

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: AQUACULTURAL ENGINEERING SOCIET INC. Number and street (or P O box, if mail is not delivered to street address): 8969 MOUNTAIN VIEW DRIVE. City or town, state or province, country, and ZIP or foreign postal code: COPPER HILL, VA 24079

D Employer identification number: 16-1434475. E Telephone number. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

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

I Website:

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$30,803

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 30,803 and total expenses is 23,093.

Part III Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	46,150	22	53,860
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	46,150	25	53,860
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,150	27	53,860

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

OPERATION OF A TRADE MAGAZINE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 PUBLISHED A TRADE PUBLICATION AND SPONSORED TRADE SEMINARS FOR MEMBERS OF THE ORGANIZATION (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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

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

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Includes questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities. Includes a table with Yes/No columns for each question.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on preparer's knowledge.

Sign Here ***** Signature of officer TERRY RAKESTRAW SEC TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name VICTORIA M SPANGLER EA Preparer's signature Firm's name VICKIES INCOME TAX SERVICE LLC Firm's address 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 SOCIET 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 PAST PRESIDENT SECRETARY TREASURER	1 00	0	0	0
GERMAN MERINO DIRECTOR	1 00	0	0	0
BRIAN VINCI PRESIDENT	1 00	0	0	0
DAVID KUHN 2ND VICE PRESIDENT	1 00	0	0	0
YING LIU 1ST VICE PRESIDENT	1 00	0	0	0
ANNE JOHANNE TANG DALSGAARD DIRECTOR	1 00	0	0	0
DAVID BRUNE DIRECTOR	1 00	0	0	0
RAUL PIEDRAHITA DIRECTOR	1 00	0	0	0
JOHN DAVIDSON DIRECTOR	1 00	0	0	0
BENDIK FYHN TERJESEN DIRECTOR	1 00	0	0	0
NOAM MOZES DIRECTOR	1 00	0	0	0
KELLY A RUSCH DIRECTOR	1 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

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Name of the organization
AQUACULTURAL ENGINEERING SOCIETY INC

Employer identification number

16-1434475

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	DESCRIPTION AMOUNTAWARDS 179CREDIT CARD AND BANK FEES 1,363CONFERENCE TRAVEL MEETING EXPENSE 10,300

TY 2013 Compensation Explanation**Name:** AQUACULTURAL ENGINEERING SOCIET INC**EIN:** 16-1434475

Person Name	Explanation
ED ANESHANESLEY	NONE
GERMAN MERINO	NONE
BRIAN VINCI	NONE
DAVID KUHN	NONE
YING LIU	NONE
ANNE JOHANNE TANG DALSGAARD	NONE
DAVID BRUNE	NONE
RAUL PIEDRAHITA	NONE
JOHN DAVIDSON	NONE
BENDIK FYHN TERJESEN	NONE
NOAM MOZES	NONE
KELLY A RUSCH	NONE