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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO FOSTER THE EDUCATIONAL AND SOCIAL ADVANCEMENT OF FOUR MEMBERS			
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, or other relevant information for each program title			
28 CONDUCTED FIVE MEETINGS OF AN EDUCATIONAL NATURE THAT STRESSED PRACTICAL FIELD APPLICATIONS OF INDUSTRY TECHNOLOGY, PRACTICES, TRENDS, AND ISSUES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	0
29 CONDUCTED FOUR SPECIAL EVENTS TO RAISE FUNDS FOR SCHOLARSHIPS AND ENCOURAGE A SPIRIT OF COOPERATION AMONG THOSE WHO HAVE AN INTEREST IN THE EXPLORATION AND PRODUCTION OF OIL AND GAS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	0
30 AWARDED OVER \$66,000 IN SCHOLARSHIPS (Grants \$ 66,875) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	0
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
See Additional Data Table				

Additional Data

Software ID:
Software Version:
EIN: 20-2248346
Name: SAN ANTONIO API CHAPTER 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
KENNY JOHNSON 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	CHAIRMAN 1 00	0	0	0
CHARLIE WALTERS 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	VICE CHAIRMAN-SPORTING CLA 1 00	0	0	0
JIM GIEPTNER 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	VICE CHAIRMAN-PROGRAMS 1 00	0	0	0
GARY W PALMER 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	ADVISOR 1 00	0	0	0
MIKE DEODATI 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	TREASURER 1 00	0	0	0
PAUL HALE 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	ADVISOR 1 00	0	0	0
PETE BOMMER 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	ADVISOR 1 00	0	0	0
MARK FRANKI 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	VICE CHAIRMAN-SCHOLARSHIPS 1 00	0	0	0
SAM ROACH 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	ADVISOR 1 00	0	0	0
RYAN BROGLIE 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	SECRETARY 1 00	0	0	0
RANDY SMITH 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	ADVISOR 1 00	0	0	0
GARY BAKER 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	VICE CHAIRMAN-ROPING 1 00	0	0	0
DAVID MCADAMS 8620 N NEW BRAUNFELS SUITE 416 SAN ANTONIO, TX 78217	VICE CHAIRMAN-MEMBERSHIPS 1 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 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	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
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 unpaid at the start 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	501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No
41	List the states with which a copy of this return is filed		
42a	The books are in care of MIKE DEODATI Telephone no (210) 829-1423 8620 N NEW BRAUNFELS STE 416 Located at SAN ANTONIO, TX ZIP + 4 78217		
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	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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	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

complete the tables for lines 50 and 51.






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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as 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?		
b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
Total number of other employees paid over \$100,000 				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	*****	2010-02-18
	Signature of officer	Date
	MIKE DEODATI TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature 	Date 2010-02-18	Check if self-employed  <input checked="" type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4  Randy L Walker CPA 7800 IH 10 West Suite 505 San Antonio, TX 78230			EIN 
				Phone no  (210) 366-9430

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

OMB No 1545-0047

20-2248346

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			GOLF TOURNAMENT	CLAYSHOOT	1	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	52,015	59,835	34,112	145,962
Direct Expenses	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	52,015	59,835	34,112	145,962
	4	Cash Prizes				
	5	Non-cash Prizes				
	6	Rent/Facility costs				
	7	Other direct expenses	22,897	22,746	28,547	74,190
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				74,190
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				71,772

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2008 Other Expenses Schedule

Name: SAN ANTONIO API CHAPTER INC

EIN: 20-2248346

Description	Amount
BANK CHARGES	190
Conferences, Conventions, Meetings	5,723

TY 2008 Other Liabilities Schedule

Name: SAN ANTONIO API CHAPTER INC

EIN: 20-2248346

Description	Beginning of Year Amount	End of Year Amount
CREDIT CARD PAYABLE - SOCIETY OF PETROLEUM ENGINEERS	0	13,908

**TY 2008 Transfers Personal Benefits
Contracts Declaration**

Name: SAN ANTONIO API CHAPTER INC

EIN: 20-2248346

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