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POSTUBARK DATE ALLG 1 E 2010

Form **990-EZ**

2009

OMB No 1545 1150

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 \$50,000 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

Open to Public Inspection

	\ F	For the 2009 calendar year, or tax year beginning	, 2009, and en	dina		
Ē		Check if applicable C	,,		Employer identi	fication number
Ī	\neg	Address change Use IRS AMERICAN ASSOC. OF DRILLING EN	GR OF NO		72-11473	333
İ	=	Jame change label or D O ROY 51929	OK. 01 K.0	l _E	Telephone numb	
[] ,	nitial return type NEW ORLEANS, LA 70151-1929			504-616-	
	╗᠇	ermination Specific		-	304 010	1302
- 1	=	Amended return Instruc- tions.		F	Group Exem	ption
ļΙ	^	Application pending			Number nethod X Ca	ah Assural
{ 1 -		 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charita must attach a completed Schedule A (Form 990 or 990-EZ 		G Accounting m Other (specification	y) -	ash Accrual
		Mahaita N / N		H Check ► X	if the organia ttach Schedule	
'.		Website: ► N/A Fax-exempt status (check only one) — X 501(c) (3) ◄ (insert no) 494	7(a)(1) or 527	990-EZ, or 99		D (1 01111 330,
<u> </u>		Fax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 494 Check ► If the organization is not a section 509(a)(3) supporting org	· \- \- \- \- \- \- \- \- \- \- \- \- \-	oross receints are	normally not	more than
•	` \$	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organiz	ation chooses to file	e a return, be sure	to file a comple	te return
ī	. /	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,0	000 or more, file F	orm 990		
_	11	nstead of Form 990-EZ			<u>►\$</u>	135,226.
الے	Par		or Fund Balanc	ces (See the in		or Part I.)
2010	- 1	1 Contributions, gifts, grants, and similar amounts received			1 1	
~	- 1	Program service revenue including government fees and contracts	5		2	4 320
F=1		Membership dues and assessments			3 4	4,320. 630.
		4 Investment income	احا		4	630.
-		5a Gross amount from sale of assets other than inventory	5a 5b			
SCANNED OC		b Less cost or other basis and sales expenses	[20]		5 c	
$\overline{}$	R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	nt in from gaming, sho	ak hara ► [7 - 36 -	
ĬĬ.	EVENUE	6 Special events and activities (complete applicable parts of Schedule G) If any amount		CK fiele - [_	
Z	ŬΙ	a Gross revenue (not including \$ of contribu	l 6al	130,27	76	
\mathbb{Z}_{j}	E	reported on line 1)	13.			
		b Less direct expenses other than fundraising expenses	6c	15,763.		
<u>0</u>	-	c Net income or (loss) from special events and activities (Subtract line 6b from line 6b	a) 7a		00	15,705.
•		 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold 	7a 7b		 	
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from			7c	
		8 Other revenue (describe >	ii iiic 7a)) 8	
	ŀ	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			' ► 9	20,713.
-	\dashv		SEE S'	TATEMENT 1	10	54,500.
	-	· · · · · · · · · · · · · · · · · · ·	JII	TATEMENT 1	11	34,300.
	E X	11 Benefits paid to or for members12 Salaries, other compensation, and employee benefits	= OFN/ET) I	12	
	ĝΙ	 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance 	RECEIVE	-701	13	
	Ň	14 Occupancy, rent, utilities, and maintenance		181	14	
	Ĕ	15 Printing, publications, postage, and shipping.	AUG 1 9 20	10 121	15	
	S	Printing, publications, postage, and shipping Other expenses (describe	AUG 1 0	ر آياً ا	16	
	-	17 Total expenses. Add lines 10 through 16		ir l	▶ 17	54,500.
-	T	18 Excess or (deficit) for the year (Subtract line 17 from line 9	OGDEN,		18	-33,787.
	Ą					
ľ	E S	19 Net assets or fund balances at beginning of year (from line 27, co figure reported on prior year's return)	numm (A)) (must u	gice with charti	19	198,924.
	ᄩ	20 Other changes in net assets or fund balances (attach explanation)			20	
	S	21 Net assets or fund balances at end of year Combine lines 18 thro			▶ 21	165,137.
ſ	Pai	rt II Balance Sheets. If Total assets on line 25, column (B) are	\$1,250,000 or mo	re, file Form 990	instead of Form	n 990-EZ
_		(See the instructions for Part II)		(A) Beginning (of year (E	3) End of year
	22	Cash, savings, and investments		198,	924. 22	165,137.
	23	Land and buildings			23	
	24	Other assets (describe •)			24	
	25	Total assets		198,		165,137.
		Total liabilities (describe ►)			0.26	0.
		Net assets or fund balances (line 27 of column (B) must agree with li		198,		165,137.
I	BAA	A For Privacy Act and Paperwork Reduction Act Notice, see separate i	nstructions.		F -	orm 990-EZ (2009)
		TEEA0803L 01/30	0/10		Ω	16 NE
					Y	IUP
					1	

