

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AQUACULTURAL ENGINEERING SOCIET INC	D Employer identification number 16-1434475
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 8969 MOUNTAIN VIEW DRIVE	E Telephone number
		City or town, state or country, and ZIP + 4 COPPER HILL, VA 24079	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:

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 17,534

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

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

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	41,792	22 40,076
23 Land and buildings	90	23
24 Other assets (describe ▶)		24
25 Total assets	41,882	25 40,076
26 Total liabilities (describe ▶)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,882	27 40,076

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (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? OPERATION OF A TRADE MAGAZINE		
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		
28 PUBLISHED A TRADE PUBLICATION AND SPONSORED TRADE SEMINARS FOR MEMBERS OF THE ORGANIZAITON (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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

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 not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T 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		
b Did the organization file Form 1120-POL for this year?	37b		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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 <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e <i>All organizations.</i> 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		
41 List the states with which a copy of this return is filed ▶ _____			
42a The organization's books are in care of ▶ <u>TERRY RAKESTRAW</u> Telephone no ▶ <u>(540) 231-6805</u> 8969 MOUNTAIN VIEW DRIVE Located at ▶ <u>COPPER HILL, VA</u> ZIP + 4 ▶ <u>24079</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input 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", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		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.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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."

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

51(d) Total number of other independent contractors each receiving over \$10

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe that it is true, correct, and complete. Declaration of preparer (other than officer) if no officer signature is present.

Please Sign Here

Signature of officer

TERRY RAKESTRAW SEC TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: VICTORIA M SPANGLER EA Date: 2010-05-14

Firm's name (or yours if self-employed), address, and ZIP + 4: VICKIES INCOME TAX SERVICE LLC
116 W MAIN ST P O Box 723
FLOYD, VA 24091

May the IRS discuss this return with the preparer shown above? See instructions.

Additional Data**Software ID:****Software Version:****EIN:** 16-1434475**Name:** AQUACULTURAL ENGINEERING SOCIETY INC**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
ED ANESHANESLEY LOCAL BEVERLY, MA 01915	2ND VICE PRESID 1	0	0	0
ALEXANDER BRINKER LOCAL BA	DIRECTOR 1	0	0	0
STEVE HALL LOCAL BATON ROUGE, LA 70801	PAST PRESID 1	0	0	0
GERMAN MERINO CHILE CI	PRESIDENT 1	0	0	0
TIM PFEIFFER LOCAL FORT PIERCE, FL 34945	SEC TREAS 1	0	0	0
ODD IVAR LEKANG LOCAL AA	DIRECTOR 1	0	0	0
BRIAN VINCI LOCAL SHEPHERDSTOWN, WV 25443	DIRECTOR 1	0	0	0
SIMON DUNN DENMARK DA	DIRECTOR 1	0	0	0
ASBJORN BERGHEIM STAVENGER NO	VICE PRESIDENT 1	0	0	0
OLIVER SCHNEIDER WAGENINGER NL	DIRECTOR 1	0	0	0
YORAM AVNIMELECH HAIFA IS	DIRECTOR 1	0	0	0
GEORGE FLICK VIRGINIA TECH BLACKSBURG, VA 24060	DIRECTOR 1	0	0	0
STEVE SUMMERFELT LOCAL SHEPHERDSTOWN, WV 25443	DIRECTOR 1	0	0	0
MATT SMITH LOCAL FORT MYERS, FL 33900	DIRECTOR 1	0	0	0

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Description, Amount. Rows 1-5 for Section 179 election details.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13 for listed property details.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 2 columns: Description, Amount. Rows 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i for 2008 assets.

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Description, Amount, Recovery period, Convention, Method, Amount. Rows 20a-c for 2009 assets.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23 for summary totals.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a)-(f) for Vehicle 1-6. Rows 30-36 cover total miles driven, personal use availability, and primary use by owner.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover written policies, personal use treatment, and qualified demonstration use.

Part VI Amortization

Table for Section C with columns (a)-(f). Rows 42-44 cover amortization of costs for 2009 and prior years.

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
ED ANESHANESLEY	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
ALEXANDER BRINKER	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
STEVE HALL	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
GERMAN MERINO	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
TIM PFEIFFER	

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
ODD IVAR LEKANG	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
BRIAN VINCI	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
SIMON DUNN	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
ASBJORN BERGHEIM	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
OLIVER SCHNEIDER	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
YORAM AVNIMELECH	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
GEORGE FLICK	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
STEVE SUMMERFELT	NONE

TY 2009 Compensation Explanation

Name: AQUACULTURAL ENGINEERING SOCIET INC

EIN: 16-1434475

Person Name	Explanation
MATT SMITH	DIRECTOR

TY 2009 Other Expenses Schedule**Name:** AQUACULTURAL ENGINEERING SOCIET INC**EIN:** 16-1434475

Description	Amount
AWARDS	1,000
CREDIT CARD AND BANK FEES	884
CONFERENCE TRAVEL AND MEETING EXPEN	2,085
DEPRECIATION	90