer shown above? (see instructions)

99687-2194

Firm's EIN

Phone no

(907)

376-6901

	n 990 (2010) Center For Alaskan Coastal Studies, Inc.	92-00	18625	0		age 2
Pai	Statement of Program Service Accomplishments					_
	Check if Schedule O contains a response to any question in this Part III					
1	Briefly describe the organization's mission					
	The Center for Alaskan Coastal Studies					
	fosters responsible interaction with our natural surroundings an	d gen	erate	- <b></b>		
	See Form 990, Page 2, Part III, Line 1 (continued)					· <del>-</del>
	2004 0.W. 2001. 260 51. 24. W. F. 110. 1 Zov. 1 W. 110. 2					. – – –
2	Did the organization undertake any significant program services during the year which were not listed on the			•		
_		ie hiloi		V	₩.	N
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	y expens allocation	ses. Sed is to oth	tion 5 ners, th	01(c)( ne tota	(3) 31
4:	a (Code) (Expenses \$ 386,870. including grants of \$ 0.) (Re		Ś	46	2,35	<u> </u>
.,	Paris annual advention and actional bistory would be				•	
	including anthropology, birding, archeology, forest ecology,					
	geology and nature walks around the Kachemak Bay area.	. – – –				
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· <b></b> _				. <del></del>
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41	<b>b</b> (Code) (Expenses \$ including grants of \$) (Re	enue	\$			)
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4	c (Code) (Expenses \$ including grants of \$) (Re	evenue	\$			)
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4	d Other program services (Describe in Schedule O)					
					`	
1	(Expenses \$ including grants of \$ ) (Revenue \$ e Total program service expenses ► 386.870.				,	
	C   Utai pivuiani 3C  VICE CAUCII3C3 ≠ 300,070.					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	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	3		х
4	<b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Χ_	
ı	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
(	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х_
•	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 Ь		

Pantive Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b is the organization 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 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 3.3 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Х 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 line 1 35 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

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Note. All Form 990 filers are required to complete Schedule O

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92-0086250 Form 990 (2010) Center For Alaskan Coastal Studies, Inc. Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 14 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 16 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Х 5с c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282 Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C7 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11 b against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans

Х

14a

14b

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

13 c

Part VI' | Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 9 1b 9 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? 4 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Х Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a Х governing body? 7 b Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12h Х to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15 a a The organization's CEO, Executive Director, or top management official Х 15b b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a X taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization Homer AK 99603-2225 (907) 235-6667 ► Michael F. Allen PO Box 2225

Form <b>990</b> (2010)	Center	For	Alaskan	Coastal	Studies.	Inc.