Part Part Program Service Accomplishments (See the instructions.) Stephens Part P	Form 990-EZ (2009) AMERICAN ASS	ос.	OF DRILLING ENGR.	OF N.O		72	<u>-11</u>	47333	Page 2
STEVE STAMAND STEVE STAMAN	Partill Statement of Program	Se	rvice Accomplishments	(See the instructi	ons.)			Expenses	
STEVE STAMAND STEVE STAMAN							(Re 501	guired for section (c)(3) and (4)	on
GRANT TO PROVIDE KNOWLEDGE PLATFORM FOR INDUSTRY AND THE GENERAL PUBLIC (Grants \$ 50.0) if this amount includes foreign grants, check here	Describe what was achieved in carrying of describe the services provided, the numb program title	out ti per o	ne organization's exempt purp f persons benefited, or other	ooses. In a clear and c relevant information fo	oncise manner r each	,	orga 494 for d	ànîżátions ànd s 7(a)(1) trusts; c others)	section optional
FUBLIC South S SOU It has amount includes foreign grants, check here STANDARD STANDARD SCHOLARSHIPS FOR 15 ENGINEERING STUDENTS PURSUING CAREERS IN THE OUT AND GAS INDUSTRY. Grants \$ 30,000 It has amount includes foreign grants, check here STANDARD SCHOLARSHIPS FOR 15 ENGINEERING STUDENTS PURSUING CAREERS IN THE OUT AND GAS INDUSTRY. Grants \$ 24,000 It has amount includes foreign grants, check here Java Java									
Grants SOU. If this amount includes foreign grants, check here 29a		FDC	SE PLATFORM FOR IND	DUSTRY AND THE	GENERAL _				
CRANT_TO_PROVIDE_FUNDS_FOR_THE_LSU_SCHOOL_OF_PETROLEUM_ENGINEERING_ Clearls \$ 30,000.) if this amount includes foreign grants, check here 1 30		. — —) If th	nis amount includes foreign g	rants, check here	-	П	28 2		
Cleants \$ 30,000.) if this amount includes foreign grants, check here 29a	29 LSU DRILLING FLUIDS LA	B I	OONATION						-
STEVE STAMAND 1ST VICE PRES 0. 0. 0.	GRANT TO PROVIDE FUNDS	_F(OR_THE_LSU_SCHOOL_C	OF PETROLEUM EN	GINEERING	<u>-</u> -			
STEVE STAMAND 1ST VICE PRES 0. 0. 0.	(Grants \$ 30,000)		es amount includes foreign of	rants check here			20:		
OIL AND GAS INDUSTRY. (Grants \$ 24,000.) If this amount includes foreign grants, check here Contains \$ 10 their program services (attach schedule) 11 this amount includes foreign grants, check here Contains \$ 10 their program service expenses (add lines 28a through 31a) 12 total program service expenses (add lines 28a through 31a)					IN THE				
31 Other program services (attach schedule)	OIL AND GAS INDUSTRY.								
31 Other program services (attach schedule)	(Grants \$ 24,000.)	If th	nis amount includes foreign gi	rants, check here		П	30 a	<u>, </u>	
Partity List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instits)	31 Other program services (attach sch	edul	e)			_			
Partiv List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrist) (a) Name and address (b) Title and average hours (c) Commensation (t) (c) Commensation (to position to				rants, check here		Ų	_	1	
Compensation (f) Compensatio				plovees. List each o	ne even if not	com		ated (See the	instre)
Q Name and address	List of Officers, Bridge	013	(b) Title and average hours	(c) Compensation (If				(e) Expense	account
201 ST CHARLES AVE SUITE 3400 3.00 NEW ORLEANS, LA 70170 LISA GRANT	(a) Name and address			not paid, enter -0)	employee benefit deferred comp	plaı ensa	ns and ition	and other allo	wances
NEW ORLEANS, LA 70170 LISA GRANT 2ND VICE PRES 0. 0. 0. 0. 0. P. 0 BOX 61933 3.00 NEW ORLEANS, LA 70161 PAUL VINING 935 GRAVIER STREET 3.00 NEW ORLEANS, LA 70112 KAREN ARMAND SECRETARY 0. 0. 0. 0. 1515 POYDRAS ST SUITE 2400 3.00 NEW ORLEANS, LA 70112 CHAD LEBLANC TREASURER 0. 0. 0. 0. 0. P. 0 BOX 51929 NEW ORLEANS, LA 70151-1929 NEW ORLEANS, LA 70151-1929							0.		0.
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F O BOX 61933 3.00 NEW ORLEANS, LA 70161 PRESIDENT 0. 0. 0. 0.			OND VICE DDEC						
NEW ORLEANS, LA 70161							υ.		0.
935 GRAVIER STREET NEW ORLEANS, LA 70112 KAREN ARMAND 1515 POYDRAS ST SUITE 2400 NEW ORLEANS, LA 70112 CHAD LEBLANC P O BOX 51929 NEW ORLEANS, LA 70151-1929	~		1						
NEW ORLEANS, LA 70112 KAREN ARMAND			PRESIDENT	0.			0.		0.
SECRETARY O. O. O. O. O. O. O. IS15 POYDRAS ST SUITE 2400 3.00 NEW ORLEANS, LA 70112 TREASURER O. O. O. O. O. O. O. O			3.00						
1515 POYDRAS ST SUITE 2400 3.00 NEW ORLEANS, LA 70112 CHAD LEBLANC TREASURER 0. 0. 0. 0. NEW ORLEANS, LA 70151-1929 NEW ORLEANS, LA 70151-1929			CECDETADV						
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P O BOX 51929 5.00 NEW ORLEANS, LA 70151-1929 5.00									
NEW ORLEANS, LA 70151-1929				1			0.		0.
] 5.00						
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BAA TEEA0812L 01/30/10 Form 990-EZ (2009)									
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_	1 990-EZ (2009) AMERICAN ASSOC. OF DRILLING ENGR. OF N.O 72-114733			age 3
Par	t V Other Information (Note the statement requirements in the instrict for Part V.) SEE STA	LIEME	Yes	3 No.
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33	.03	
34	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		$\frac{X}{X}$
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			
	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? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	000		
	year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 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 outstanding at the end of the period covered by this return?	38 a	tom out at most	X
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:			}
	Initiation fees and capital contributions included on line 9. 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
40 6	section 4911 > 0.; section 4912 > 0.; section 4955 >0.			
t	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	40 b		Х
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			
c	Section 501(c)(3) and 501(c)(4) organizations 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? If 'Yes,' complete Form 8886-T	40 e		_ <u>X</u>
41	List the states with which a copy of this return is filed NONE			
42 a	a The organization's books are in care of ► CHAD LEBLANC Telephone no ► 504-6. Located at ► 601 POYDRAS STREET SUITE 1600 NEW ORLEANS LA ZIP + 4 ► 70130			
t	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	42b	Yes	No X
ć	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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.	42 c		X
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		► []	N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	44	Yes	No X
45	of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	45		X
BAA	Form 990 must be completed instead of Form 990-EZ TEEA0812L 01/30/10 Fo	rm 990	-EZ (

