



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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 \$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 _____, and ending _____

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

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

C Name of organization
American Association of Drilling Engineers, Alaska Chapter

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO Box 93538

D Employer Identification number
54-2089941

City, town, or country

State

ZIP + 4

Anchorage

AK

99509-3538

E Telephone number
907-263-4347F 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: ► www.aade.org/alaska

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 ► \$ 51,439

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

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	14,554
3	Membership dues and assessments	3	2,035
4	Investment income	4	213
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)	5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	34,637
b	Less: direct expenses other than fundraising expenses	6b	10,248
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	24,389
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	41,191
10	Grants and similar amounts paid (attach schedule)	10	0
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	560
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► See Attached Statement)	16	35,300
17	Total expenses. Add lines 10 through 16	17	35,860
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,331
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	30,794
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	36,125

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	30,794	22
23	Land and buildings		23
24	Other assets (describe ►)	0	24
25	Total assets	30,794	25
26	Total liabilities (describe ►)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,794	27

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2009)

23

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? See Stmt #1										
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										
(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	0								
29										
(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	0								
30										
(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	0								
31 Other program services (attach schedule)	(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	0							
32 Total program service expenses. (add lines 28a through 31a) ► <input type="checkbox"/>						32	0			
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						
Vance Hazard Pioneer Natural Resources 907-343-2118	Title Director Hr/WK 1.00	0	0	0						
Eric Dompeling Baker Oil Tools 907-561-1939	Title Director Hr/WK 1.00	0	0	0						
Walter Quay ENI Petroleum	Title Director Hr/WK 1.00	0	0	0						
Tom Maudner AOGCC 907-793-1250	Title Secretary Hr/WK 2.00	0	0	0						
David Reimer Conoco Phillips 907-263-4347	Title Treasurer Hr/WK 2.00	0	0	0						
Dallas Rhodes MI Drilling Fluids 907-360-7607	Title National Rep Hr/WK 2.00	0	0	0						
Jennifer Julian BP 907-561-5111	Title Director Hr/WK 1.00	0	0	0						
Mike Yore Weatherford 907-561-1632	Title Director Hr/WK 1.00	0	0	0						
Gary Elmore Schlumberger 907-830-2931	Title Director Hr/WK 1.00	0	0	0						
Mary Endacott BP 907-564-4388	Title VP Hr/WK 2.00	0	0	0						
Alex Vaughn Pioneer 907-343-2186	Title Director Hr/WK 1.00	0	0	0						
Greg Hobbs BP 907-564-4191	Title President Hr/WK 4.00	0	0	0						
Lowell Crane BP 907-564-4089	Title Director Hr/WK 1.00	0	0	0						
Gary Eller Conoco Phillips 907-263-4172	Title Director Hr/WK 1.00	0	0	0						
John Murphy M-I Swaco 907-274-5057	Title Director Hr/WK 1.00	0	0	0						
Jo Mongrain University of Alaska Fairbanks 907-474-7574	Title Director Hr/WK 1.00	0	0	0						
Jim Patton Weatherford 907-561-1632	Title Director Hr/WK 1.00	0	0	0						
Paul Provencio Conoco Phillips 907-263-4683	Title Director Hr/WK 1.00	0	0	0						

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	X
34 Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.	35a	X
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?	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	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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 outstanding at the end of the period covered by this return?	38b 0	
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9.	40b	
b Gross receipts, included on line 9, for public use of club facilities.	40c	
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 ► _____	40d	
b Section 501(c)(3) and 501(c)(4) organizations. 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.	40e	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► _____		
d Section 501(c)(3) and 501(c)(4) organizations. 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.		
41 List the states with which a copy of this return is filed. ► AK		
42 a The organization's books are in care of ► David Reimer Telephone no. ► 907-263-4347		
Located at ► PO Box 93538 City Anchorage ST AK ZIP + 4 ► 99509		
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.	42c	X
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: ► _____		
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		
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 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.

- 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
 46
- 47 Did the organization engage in lobbying activities? 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
- 49 a 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."

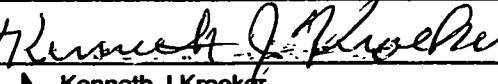
(a) Name and address of each employee paid more than \$100,000			(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	.00	0	0

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
Name None	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		

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

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.		
		5/11/10	Date
	Signature of officer		
	► David Reimer		Treasurer
	Type or print name and title.		
Paid Preparer's Use Only	Preparer's signature ► 	Date 5/8/2010	Check if self-employed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Kenneth J. Kroeker	EIN ►	Preparer's identifying number (See Instructions) 473-56-0540
	PO Box 672106 Chugiak, AK 99567	Phone no. ►	907-688-5322

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

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

American Association of Drilling Engineers, Alaska Chapter

54-2089941

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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.

	(a) Event #1 Picnic (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	34,637	0	0
	2 Less: Charitable contributions	0	0	0
	3 Gross income (line 1 minus line 2)	34,637	0	34,637
Direct Expenses	4 Cash prizes	0	0	0
	5 Noncash prizes	1,343	0	1,343
	6 Rent/facility costs	2,976	0	2,976
	7 Food and beverages	1,360	0	1,360
	8 Entertainment	350	0	350
	9 Other direct expenses	4,219	0	4,219
	10 Direct expense summary. Add lines 4 through 9 in column (d)			► (10,248)
	11 Net income summary. Combine line 3, column (d), and line 10			► 24,389

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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue			0
Direct Expenses	2 Cash prizes			0
	3 Noncash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses			0
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			► (0)
	8 Net gaming income summary. Combine line 1, column d, and line 7			► 0

- 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?
 b If "No," explain:

- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
 b If "Yes," explain:

- 11** Does the organization operate gaming activities with nonmembers?
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?
- | | |
|-----|----|
| Yes | No |
| 9a | |
| | |
| 10a | |
| | |
| 11 | |
| | |
| 12 | |

	Yes	No
13 Indicate the percentage of gaming activity operated in:	13a %	13b %
a The organization's facility		
b An outside facility		
14 Enter 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 of the third party:		
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$ 0		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions:	17a	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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

		35,300
1	Travel	1
2	Meals and entertainment	2
3	Fundraising	3
4	Amortization	4 0
5	Conferences, conventions, and meetings	5 15,347
6	Depreciation	6 0
7	Depletion	7
8	Equipment rental and maintenance	8
9	Interest	9
10	Supplies	10 936
11	Telephone	11
12	Unrelated business income taxes	12 0
13	Bank fees	13 1,517
14	Scholarship	14 10,000
15	Donations	15 7,500
16		16
17		17
18		18
19		19
20		20
21		21
22		22
23		23
24		24
25		25
26		26
27		27
28		28
29		29

American Association of Drilling Engineers Alaska Chapter
Form 990EZ Part III Organization's Primary Exempt Purpose
Stmt #1

To provide the forum for the dissemination of practical
drilling technology to those employed or interested in the drilling
industry.