92-0086250

Page 7

# Partivits Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization		elated	org			n com	pen	<del></del>	cer, director, or trustee	
(A)	(B) (C) Average Position (check all that apply)							(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	Do adividial fraces	o anstitutional trustee	Office		pp High est coindensated at employee	<del></del>	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Mike Allen	40.00			,,				16.660		
Exec. Dir. (2) Dave Aplin	40.00			Х			-	16,668.	0.	0.
President	1.00	v						0.	0.	0.
(3) Gretchen Bersch	1.00		-			<u> </u>	┝	0.	0.1	0.
Member	1.00	Y						0.	0.	0.
(4) Ben Gibson	1.00				-			0.		<u> </u>
Member	1.00	x						0.	0.	0.
(5) Patricia Kane	1.00	<u> </u>						0.	•	
Secretary	1.00	x			ĺ			0.	0.	0.
(6) Derek Stonoro									<u> </u>	<u> </u>
Member	1.00	х						0.	0.	0.
(7) Jack Regan										<del></del>
Member	1.00	х						0.	0.	0.
(8) Duncan Wanamaker										-
Vice-President	1.00	Х						0.	0.	0 .
(9) Mike Warburton										
Member	1.00	Х						0.	0.	0 .
(10) Karen Marquardt										
Treasurer	1.00	X						0.	0.	0
(11) Terry A.M. Shepherd										
Former Exec. Dir.	40.00			Х				8,946.	0.	. 0
(12) Elizabeth A. Trowbridge										
Interim Exec. Dir.	40.00			Х				5,683.	0.	0
(13)						!				
(14)										
<u>(15)</u>										
<u>(16)</u>										
<u>(17)</u>					-					
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(20) (21) (22) (23) (24) (25) (26) (27) (28) (29)  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization by  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule J for such individual' 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual' 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	Form 990 (2010) Center For Alaskar Part VII Section A. Officers, Director								and	d Highest Con	92-008625			age 8
As serge Position Cereb at that adolly because of the position		<u> </u>		,				<del></del>						<u> </u>
Compensation from the organization short of any part	• • • • • • • • • • • • • • • • • • • •		Average				•	hat ap	oply)	` '	• •	F		1
(18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (28) (29) (29) (29) (29) (29) (29) (29) (29		pe	hours er week	유동	<u> </u>	ð	줎	gŢ	Fo	compensation from	compensation from	om amount of ot		
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(29)  1 b Sub-total (29)  1 b Sub-total (29)  1 to Total from continuation sheets to Part VII, Section A (20)  4 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization (20)  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line la? If Yes, 'complete Schedule J for such individual (20)  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual (20)  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual (20)  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual (20)  6 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization or programization from the organization from the organ	(21)												_	
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[27]  [28]  [29]  1 b Sub-total  1 c Total from continuation sheets to Part VII, Section A  1 d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  3 Did the organization   Yes   N  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)				_										-
Casis   Casi			<del></del>				-						<del></del>	
1b Sub-total   31,297.   0.   Complete Schedule J for such individual   5 Did any person listed on line 1a receive or accrue compensation for services rendered to the organization?   If 'Yes,' complete Schedule J for such person   1 Complete I his table for your five highest compensated independent contractors that received more than \$100,000 of compensation of the organization of the organization of the organization and related organizations greater than \$150,000?   If 'Yes' complete Schedule J for such individual   1 Section B. Independent Contractors   1 Complete I his table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization   (A)   (B) (C)			-											
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3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)	,	not iimitea t	o triose	e iisi	eu a	JUOV	/e) v	VIIO	rece	eived more man \$	100,000 in reportab	ne comp	ensau	OH
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)	nom the organization												Vos	No
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)	on line 1a? If 'Yes,' complete Schedule J	for such indi	vidual	e, ĸ	ey e	mpi	oye	e, or	riigi	nest compensated	employee	3		X
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Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C)	the organization and related organization such individual	s greater than	n \$150	,000	)? If	'Ye	s' c	omp	lete	Schedule J for		4		X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)		or accrue com or If 'Yes,' com	npensa nplete	tion <i>Sch</i>	fror edul	n ar le J	ny u for s	nrela such	ated per	organization or ir rson	dıvıdual	5 5		х
compensation from the organization  (A)  (B)  (C)	Section B. Independent Contractors		ındon	ondo	nt o	- nt	raat	arc t	hat	recoved more the	n \$100 000 of			
(A) Name and business address  Description of services  Compensation	compensation from the organization	compensateu	muep	enue	#11E C	.Oi iti	aci	ו כונ	.i iat i	received more tha	11 \$100,000 01			_
										(B Description	of services	Compe	C) ensatio	on
						_								
		<u> </u>												
	·	<u> </u>												

\$100,000 in compensation from the organization >

2 Total number of independent contractors (including but not limited to those listed above) who received more than

8,229.

0.

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions

452

197,599

462,352

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must comp not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	31,296.	0.	31,296.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	163,285.	138,263.	25,022.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	ı Management				
	Legal			- 171	
	Accounting	18,113.	3,441.	14,552.	120.
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees	00.005	22 222		
	) Other	23,296.	23,296.	0.	0.
	Advertising and promotion	13,016.	9,699.	2,825.	492.
13 14	Office expenses Information technology	22,326.	17,935.	4,307.	84.
15	Royalties				·
16	Occupancy	13,616.	11,894.	1,722.	0.
	Travel	15,010.	11,034.	1,122.	<u> </u>
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,736.	6,879.	263.	594.
20	Interest	5,902.	4,686.	1,216.	0.
21					
22	Depreciation, depletion, and amortization	26,748.	26,138.	610.	0.
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	14,022.	11,891.	2,131.	0.
а	Repairs and Maint	9,765.	9,045.	720.	0.
	Program Services	134,740.	120,771.	5,856.	8,113.
c	Land Use Fees	2,715.	2,715.	0.	0.
c	Other	4,202.	217.	3,945.	40.
€					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	490,778.	386,870.	94,465.	9,443.
26 BAA	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form <b>990</b> (2010)