<u> Form 99</u> 0-	EZ (2009) AMERICAN ASSOC. OF	DRILLING ENGR.	OF N.O	72-114	17333	Page 4
Part Vi		s and section 4947	(a)(1) nonexem	pt charitable trusts or	ıly. All sectio	on
	501(c)(3) organizations and see	ction 4947(a)(1) no	nexempt charit	able trusts must answe	er questions	
	46-49b and complete the tables	s for lines 50 and 5	01.			_
46 Did +	be erganization engage in direct or indire	et political campaign a	struties on bobalf o	of or in apposition to candida	ye. Ye	s No
for p	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (C, Part I	cuvilles on benan c	or or in opposition to candida	46	Х
	he organization engage in lobbying activity				47	Х
	e organization a school as described in se	•	•		48	X
	he organization make any transfers to an				49a	X
	es,' was the related organization a section	•	Totalca organizatio	311	49b	+
D II 16	es, was the related organization a section	327 Organization			4301	
50 Com	plete this table for the organization's five loyees) who each received more than \$10	highest compensated of	employees (other the	nan officers, directors, truste	es and key	
enip	oyees) who each received more than \$10	(b) Title and average	(c) Compensation		(e) Expens	
(a) Name and address of each employee paid	hours per week	(c) compensation	benefit plans and	account an	d
NONE	more than \$100,000	devoted to position		deferred compensation	other allowar	ces
NONE_						
		<u> </u>				
f Tota	number of other employees paid over \$1	00,000	_			
51 Com	plete this table for the organization's five	highest compensated i	ndependent contra	ctors who each received mo	re than \$100,00	00 of
com	bensation from the organization. If there is	s none, enter None				
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compensa	tion
NONE						
			<u>-</u> 1			
						
