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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 11/1/2008 , and ending 10/31/2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
SOUTH ATLANTIC WELL DRILLERS JUBILEE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1290

City, town, or country State ZIP + 4
NEW MARKET VA 22844-1290

D Employer identification number
56-6125305

E Telephone number
(540) 740-3329

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) ▶

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

I **Website:** ▶ N/A

J **Organization type** (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 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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 328,721

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	321,011
	3	Membership dues and assessments		3	
	4	Investment income		4	7,710
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	328,721
Expenses	10	Grants and similar amounts paid (attach schedule)		10	21,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	152,742
	14	Occupancy, rent, utilities, and maintenance		14	31,549
	15	Printing, publications, postage, and shipping		15	28,865
	16	Other expenses (describe ▶ See attached statement)		16	136,545
	17	**Total expenses.** Add lines 10 through 16 ▶		17	370,701
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-41,980
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	358,705
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	316,725

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 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	358,705	22	316,725
23 Land and buildings		23	
24 Other assets (describe ▶)	0	24	0
25 **Total assets**	358,705	25	316,725
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	358,705	27	316,725

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? SUPPORT ADVANCEMENTS IN CLEAN WATER

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	SUPPORT ADVANCEMENTS IN CLEAN WATER THROUGH RESEARCH AND PUBLIC FORUMS (Grants $ 21,000) If this amount includes foreign grants, check here ▶ ☐	28a	299,063
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	299,063

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
Name JANE H. CAIN Str PO BOX 1290 City NEW MARKET ST VA ZIP 22844	Title MGR Hr/WK 40.00	127,128	0	0
Name LIST ATTACHED Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
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Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .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		X
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		X
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 section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
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		X
37 a	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		X
38 a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 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			
40 a	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 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. 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. ▶ _____

42 a The books are in care of ▶ Name CAIN ASSOCIATES INC Telephone no. ▶ (540) 740-3329

Located at ▶ PO BOX 369 City NEW MARKET ST VA ZIP + 4 ▶ 22844

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			

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 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 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.	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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
Name None Str City ST ZIP	Title Hr/Wk .00	0	0	0
Name Str City ST ZIP	Title Hr/Wk .00	0	0	0
Name Str City ST ZIP	Title Hr/Wk .00	0	0	0
Name Str City ST ZIP	Title Hr/Wk .00	0	0	0
Name Str City ST ZIP	Title Hr/Wk 00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

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 is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

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

Signature of officer Jane H Cain Date 1-19-10

JANE H CAIN MANAGER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ X	Preparer's Identifying Number (See instructions)
C Kevin Yoder	1/12/2010		P00438945
Firm's name (or yours if self-employed), address, and ZIP +4: C KEVIN YODER CPA 2267 RAWLEY PIKE, HARRISONBURG, VA 22801		EIN ▶ 26-3828402 Phone no ▶ (540) 434-9651	

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

Part I, Line 16 (990-EZ) - Other Expenses 136,545

1	Travel, Meals and Entertainment		
	a Travel	1a	21,913
	b Total meals and entertainment	1b	52,000
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	22,940
5	Depreciation, depletion, etc	5	
6	Equipment rental and maintenance	6	7,453
7	Interest	7	
8	Supplies	8	
9	Telephone	9	8,167
10	Unrelated business income taxes	10	0
11	ADVERTISING	11	20,163
12	AWARDS & PRIZES	12	2,140
13	MEMBERSHIPS	13	521
14	BANK FEES	14	1,248
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

South Atlantic Well Drillers Jubilee Inc.
FORM 990-EZ, PART I, LINE 10
November 2008 through October 2009