Par	LX	Balance Sheet			,	
•				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing		80,821.	1	84,646.
	2	Savings and temporary cash investments		145,454.	2	152,000.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		401.	4	0.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part	s, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contributions organizations of section 501(c)(9) voluntary organizations (see instructions)	ed under section 4958(f)(1)), buting employers and		6	
A S S E T	7	Notes and loans receivable, net			7	
Ē	8	Inventories for sale or use		7,403.	8	7,404.
s	9	Prepaid expenses and deferred charges		3,220.	9	3,220.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,046,012			_
İ	b	Less accumulated depreciation	10b 311,463	~~	10 c	734,549.
1	11	Investments - publicly traded securities		30,226.	11	35,594.
i	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	<del>***</del>
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	1,024,822.	16	1,017,413.
	17	Accounts payable and accrued expenses		20,202.	17	19,447.
	18	Grants payable		·	18	<del></del>
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
L	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per of Schedule L	stees, key employees, sons Complete Part II		22	
E S	23	Secured mortgages and notes payable to unrelated th	ird parties	78,628.	23	70,982.
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		98,830.	26	90,429.
Й		Organizations that follow SFAS 117, check here ►	X and complete lines			
N E T		27 through 29 and lines 33 and 34.	_			
A S	27	Unrestricted net assets		737,087.	27	726,979.
ASSETS	28	Temporarily restricted net assets		158,679.	28	169,779.
	29	Permanently restricted net assets		30,226.	29	30,226.
R		Organizations that do not follow SFAS 117, check he	re ► and complete			
		lines 30 through 34.				
FUZD	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
١	32	Retained earnings, endowment, accumulated income,			32	
<b>B女し女文の世の</b>	33	Total net assets or fund balances		925,992.	33	926,984.
Š	34	Total liabilities and net assets/fund balances		1,024,822.	34	1,017,413.

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Form 990 (2010)

	92-008625	0	Pa	ige 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	. 1	4	<u>62,3</u>	<u>52.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2	4	90 <u>,7</u>	78.
3 Revenue less expenses Subtract line 2 from line 1 .	3		28 <b>,</b> 4	26.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9:	<u>25,9</u>	192.
5 Other changes in net assets or fund balances (explain in Schedule O)	. 5		29,4	18.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9	26,9	84.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990		-		i
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b Were the organization's financial statements audited by an independent accountant?		2 b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both:	ssued on a		:	
X Separate basis Consolidated basis Both consolidated and separate basis		_	.	;
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	he Single	3a		Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3 b	_	
BAA		Form	990 (	(2010)