- -			 1			
	_	· · · · · · · · · · · · · · · · · · ·				
			- 1	1		
			1			
d Tota	number of other independent contractors	each receiving over \$	100.000	•		
		,				
	Under penalties of perjury, I declare that I have exam	ined this return, including acco	mpanying schedules and	statements, and to the best of my known	owledge and belief,	it is
	true, correct, and complete Declaration of preparer (other than officer) is based on	all information of which p	reparer has any knowledge		
	West Stance			108/16/-	2010	
Sign	Signature of officer	_ ,		Date ()	2010	
Here	1					
	CHAD LEBLANC			TREASURER		
	Type or print name and title		1-	Т. То.	reparer's Identifying	Number
Paid	Preparer's		Date	check ii — (S	iee instructions)	ואטוווטצו
Pre-	signature WALTER JOHNSON			/10 sen employed ► X P	00222356	
parer's	Firm's name (or MEAGHER'S TAX C) yours if self-				7010000-	
Use	employed), - 60 / LAFAILIL S			EIN •	721022055	
Only	ZIP + 4 GRETNA, LA 7005	3		Phone no ► (33	7) 232-661	- 5

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

BAA

► X Yes No
Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 2009

Open to Public Inspection

		organization									ion number		
AME	RI	CAN ASSOC. OF								L473 <u>33</u>			
Pari				s (All organizations					See II	<u>nstructı</u>	ons		
The c	rga			se it is (For lines 1 throi									
1		A church, convention	of churches or asso	ociation of churches desc	cribed in	section	170(b)((i)(A)(I)					
2	П	A school described in	section 170(b)(1)(A	\X(ii). (Attach Schedule E	Ξ)								
3	П	A hospital or coopera	itive hospital service	organization described	ın secti	on 170(b)(1)(A)(i	iii).					
4	П	A medical research of	rganization operated	d in conjunction with a h	ospital o	lescribe	d ın sec	tion 17	0(b)(1)(<i>A</i>	A)(iii) En	ter the ho	spital's	5
5		name, city, and state: An organization opera 170(b)(1)(A)(iv). (Con	ated for the benefit	of a college or university	owned	or opera	ated by	a gover	nmenta	I unit des	scribed in	section	n
6	П	A federal, state, or lo	cal government or g	governmental unit descrit	bed in s	ection 1	70(b)(1)	(A)(v).					
7		An organization that in section 170(b)(1)(A	normally receives a	substantial part of its su	ipport fr	om a go	vernme	ntal uni	t or fron	n the gen	eral publi	desc	rıbed
8	Ш			70(b)(1)(A)(vi). (Complet		•							
9	X	from activities related to	o its exempt function nd unrelated busines	nore than 33-1/3 % of its s s – subject to certain exce ss taxable income (less s omplete Part III)	eptions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from ara)SS	after
10	\Box	An organization organ	nized and operated	exclusively to test for pu	iblic safe	ty See	section	509(a)	(4).				
11		An organization organ	nized and operated	exclusively for the benef escribed in section 509(a ation and complete lines	fit of, to	perform section	the fun 509(a)(2	ctions o	of, or ca	rry out th 509(a)(3)	ne purpose). Check t	s of o	ne or c that
		a Type I	b Type II	c Type III				ed		d 🗍	Type III-	Other	
е		By checking this hox	I certify that the organizers and other than	ganization is not controll n one or more publicly si	ed direc	tly or in Lorganiz	directly zations o	by one describe	or more ed in se	disqualiction 509	fied perso (a)(1) or s	ons oth section	ner
f			ceived a written det	ermination from the IRS	that is a	Type I,	Type II	or Typ	e III sup	porting o	organizatio	n,	
g			6. has the organiza	tion accepted any gift of	r contrib	ution fro	om anv o	of the fe	ollowing	persons	7		
9		oooagaa ,		, g			,			•		Yes	No
		(i) a person who do below, the gove	rectly or indirectly or indirectly or indirectly or indirectly of the su	controls, either alone or tupported organization?	together	with pe	rsons de	escribe	d in (ii) i	and (III)	11 g (i)		
		-	er of a person desc								11g (ii)		
		(iii) a 35% controlle	d entity of a person	described in (i) or (ii) al	bove?						11 g (iii)		
h		• •	-	he supported organization									
	(1) Name of Supported Organization	(II) EIN	(in) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organizat	s the ion in col i in your rning nent?	(v) Did ye the organ col (your su	ızatıon in (ı) of	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amou	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
	_									T			
									:				
								-					
							-						
					 								
