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**Short Form  
Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

**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*

**Open to Public  
Inspection**

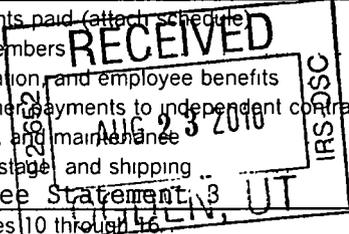
**A For the 2009 calendar year, or tax year beginning** 6/01, **2009, and ending** 5/31, **2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> AMERICAN ASSOC. DRILLING ENGINEERS OF LAFAYETTE, INC P. O. BOX 80023 LAFAYETTE, LA 70598	<b>D</b> Employer identification number <u>58-1741258</u>	<b>E</b> Telephone number	<b>F</b> Group Exemption Number
<p>• <b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p>		<p><b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶</p>		
<p><b>I Website:</b> ▶ <u>N/A</u></p>		<p><b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>		
<p><b>J Tax-exempt status (check only one) —</b> <input checked="" type="checkbox"/> 501(c) ( <u>6</u> ) ◀ (insert no)   4947(a)(1) or   527</p>		<p><b>K</b> Check <input type="checkbox"/> 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.</p>		
<p><b>L</b> 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</p>		▶ \$ <u>286,996.</u>		

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	
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	25,250.
	4	Investment income	7,631.
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	253,065.
6b	Less direct expenses other than fundraising expenses	149,974.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	103,091.	
7a	Gross sales of inventory, less returns and allowances		
7b	Less cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ▶ <u>See Statement 1</u> )	1,050.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 137,022.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	92,420.
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	1,067.
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage and shipping	1,522.
	16	Other expenses (describe ▶ <u>See Statement 3</u> )	16,354.
	17	<b>Total expenses.</b> Add lines 10 through 16	▶ 111,363.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	25,659.
NET ASSETS OR FUND BALANCES	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)	416,347.
	20	Other changes in net assets or fund balances (attach explanation)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 442,006.

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	416,347.	22 442,006.
23	Land and buildings		23
24	Other assets (describe ▶ _____)		24
25	<b>Total assets</b>	416,347.	25 442,006.
26	<b>Total liabilities</b> (describe ▶ _____)	0.	26 0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	416,347.	27 442,006.

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**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	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		
<b>35a</b>	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?		X
<b>35b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	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		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0."/> 0.		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	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?		X
<b>38b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="N/A"/> N/A		
<b>39</b>	Section 501(c)(7) organizations Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 <input type="text" value="N/A"/> N/A		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="N/A"/> N/A		
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value="N/A"/> N/A, section 4912 <input type="text" value="N/A"/> N/A, section 4955 <input type="text" value="N/A"/> N/A		
<b>40b</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		
<b>40c</b>	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 <input type="text" value="0."/> 0.		
<b>40d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0."/> 0.		
<b>40e</b>	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		X
<b>41</b>	List the states with which a copy of this return is filed <input type="text" value="None"/> None		

**42a** The organization's books are in care of  SHARON MOORE C/O HALLIBURTON Telephone no  Telephone no  
 Located at  110 CAPITAL DR. LAFAYETTE LA ZIP + 4  70508

		Yes	No
<b>42b</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 <input type="text"/>		X
<b>42c</b>	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. <input type="text"/>		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

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	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		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.

	Yes	No
<b>46</b> 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		
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

**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 and deferred compensation	(e) Expense account and other allowances
-----				
-----				
-----				
-----				
-----				

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
-----		
-----		
-----		
-----		
-----		

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

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.

Sign Here

▶ Sharon Moore Signature of officer ▶ Aug 13, 2010 Date  
 ▶ \_\_\_\_\_ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Daniel E Gilder Date 8/9/10  
 Check if self-employed ▶  Preparer's Identifying Number (See instructions) N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DANIEL E GILDER & ASSOC.  
PO BOX 51837 EIN ▶ N/A  
LAFAYETTE, LA 70505-1837 Phone no ▶ 337 289 5986

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

BAA



**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	
	SPORTING CLAY (event type)	GOLF TOURNAMEN (event type)	(total number)	(Add col (a) through col (c))	
1	Gross receipts	176,855.	76,210.	253,065.	
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	176,855.	76,210.	253,065.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	70,764.	79,210.	149,974.
	10	Direct expense summary Add lines 4- through 9 in column (d)			149,974.
11	Net income summary Combine lines 3, column (d) and line 10			103,091.	

**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	<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)			
8	Net gaming income summary Combine lines 1, column (d) and line 7			

	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? b If 'No,' explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain _____	10a	
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	

**13** Indicate the percentage of gaming activity operated in:

<b>13a</b>		%
<b>13b</b>		%

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 contact 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 ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

Director/officer

Employee

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Statement 1**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

SPONSORSHIP

Total \$ 1,050.  
\$ 1,050.

**Statement 2**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	DONATION		
Donee's Name:	ADOPT A FAMILY/CHRISTMAS		
Cash Amount Given:		\$	2,224.
Class of Activity:	SCHOLARSHIP		
Donee's Name:	UNIVERSITY OF LOUISIANA LAFAYETTE		
Cash Amount Given:		\$	35,000.
Class of Activity:	SCHOLARSHIP		
Donee's Name:	LOUISIANA STATE UNIVERSITY		
Cash Amount Given:		\$	32,500.
Class of Activity:	SCHOLARSHIP		
Donee's Name:	NICHOLLS STATE UNIVERSITY		
Cash Amount Given:		\$	9,550.
Class of Activity:	DONATION		
Donee's Name:	CHILDRENS' MUSEUM		
Cash Amount Given:		\$	1,428.
Class of Activity:	DONATION		
Donee's Name:	UNIVERSITY OF LOUISIANA LAFAYETTE		
Cash Amount Given:		\$	10,273.
Class of Activity:	DONATION		
Donee's Name:	UNIVERSITY OF LOUISIANA LAFAYETTE		
Cash Amount Given:		\$	1,445.

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion	\$	200.
CREDIT CARD, BANK FEES		4,869.
MISCELLANEOUS		714.
Office Expenses		569.
SPEAKERS		2,566.
TECHNICAL MEETING		7,436.
Total	\$	<u>16,354.</u>

**Statement 4**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

TO PROVIDE THE FORUM FOR THE DISSEMINATION OF PRACTICAL DRILLING TECHNOLOGY TO THOSE EMPLOYED OR INTERESTED IN THE DRILLING INDUSTRY AND TO POSSIBLY PROVIDE SCHOLARSHIPS FOR FURTHERANCE OF THE INDUSTRY IN EDUCATION.