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

**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.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>(D)</u>

<u>(E)</u>

► Attach to Form 990 or Form 990-F7 ► See separate instructions

nterna	Rev	enue Service		_	Attach to r	01111 <del>99</del> 0 01	FOIII 990-E	.z see	e separa	te instri	ictions.			•		ı
iame (	of the	organization										Employer	identifica	tion number		
		r For Ala											86250			
<u>Par</u>	<u> </u>	Reason fo	<u>r Publ</u>	<u>ic Chari</u>	<u>ty Status</u>	(All orga	<u>anizations</u>	must c	omple	<u>te this</u>	part.)	See II	<u>nstruct</u>	ions.		
The o	rgar	nization is not	a privat	e foundation	on because	ıt ıs. (For	lines 1 throug	gh 11, ch	neck only	one bo	x)					
1	Ц	A church, con	vention	of churche	es or associ	ation of ch	urches descr	ribed in s	section 1	70(b)(1	)(A)(i).					
2	Ш	A school desc	ribed in	section 1	70(b)(1)(A)(	ii). (Attach	n Schedule E	)								
3		A hospital or a	•		•	•			-		• •					
4	Ш	A medical res	earch o	rganızatıor	n operated i	in conjunct	ion with a ho	spital de	scribed	ın <b>secti</b>	on 170(l	b)(1)(A)(	iii) Ente	er the hospi	tal's	
	_	name, city, ar						<b></b>		. <b>_</b>			- <b></b> -		-,	
5		An organization 170(b)(1)(A)(iv	<b>/).</b> (Cor	nplete Par	rt II)						_	nental u	nıt descr	ribed in <b>sec</b>	tion	
6		A federal, stat														
7	X	An organization in section 170	on that i <b>)(b)(1)(</b> A	normally re <b>\)(vi).</b> (Co	eceives a si implete Part	ubstantial p i II )	oart of its sup	port fror	n a gove	ernment	al unit o	r from t	he gene	ral public d	escrib	ed
8	Ш	A community	trust de	scribed in	section 170	D(b)(1)(A)(\	/i). (Complete	e Part II	)							
9		An organization from activities investment income 30, 1975	related come ar	l to its exe nd unrelate	mpt function ed business	ns – subje taxable in	ct to certain come (less s	exceptio	ns, and	(2) no n	nore tha	ın 33-1/3	3% of its	support from	om gra	SS
10	$\Box$	An organization	on orgai	nized and	operated ex	clusively to	o test for pub	olic safet	y See <b>s</b>	ection 5	09(a)(4)	).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h								or nat							
		a 🗌 Type I		b [	Type II	•	c 🗌 Type III	l – Func	tionally i	integrate	ed		d 🗌	Type III -	- Othe	r
е		By checking to other than four section 509(a)	ındatıon	I certify the managers	nat the orga s and other	nization is than one c	not controlle r more publi	ed directly cly suppo	y or ındı orted orç	rectly by ganization	one or ons desc	more d	squalifie section	ed persons 509(a)(1)	or	
f		If the organization check this box		ceived a w	ritten deterr	mination fr	om the IRS ti	hat is a	Type I, T	ype II o	r Type I	II suppo	rting org	janization,		
g		Since August	17, 200	6, has the	organizatio	n accepted	d any gift or	contribu	tion fron	n any of	the follo	owing p	ersons?			
															Yes	No
					indirectly co		er alone or to	ogether v	with pers	sons des	scribed i	ın (ıı) ar	ıd (III)	11 g (i)		
		•	-	,	son describ									11 g (ii)		
							oove. n (i) or (ii) ab	2000						11 g (III)		
h		Provide the fo		_	•									1 1 9 (11)	!	<u></u>
		(i) Name of suppo			EIN		of organization	<u> </u>	s the	(v) Did v	ou notify	(vi) I	s the	(vii) Amou	nt of sur	nort
		organization		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, Liiv	(describer above o	d on lines 1 9 r IRC section structions))	organiz column (i your go	ation in i) listed in overning ment?		ization in	organiz	ation in nn (i) ed in the	(VII) AIIIOU	iit Oi Sül	эрогч
								Yes	No	Yes	No	Yes	No			
_																
(A)		,					·									
(B)																

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

Schedule A (Form 990 or 990-EZ) 2010

# Part II | Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support						_	
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	290,272.	294,817.	201,377.	176,578.	256,524.	1,219,568.	
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 by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	290,272.	294,817.	201,377.	176,578.	256,524.	1,219,568.	
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)	utions by each person than a governmental publicly supported zation) included on line 1 iceeds 2% of the amount						
	Public support. Subtract line 5 from line 4						1,219,568.	
Sec	tion B. Total Support							
	Calendar year (or fiscal year beginning in) • (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total							
7	Amounts from line 4	290,272.	294,817.	201,377.	176,578.	256,524.	1,219,568.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,027.	3,917.	10,058.	7,428.	8,229.	40,659.	
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.	598.	40.	1,413.	452.	2,503.	
11	Total support. Add lines 7 through 10			_			1,262,730.	
12	Gross receipts from related activi	ities, etc (see instr	uctions)			12	926,948.	
13	First five years. If the Form 990 i organization, check this box and	s for the organizat stop here	tion's first, second	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 20	•	( )	11, column (f))		14	96.58%	
15	Public support percentage from 2	2009 Schedule A, F	Part II, line 14			15	96.19%	
16 a	33-1/3% support test — 2010. If to and stop here. The organization				the line 14 is 33-1	/3% or more, che	eck this box	
t	33-1/3% support test — 2009. If t and stop here. The organization of				and line 15 is 33	-1/3% or more, c	heck this box	
17 a	17a 10%-facts-and-circumstances test — 2010. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-an I-circumstances' t	nd-circumstances' est. The organizat	test, check this bo ion qualifies as a	ox and <b>stop here.</b> publicly supported	Explain in Part IV I organization	/ how the  ▶ □	
18 BAA	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a, o			uctions DO ST 2010	