					i	ı	ı	1	1	1			

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 AMERICAN ASSOC. OF DRILLING ENGR. OF N.O 72-1147333 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total, Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	cked the box on in	ne 9 or Fart 1)	·		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(4) 2000	(5) 2000	(0) 2007	(4) 2000	(6) 2003	(i) iotai
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	2,235.	4,628.	4,260.	4,080.	4,080.	19,283.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	, , , ,		7,200		2,222	20,,000
	purpose	47,794.	132,518.	188,823.	194,495.	130,276.	693,906.
	Gross receipts from activities that are not an unrelated trade or business under section 513						_ 0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	50,029.	137,146.	193,083.	198,575.	134,356.	713,189.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	0.	0.	0.	0.	
	year Add lines 7a and 7b	0.	0.	0.	0.1	0.	0. 0.
	Public support (Subtract line	0.				<u> </u>	<u> </u>
Ü	7c from line 6)						713,189.
Sec	tion B. Total Support			· ··			.20/2031
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	50,029.	137,146.	193,083.	198,575.	134,356.	713,189.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,490.	1,971.	6,974.	5,350.	630.	17,415.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,490.	1,971.	0, 914.		030.	0.
-	Add lines 10a and 10b	2,490.	1,971.	6,974.	5,350.	630.	17,415.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total support. (add ins 9, 10c, 11, and 12)						730,604.
14	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)(3	▶ □
	tion C. Computation of Pul			- 10 - 1 - 10:			07.64
	Public support percentage for 20			e 13, column (f))		15	97.6%
	Public support percentage from tion D. Computation of Inv					16	97.2%
	Investment income percentage f			I by June 12 polym	- (f)	17	2.4%
1/		` '	• • •		III (1))	18	2.8%
	Investment income percentage t			1 /		10	2.0 /0
18	Investment income percentage f 33-1/3 support tests – 2009. If the c more than 33-1/3%, check this h	organization did not	check the box on lir	ne 14, and line 15 is	more than 33-1/39	6, and line 17 is not	
18 19a	•	organization did not lox and stop here. ne organization did this box and stop	check the box on lin The organization I not check a box here. The organiz	ne 14, and line 15 is qualifies as a pub on line 14 or 19a, zation qualifies as	olicly supported or and line 16 is m a publicly suppo	rganization ore than 33-1/3%, rted organization	► [X]

Schedule A	A (Form 9	990 or 9	990-EZ	2009	AME	RICAN	I AS	SOC.	OF	DRI	LLIN	IG I	ENGR	. OF	N.C) 7	72-1	1473	33	F	age 4
Part IV	Suppl	emen	tal Inf	ormal	ion. (lamo	ete t	his p	art to	prov	ıde 1	he o	expla	natio	ns re	auı	red b	v Par	t II. In	ne 10:	
Part IV	Part II	, line	17a o	r 17b;	and I	Part ['] II	l, lin	e 12.	Pro	vide a	any c	the	r add	itiona	al info	orma	ation	See	ınstru	uctions	;.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

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 Form990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE THE TREVEINE SELVICE				<u>-</u>		
Name of the organization AMERICAN ASSOC. OF DRILLII	NG ENGR	OF N.O)		72-114733	
Part I Fundraising Activities. Completer Form 990EZ filers are not required.	te if the organ	nization ai	nswered 'Y	es' to Form 990, Part I		
1 Indicate whether the organization ra Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 2a Did the organization have written or employees listed in Form 990, Part b If 'Yes,' list the ten highest paid ind compensated at least \$5,000 by the	oral agreeme VII) or entity	rough any ent with ar in connect	of the follong	Solicitation of non- Solicitation of gove Special fundraising al (including officers, di rofessional fundraising	government grants ernment grants events rectors, trustees or key services?	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(III) Did	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		30. (//	organization
		<u></u>	<u> </u>			
		 				
			1			
		<u> </u>				
Total						
List all states in which the organizal or licensing.						
						