Type	Date	Num	Name	Memo	Original Amount
1870 · Scholarships					
Check	1/17/2009	10211	VIRGINIA HIGHLANDS COMMUNITY COLLEGE	JOSEPH MCKENNA	1,000 00
Check	6/27/2009	10252	FAULKNER UNIVERSITY	CAITLIN M ADAMS S-ID.	1,000 00
Check	6/27/2009	10253	EAST TENNESSEE STATE UNIVERSITY	CHELSEA C BRACKINS	1,000 00
Check	6/27/2009	10254	University of North Carolina	CANDACE R BROWN S-	1,000.00
Check	6/27/2009	10255	Clemson University	RUSSELL B CALICUTT- .	1,000 00
Check	6/27/2009	10256	Western Carolina University	RACHAEL L DICKEY S-I	1,000 00
Check	6/27/2009	10257	Clemson University	KENDRA L FERGUSON	1,000 00
Check	6/27/2009	10258	Clemson University	WHITNEY M FERGUSO.	1,000 00
Check	6/27/2009	10259	GEORGIA INSTITUTE OF TECHNOLOGY	DOUGLAS A GRIFFIN S-	1,000 00
Check	6/27/2009	10260	Western Carolina University	AMANDA R HAMBY S-ID	1,000 00
Check	6/27/2009	10262	UNIVERSITY OF GEORGIA	KRISTIN R HARPER S-I	1,000 00
Check	6/27/2009	10262	CENTRAL VIRGINIA COMMUNITY COLLEGE	LAST 4 OF SS#9912	1,000 00
Check	6/27/2009	10263	APPALACHIAN TECHNICAL COLLEGE	DANA S KLEIN S-ID#900	1,000 00
Check	6/27/2009	10264	YOUNG HARRIS COLLEGE	BRITTANY P MCKINNO	1,000 00
Check	6/27/2009	10265	ABRAHAM BALDWIN AGRICULTURAL COLLEGE	JESSICA L PRESLEY S-	1,000 00
Check	6/27/2009	10266	VALDOSTA STATE UNIVERSITY	LAST 4 SS#4528	1,000 00
Check	6/27/2009	10267	TENNESSEE WESLEYAN COLLEGE	LAST 4 DIGITS 9944	1,000 00
Check	6/27/2009	10268	CLEVELAND STATE COMMUNITY COLLEGE	LAST 4 SS#8508	1,000 00
Check	6/27/2009	10269	UNIVERSITY OF MARYLAND AT COLLEGE PARK	AUDESSA S VAUGHT S.	1,000 00
Check	6/27/2009	10270	UNIVERSITY OF GEORGIA	LAST 4 SS#9421	1,000 00
Check	6/27/2009	10261	UNIVERSITY OF GEORGIA	KRISTIN R HARPER	1,000 00
Total 1870 · Scholarships					
TOTAL					

11/24/2008

Jubilee Board of Directors
2008-2009

James (Ronnie) Venable. NC - President
Venable Brothers Well Const.
3169 NC 8 Hwy. South LL
Walnut Cove, NC 27052
PH: 336-593-2104
FX: 336-593-3138
CL: 336-480-7260
cfcdrillsarge@aol com.

David Robison, SC - Vice President
W.S. Gowan Well Drilling
110 Stone Station Farm
Spartanburg, SC 29306
PH: 864-576-6992
FX: 864-576-6935

Broussard, Eddie, Supplier, Treasurer
Drillers Service, Inc.
P.O. Box 1407
Hickory, NC 28603
PH: 828-431-3245
CL: 828-781-1281
ebroussard@att net

Dottie Mixon, FL, Secretary
Mixon Drilling
13380 Tyringham St.
Spring Hill, FL 34609
PH: 352-686-1978
FX: 352-686-1987
CL: 813-390-6050
dotmixon@aol com

Tim Brannon, WV
Tim Brannon Well Drilling
P.O. Box 604
Bunker Hill, WV 25413
PH: 304-229-3805
FX: Same – call first
CL: 304-261-6810

Alan Burgess, KY
Burgess Water Well
P.O. Box 945
Mayfield, KY 42066
PH: 270-247-6658
FX 270-251-3004
burgessinc@bellsouth net

Griffin Crosby Jr., FL
Crosby Well Drilling, Inc.
P.O. Box 1648
Lake Wales, FL 33859
PH: 863-676-2313
FX: 863-678-9643
jc7mmwea@aol com

Charles Falwell, VA
Falwell Corporation
3900 Campbell Avenue
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FX· 434-846-2740
charlesfalwell@aol com

Robert B. Frank, MD
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Paul Hofe, WV
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Martinsburg, WV 25401
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hofewelldriling@aol.com

David Hutson, NC
Acme Well Co
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Durham, NC 27713-6852
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FX: 919-544-9417
CL: 919-215-9010
bigacme@aol com

Daniel (Danny) Kelly, KY
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Clinton, KY 42031
PH: 270-653-6708
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PH: 443-807-7046
FX: 410-836- 9560
mkmelkelly@aol com

Steve McNeill, SC
McNeill Well Drilling
P.O. Box 750
Blackwood, SC 29016
PH 803-712-0500
FX 803-712-0501
CL 803-578-2523

Howard L. Norman, TN
Norman Well Drilling
1540 Hwy 47E
Dickson, TN 37055
PH: 615-446-2545
FX: 615-446-8776
normanwelldrill@bellsouth net

Billy Peeples, GA
Southeastern Drilling
169 Tommy Hooks Rd.
Americus, GA 31709
PH. 229-591-0188
HM 229-924-5026
FX Same
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Pete Peterson, GA
Breland Well Drilling
P.O. Box 336
Guyton, GA 31312
PH 912-772-5395
FX 912-772-3609
CL· 912-667-9355
mrrab@planters net

Worth Pickard, NC *(Emeritus)*
Carolina Well & Pump
4878 Carbonton Rd
Sanford, NC 27330
PH: 919-776-3196
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oldhouse94@alltel net

Mark Reeder, Manufacturer
Franklin Electric
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FX: 260-827-5102
mreeder@fele com

Robert W. Royall, VA
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2958 Anderson Hwy.
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FX: 804-598-1291
CL. 804-387-8392
robert@royallpumpandwell com

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