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Sec	tion A. Public Support					<del></del>	
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')				:		
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						
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				•		
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6)						
Sec	tion B. Total Support			T			
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (Add Ins 9, 10c, 11, and 12)				<u> </u>		
	First five years. If the Form 990 organization, check this box and			d, third, fourth, or	fifth tax year as a	section 501(c	)(3) ▶ □
	tion C. Computation of Pu						
15	Public support percentage for 20	10 (line 8, column	(f) divided by line	e 13, column (f))		<u></u>	15 %
	Public support percentage from 2			_			16 8
Sec	tion D. Computation of Inv	estment Inco	ne Percentage	<u>e                                      </u>			
17	Investment income percentage for	or <b>2010</b> (line 10c,	column (f) divided	l by line 13, colur	nn (f))		17 %
18	Investment income percentage fr	om <b>2009</b> Schedul	e A, Part III, line 1	17			18
	<b>33-1/3% support tests</b> — <b>2010.</b> If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppoi	ted organization	on • 📗
t	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	organization qua	alifies as a publicly	supported org	janization • 📙
_20	Private foundation. If the organiz	zation did not ched	ck a box on line 14	4, 19a, or 19b, ch	neck this box and s	ee instructions	S P

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Other Income Part II, Line 10
Description: Refunds
2006: 0.
2007: 598.
2008: 40.
2009: 1413.
2010: 452.

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Center For Alaskan Coastal Studies, Inc. 92-0086250 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 **>** \$ b Assets included in Form 990, Part X **>** \$

Schedule D (Form 990) 2010 Cente	er For Al	askan	Coastal	Studie	s, Inc.	92-008	6250		Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Hist	orical Tre	easures, o	r Other Similar Ass	ets (c	ontınu	ed)
3 Using the organization's acquisition items (check all that apply)	on, accession,	, and oth	er records, che	eck any of t	he following	that are a significant use	e of its c	ollection	n
a 🔲 Public exhibition			<b>d</b> Loan	or exchang	e programs				
<b>b</b> Scholarly research			e Other						
c Preservation for future genera	ations		_						
4 Provide a description of the organ Part XIV	nization's colle	ections ai	nd explain how	they furthe	er the organia	zation's exempt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or r ather than to b	eceive d e mainta	onations of art ained as part o	, historical f the organi	treasures, or ization's coll	other similar ection?	Yes	Γ	No
Part IV   Escrow and Custodia 9, or reported an amo	I Arrangemunt on Forr	i <b>ents.</b> ( n 990,	Complete if Part X, line	organiza 21.	tion answe	ered 'Yes' to Form 9	}90, Pa	art IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian	, or othe	r intermediary	for contribu	itions or othe	er assets not	Yes	Γ	
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV an	id comple	ete the followin	ng table		<u> </u>			
c Beginning balance						1c	Amoun	<u>t</u>	
<b>d</b> Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an ai	mount on Forr	n 990 P	art X line 21?			<u> </u>	Yes		No
<b>b</b> If 'Yes,' explain the arrangement							1.03		
Part V Endowment Funds. Co		ne orga	anization an	swered '	Yes' to Fo	rm 990. Part IV. line	e 10		
	(a) Current		(b) Prior yea		) Two years bad			Four years	s hack
1 a Beginning of year balance	(w) ourroite	,,,,,	(2) 11101 300		, ino jouro but	(d) Three years back	1 (6)	our your	J Back
<b>b</b> Contributions	<del></del>				<u>-</u>				
c Net investment earnings, gains, and losses	•••			*****					
d Grants or scholarships							+		
Other expenditures for facilities and programs									
f Administrative expenses			10-10-10-10-10-10-10-10-10-10-10-10-10-1				-		i
g End of year balance							+		
2 Provide the estimated percentage	of the year e	nd balan	ce held as	<del></del>					
a Board designated or quasi-endow	-		g.						
<b>b</b> Permanent endowment ►	<del></del>		-						
c Term endowment ►	8								
3a Are there endowment funds not in organization by	the possessi	on of the	organization t	hat are held	d and admin	stered for the	ſ	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ii), are the related of	rganizations li	sted as r	required on Scl	hedule R?			3b		
4 Describe in Part XIV the intended							1 2 1		
Part VI Land, Buildings, and I					e 10.				
Description of investment		(a) Cost	or other basis	(b) Cos	t or other (other)	(c) Accumulated depreciation	(d) F	Book va	lue
1 a Land					37,113.			437,	,113.
<b>b</b> Buildings					170,218.	191,593.			,625.
c Leasehold improvements									
<b>d</b> Equipment	Ī			1	38,681.	119,870.		18,	811.
e Other									
Total. Add lines 1a through 1e (Column	(d) must equ	al Form	990, Part X, co	olumn (B), I	line 10(c) )	<b>•</b>		734,	,549.