						

		G (Form 990 or 990-EZ) 2009 AMERICA					Р	age 2
Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, lii gross receipts grea	ne 18, or ater than :	\$5,00	0.
RE			(a) Event #1 SPORTING CLAYS (event type)	(b) Event #2 GOLF TOURNAMEN (event type)	(c) Other Events 2 (total number)	(d) Tota (Add col	I Even	nts
mczm <m2< td=""><td>1</td><td>Gross receipts</td><td>56,462.</td><td>33,735.</td><td>40,079.</td><td>1</td><td>30,2</td><td>276.</td></m2<>	1	Gross receipts	56,462.	33,735.	40,079.	1	30,2	276.
Ĕ	2	Less: Charitable contributions				-		
	3	Gross income (line 1 minus line 2)	56,462.	33,735.	40,079.	1	30,2	276.
	4	Cash prizes.						
	5	Noncash prizes	9,591.	800.	196.		10,5	87.
R	6	Rent/facility costs	16,722.	16,216.	30,095.		63,0)33.
Ċ	7	Food and beverages			1,510.		1,5	510.
E X P	8	Entertainment			81.			81.
ローボモのト ホメチョンのほう	9	Other direct expenses	8,398.	8,214.	22,690.		39,3	302.
S	10	Direct expense summary Add lines 4- th	• , ,		•		14,5	
Par	11 † III	Net income summary Combine lines 3, or Gaming. Complete if the organization		s' to Form 990 Pai	t IV. line 19. or rei		15,7 ore th	
		\$15,000 on Form 990-EZ, line 6a						
REVERUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	l gamı (a) thro (c))	ng ough
Ē	1	Gross revenue						
E D X I P	2	Cash prizes						
DIRECT	3	Non-cash prizes						
Š	4	Rent/facility costs			· · · · · · · · · · · · · · · · ·			
	5	Other direct expenses	Vec 9	Vac %	Ves 8			
	6	Volunteer labor	Yes*	Yes%	Yes %			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		►			
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7			,	1
9	Ent	er the state(s) in which the organization op	perates gaming activitie	s.			YES	NO
ā	ls ti	ne organization licensed to operate gaming lo,' explain				9a		
			. 					
		re any of the organization's gaming license 'es,' explain	es revoked, suspended	or terminated during the	e tax year?	10a		
			. 					
11		s the organization operate gaming activities	es with nonmembers?			11		
12	ls ti adn	ne organization a grantor, beneficiary or tri ninister charitable gaming?	ustee of a trust or a me	ember of a partnership of	or other entity formed to	0 12		<u> </u>

Schedul	e G (Form 990 or 990-EZ) 2009 AMERICAN ASSUC. (OF DRITTING EN	JR. OF N.O	12-114/33	3	Pa	age 3
						YES	NO
13 Ind	licate the percentage of gaming activity operated in						1
a Th	e organization's facility		13a	%			1
b An	outside facility		13b	8		·	1
14 En	ter the name and address of the person who prepares the	organization's gaming	special events books	and records.			{
Na	me· ►						1
Ad	dress •					İ	
15a Do	es the organization have a contact with a third party from	whom the organization	receives gaming reve	nue?	15a		
	Yes,' enter the amount of gaming revenue received by the gaming revenue retained by the third party \$		and th	ne amount			1
	Yes,' enter name and address of the third party.						i
Na	me •						1
Ac	dress 🛌						! !
16 Ga	ming manager information						
Na	me •						
Ga	ming manager compensation \$	_					
De	scription of services provided						1
	Director/officer Employee	Independent c	ontractor				
	andatory distributions					İ	
sta	the organization required under state law to make charitab ate gaming license?				17a		
	iter the amount of distributions required under state law to		exempt organizations	or spent in the			1
	ganization's own exempt activities during the tax year 🕒					0.57	
BAA	TEE	A3703L 02/05/10	Schedu	ule G (Form 990	or 990	U-EZ)	2009

2009

FEDERAL STATEMENTS

PAGE 1

AMERICAN ASSOC, OF DRILLING ENGR. OF N.O.

72-1147333

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:

LEARNING AIDS

DONEE'S NAME:

KIWANIS

DONEE'S ADDRESS:

921 S CARROLTON AVENUE

NEW ORLEANS, LA 70131

CASH AMOUNT GIVEN:

500.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS: **EDUCATION SUPPORT** LSU DRILLING FLUIDS LAB

CEBA BUILDING, CEBA LANE BATON ROUGE, LA 70803

CASH AMOUNT GIVEN:

30,000.

CLASS OF ACTIVITY:

EDUCATION

DONEE'S NAME: DONEE'S ADDRESS:

SCHOLARSHIPS TO LSU, UNO, ULL, & NICHOL **VARIOUS**

CASH AMOUNT GIVEN:

\$ 24,000.

STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE CHAPTER MEETINGS AND TECHNOLOGICAL PROGRAMS PROVIDE A FORUM FOR THE EXCHANGE OF IDEAS, CURRENT TECHNOLOGY, AND OTHER INDUSTRY RELATED INFORMATION AND OF IDEAS, CURRENT TECHNOLOGY, AND OTHER INDUSTRY RELATED INFORMATION AND PRESENTATIONS GIVEN BY INDUSTRY EXPERTS. THE GOLF TOURNAMENT ENABLED PRATICIPANTS FROM MANY AREAS OF THE COUNTRY TO DEVELOP CONTACTS FOR THE EXCHANGE OF IDEAS, CURRENT TECHNOLOGY, AND OTHER INDUSTRY-RELATED INFORMATION. THE TOURNAMENT WAS OPEN TO NON-MEMBERS AS WELL AS MEMBERS. THE FFF FESTIVAL PROVIDES AN OPPORTUNITY TO PROMOTE GENERAL UNITY WITHIN THE ORGANIZATION AS WELL AS THE INDUSTRY IN A LESS FORMAL ATMOSPHERE THAN THE TECHICAL PROGRAMS ALLOW. THE FESTIVAL IS ALSO USED TO PROMOTE GENERAL MEMBERSHIP. THE FESTIVAL WAS OPEN TO NON-MEMBERS AS WELL AS MEMBERS. THE TECHNICAL SYMPOSIUM IS AN ALL-DAY FORUM TO PROVIDE INDUSTRY EXPERTS AN OPPORTUNITY TO PRESENT IN-DEPTH COVERAGE OF CURRENT, INDUSTRY RELATED TOPICS AND THE LATEST TECHNOLOGICAL ADVANCES. THE SYMPOSIUM WAS OPEN TO MEMBERS AND THE LATEST. THEIR GUESTS.

STATEMENT 3 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

2	n	n	•
Z	U	u	

FEDERAL WORKSHEETS

PAGE 1

AMERICAN ASSOC. OF DRILLING ENGR. OF N.O

72-1147333

SPECIAL EVENTS WORKSHEET

SPECIAL EVENT SPORTING CLAYS GOLF TOURNAMENT SUBTOTAL	33,735.	LESS CONTRI- BUTIONS GROSS REVENUE \$ 0. \$ 56,462 0. \$33,735 \$ 0. \$ 90,197	. 25,230.	NET INCOME OR LOSS 3 21,751. 8,505. 30,256.
MONTHLY MEETINGS FIN FUR FOOD FESTIVAL *SUBTOTAL	22,981. 17,098. 0. \$ 40,079.	0. 22,981 0. 17,098 0. 0 \$ 0. \$ 40,079	. 4,969. 0.	-26,622. 12,129. 0. 3 -14,493.
TOTAL	\$ 130,276.	\$ 0. \$ 130,276	<u>\$ 114,513.</u>	15,763.

^{*}EVENTS COMBINED ON THE RETURN AS THE THIRD EVENT.