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Schedule **D** (Form 990) 2010

Schedule I	D (Form 990) 2010 Center For Alaska	n Coastal Studi	ies, Inc.	92-0086250 Pa	age 3
Part VII	Investments-Other Securities. See F	orm 990, Part X, Iır	ne 12.		
•	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market value	
	cial derivatives				
	y-held equity interests				
(3) Other					
<u>(A)</u>					
<u>(B)</u>			<u> </u>		
(C)					
(D)					
<u>(E)</u>					
(F)					
4.5					
_(I)					
	ımn (b) must equal Form 990 Part X, column (B) line 12)				
	I Investments-Program Related. (See	Form 990, Part X,	line 13)		
,	(a) Description of investment type	(b) Book value		(c) Method of valuation	
		```		Cost or end-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part IX	mn (b) must equal Form 990, Part X, column (B) line 13)  Other Assets. (See Form 990, Part X,		<u> </u>	(b) Book valu	ie
(1)	<u> </u>				
(2)					
(3)					
(4)					
(5)	·				
(6)					
(7)		·	· · · · · · · · · · · · · · · · · ·		-
(8)					-
(9)				"	
(10)					
	olumn (b) must equal Form 990, Part X, column(B,	) line 15)		<b>&gt;</b>	
Part X	Other Liabilities. (See Form 990, Part			· · · · · · · · · · · · · · · · · · ·	
	(a) Description of liability	( <b>b</b> ) Amount			
(1) Fed	eral income taxes	(b) / imount			
	erai income taxes		_		
(2)					
(3)		-			
(4)			<del> </del>		
(5)	·		-		
(6)					
<u>(7)</u>					
(8)					
(9)					
(10)					
(11)					
	mn (b) must equal Form 990, Part X, column (B) line 25)	<b>•</b>			
2. FIN 48 organizati	(ASC 740) Footnote In Part XIV, provide the text ion's liability for uncertain tax positions under FIN 4	of the footnote to the org 18 (ASC 740)	ganızatıon's fır	ancial statements that reports the	

	2-0086250	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)		462,352.
Total expenses (Form 990, Part IX, column (A), line 25)		490,778.
3 Excess or (deficit) for the year Subtract line 2 from line 1		-28,426.
4 Net unrealized gains (losses) on investments		5,368.
5 Donated services and use of facilities		24,050.
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		29,418.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		992.
Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
1 Total revenue, gains, and other support per audited financial statements	1	491,770.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments  2a 5,368.	<del>-</del> 1 1	
b Donated services and use of facilities 2b 24,050.	4	
c Recoveries of prior year grants	-	
d Other (Describe in Part XIV)	_	
e Add lines 2a through 2d	2 e	29,418.
3 Subtract line 2e from line 1	3	462,352.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIV )	_	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	462,352.
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per	1	
1 Total expenses and losses per audited financial statements	1	514,828.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities  2 a 24,050.	-	
b Prior year adjustments 2b	-	
c Other losses 2c	-	
d Other (Describe in Part XIV )  e Add lines 2a through 2d	-	0.4.050
3 Subtract line 2e from line 1	2e	24,050.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	490,778.
a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV )  4b	-	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	490,778.
Part XIV Supplemental Information	······	<u> </u>
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, II Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete tany additional information		ıde
Pt_XII_Line_2d	•	
	<b></b>	<del>-</del>

TEEA3304 02/11/11

Schedule **D** (Form 990) 2010

BAA

Schedule	<b>D</b> (Form 990) 2010	Center For	Alaskan	Coastal	Studies,	Inc.	92-0086250	Page 5
Part XI	/ Supplement	Center For al Information (	continued)				- · · · · · · · · · · · · · · · · · · ·	·
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Schedule **D** (Form 990) 2010

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

(9) (10)

Open to Public Inspection

Name of the o	organization			<del></del>		l F	mployer ic	lentifice	tion au	mhor		
Center For Alaskan Coastal Studies, Inc.				1	2-008							
Part I	Excess Benefit Transaction Complete if the organization answ	ns (sect	ion 501(	c)(3) and section	n 501(c)( or 25b, or	4) organiz	zations	only	·).			
1	(a) Name of disqualified person			(b) Description of transaction							(c) Corrected?	
	(b) Hame of disqualities person				(b) Description						Yes	No
(1)												
(2)												<u> </u>
(3)												
(4)												<u> </u>
(5)												<b></b>
(6)											<u> </u>	<u> </u>
secti	r the amount of tax imposed on the on 4958 r the amount of tax, if any, on line a Loans to and/or From Inte	2, above, rerested P	eimbursed	by the organization		·		► \$ ► \$				
	Complete if the organization answ	ered 'Yes'	on Form 9	190, Part IV, line 26 or	Form 990	EZ, Part V,	line 38a	•				
(a)	Name of interested person and purpose		to or from	(c) Original principal amount	(d) B.	alance due	(e) In d	lefault?	(f) App	proved ard or nittee?	(g) W agree	/ritten ment?
		То	From				Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)	•											
(8)												
(9)												
(10)												
Total				▶ :	\$							
Part III	Grants or Assistance Ben Complete if the organization	efitting l	ntereste ered 'Ye	e <b>d Persons.</b> s' on Form 990, f	⊃art IV, I	ıne 27.						
	(a) Name of interested person	(	(b) Relationsh	ip between interested perso the organization	n and		(c) Amoun	t and ty	pe of as	ssistanc	e	
(1)												
(2)				**								
(3)												
(4)				* 1								
(5)												
(6)												
(7)												
(8)												

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

Schedule L (Form 990 or 990-EZ) 2010

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
				Yes	No
Elizabeth Trowbridge	Daughter of Interim ED	2,000.	Seasonal Work		Х
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					<u> </u>
					-
				<del></del>	╁
				<del>  -</del>	<del>                                     </del>
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Supplemental Information				_	
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Schedule L (Form 990 or 990 EZ) 2010 Center For Alaskan Coastal Studies, Inc.

92-0086250

Page 2

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Center For Alaska	n Coastal Studies, Inc.	92-0086250
Pt_VI-B, Line 11a	990 is presented to the Board with the Audited	Financial Statements.
Pt_VI-B, Line 12c	Any contracts and purchases from Board members mu	ist be approved in advance
Pt_VI-B, Line 12c	by the Board, with the affected Board member abst	aining from the decision.
Pt_VI-B, Line_15	Exec Dir compensation includes a comparison to TREC salary of	data for sımılar organızations.
Pt_VI-B, Line_15	Also reviewed by hiring committee and advisory board consi	sting of prior Board presidents
Page 12, Part XI, Line 5	see Supporting Statement of: Form 990 p 12/Part X	I, Line 5 for calculation.
		<b></b>
	·	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

knowledge of the unique marine and coastal ecosystems of Kachemak Bay through science-based environmental education and stewardship.

## **Supporting Statement of:**

Form 990 p 12/Part XI, Line 5

Description	Amount
Unrealized gains	5,368.
Donated services	24,050.

Total \_\_\_\_\_29,418.