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury

Internal Revenue	Service		File a sepa	rate application for e	each return.				
If you are filing for an Automatic 3-Mont			Extension, complete only Part I and check this box					► X	
If you are	filing for an a	Additional (Not Auto	omatic) 3-Month	Extension, complete	only Part II (or	n page 2 of this	s form).	_	
				an automatic 3-mon					
Part 134	Automatic	3-Month Extens	ion of Time.	Only submit origin	nal (no copie	s needed).			
				, .	, ,	•			
A corporation	required to f	le Form 990-T and	requesting an au	itomatic 6-month exte	ension – check	this box and o	omplete Part I o	nly 🕨 🗌	
All other core	orations (incl	udına 1120-C filers)	. partnerships. F	EMICS, and trusts m	nust use Form 7	004 to request	an extension of	time to file	
income tax re		,		,		•			
returns noted the additiona Form 990-T.	l below (6 moi l (not automa Instead, you r	nths for a corporation of the co	on required to file on or (2) you file or completed and	Form 8868 if you war E Form 990-T) Howe Forms 990-BL, 6069 signed page 2 (Part s & <i>Nonprofit</i> s	ver, you cannot or 8870, grou	file Form 8868	B electronically if composite or co	(1) you want	
	Name of Exempt Organization						Employer identification number		
Type or print									
•	AMERICAN ASSOC. OF DRILLING ENGR. OF N.O						72-1147333		
File by the due date for	Number, street, and room or suite number. If a P O. box, see instructions								
filing your return See	P O BOX 51929								
instructions		office, state, and ZIP cod	-	ss, see instructions					
		ANS, LA 7015							
_ ′′		filed (file a separat	- ''	•					
Form 990			Form 990-T (corporation)						
Form 990		_	Form 990-T (section 401(a) or 408(a) trust) Form 5227						
X Form 990-EZ			Form 990-T (trust other than above)						
Form 990)-PF		Form 1041-A		-	Form 887	0		
Telephone If the orga If this is f check this	e No. ► <u>504</u> - anization does for a Group Re	eturn, enter the orga If it is for part of the	or place of busi	FAX No ► ness in the United St igit Group Exemption this box ► and	ates, check this) If			
1 reques	st an automat	ic 3-month (6 month	s for a corporat	on required to file Fo	orm 990-T) exte	nsion of time			
				nization return for the	e organization r	named above.			
		he organization's re							
<u> X</u>	calendar year	· 20_ <u>09</u> _ or		and ending					
▶ □	tax year begi	nning	, 20,	and ending	, ²⁰ _				
2 If this to	ax year is for	less than 12 months	, check reason	Initial return	Final ret	urn C	hange in accoun	ting period	
		or Form 990-BL, 990 See instructions	O-PF, 990-T, 472	0, or 6069, enter the	tentative tax, le	ess any	3a \$	0,	
		or Form 990-PF or 9 or year overpayme		refundable credits ar credit	nd estimated ta	x payments	3b \$	0.	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$								0.	
Caution. If you payment inst		o make an electroni	c fund withdrawa	al with this Form 8868	3, see Form 845	53-EO and For	m 8879-EO for		
BAA For Pri	vacy Act and	Paperwork Reducti	on Act Notice. s	ee instructions.			Form 8868	(Rev 4-2009)	

Form 8868 (Rev 4-2009) Page 2									
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box									
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
If you are filing for an Automatic 3-Honth Extension, complete only Part I (on page 1).									
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original							
	Name of Exempt Organization	-	Employer Identification rumber						
Type or		1	1						
print	AMERICAN ASSOC. OF DRILLING ENGR. OF N.O	1.	72-1147333						
	Number, street, and room or suste number, If a P O. box, see instructions	1	For IRS use only						
File by the extended	MEAGHER'S TAX CENTER, INC.								
due date for filing the return. See	607 LAFAYETTE ST								
return, See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	.,.,.							
	GRETNA, LA 70053	- 4							
Check type	of return to be filed (File a separate application for each return):								
Form 9	90 Form 990-PF	Form 1041-A	Form 6069						
Form 9		Form 4720	Form 8870						
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227							
STOP! Do	not complete Part II if you were not already granted an automatic 3-month e	xtension on a previ	ously filed Form 8868.						
The books are in care of. CHAD LEBLANC.									
Telephone No. ► 504-616-7382 FAX No. ►									
If the organization does not have an office or place of business in the United States, check this box									
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)									
whole group, check this box If it is for part of the group, check this box and attach a list with the names and EiNs of all									
members the extension is for									
4 I request an additional 3-month extension of time until, 20									
5 For calendar year 2009, or other tax year beginning, 20, and ending, 20									
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period									
7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO									
GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.									
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent	ative tax, less any							
nonre	fundable credits. See instructions	<u> </u>	8a\$ 0.						
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax									
	ents made. Include any prior year overpayment allowed as a credit and any a form 8868.		8b \$ 0.						
	ice Due. Subtract line 8b from line 8a. Include your payment with this form, o								
with f	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	System) See instr	s. 8c\$ 0.						
Signature and Verification									
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, connect, and complete, and that I am authorized to prepare this form.									
Signature									
Signature >	Med town true TREASURER	Title TREASURER							
BAA	FIFZ0502L 03/11/09		Form 8868 (Rev 4-2009)						

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