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Form **990-EZ**

Department 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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 11/1/2009 , and ending 10/31/2010

B 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
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 **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 ▶ $ 263,042

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	246,894
	3	Membership dues and assessments		3	
	4	Investment income		4	16,148
	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 ▶ ☐			
	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	263,042
Expenses	10	Grants and similar amounts paid (attach schedule)		10	23,000
	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	176,281
	14	Occupancy, rent, utilities, and maintenance		14	34,576
	15	Printing, publications, postage, and shipping		15	24,970
	16	Other expenses (describe ▶ See Attached Statement)		16	141,511
	17	**Total expenses.** Add lines 10 through 16 ▶		17	400,338
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-137,296
	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	316,725
	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	179,429

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	316,725	22	179,429
23	Land and buildings		23	
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	316,725	25	179,429
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	316,725	27	179,429

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

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, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	SUPPORT ADVANCEMENTS IN CLEAN WATER THROUGH RESEARCH AND PUBLIC FORUMS		
	(Grants $ 23,000) If this amount includes foreign grants, check here ▶ ☐	28a	0
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	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
JANE H CAIN PO BOX 1290 NEW MARKET VA 22844	Title MGR Hr/WK 40 00	150,873	0	0
LIST ATTACHED	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 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			
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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	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			
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 outstanding at the end 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 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	40b		
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	40e		X
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The organization's books are in care of ▶ CAIN ASSOCIATES INC Telephone no. ▶ (540) 740-3329			
	Located at ▶ PO BOX 369 City NEW MARKET ST VA ZIP + 4 ▶ 22844			
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 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
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 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 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

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

Jane H Cain — 1-24-2011

Signature of officer — Date

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 Kyder	1/5/2011		
Firm's name (or yours if self-employed), address, and ZIP + 4: C KEVIN YODER CPA, 2267 RAWLEY PIKE, HARRISONBURG, VA 22801		EIN ▶	Phone no ▶ (540) 434-9651

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

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	SCHOLARSHIPS	JOSH LEE BARRON		UNIVERSITY OF GEORGIA	ATHENS	GA	30602-6114	
2		LINDSEY RENE BRANNON		SHEPHERD UNIVERSITY	SHEPHERDSTOWN	WV	25443-5000	
3		ALEXANDER E BRAWLEY		FLORIDA GULF COAST UNIV.	FT MYERS	FL	33965	
4		LACEY M BROWN		CAMPBELL UNIVERSITY	BUIES CREEK	NC	27506	
5		MARYSCOTT CALICUTT		UNIVERSITY OF TENNESSEE	KNOXVILLE	TN	37996	
6		MEAGAN W CANNADY		UNIV OF NORTH CAROLINA	CHAPEL HILL	NC	27599-1400	
7		RACHAEL L DICKEY		WESTERN CAROLINA UNIV	CULLOWHEE	NC	28723	
8		KELSEY L GRAHAM		GEORGIA SOUTHERN UNIV	STATESBORO	GA	30460	
9		RHETT D GREENE		GEORGIA SOUTHERN UNIV	STATESBORO	GA	30460	
10		AMANDA R HAMBY		WESTERN CAROLINA UNIV	CULLOWHEE	NC	28723	
11		KRISTIN R HARPER		UNIVERSITY OF GEORGIA	ATHENS	GA	30602-6114	
12		JANSEN L HUTSON		PITT COMMUNITY COLLEGE	GREENVILLE	NC	27835	
13		ADRIANNE L KNIGHT		WEST VIRGINIA UNIVERSITY	MORGANTOWN	WV	26506-6004	
14		BENJAMIN D MCKINNON		GARDNER WEBB UNIVERSITY	BOILING SPRINGS	NC	28017	
15		SAMMANTHA A MILLS		UNIV OF TENN-CHATTANOOG	CHATTANOOGA	TN	37403	
16		JESSICA L PRESLEY		WESTERN GOVERNORS UNIV	SALT LAKE CITY	UT	84107	
17		ELIZABETH V PURVIS		ELON UNIVERSITY	ELON	NC	27244	
18		ASHLEY D ROLLINS		FLORIDA STATE UNIVERSITY	TALLAHASSEE	FL	32306-2495	
19		RYAN T SAGUL		ROSE-HILMAN INST OF TECH	TERRA HAUTE	IN	47803	
20		ALEXANDRA R SMITH		UNIV OF SOUTH FLORIDA	TAMPA	FL	33620	
21		EMILY E TAYLOR		MIDDLE GEORGIA COLLEGE	COCHRAN	GA	31014	
22		BRYAN M THOMPSON		ABRAHAM BALDWIN AG COLL	TIFTON	GA	31793	
23		LINDSEY L WALLER		UNIVERSITY OF GEORGIA	ATHENS	GA	30602-6114	

23,000				0		0		
Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
1,000								
1,000								
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Part I, Line 16 (990-EZ) - Other Expenses

			141,511
1	Travel	1	19,023
2	Meals and entertainment	2	61,856
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	24,985
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	8,413
9	Interest	9	
10	Supplies	10	
11	Telephone	11	1,481
12	Unrelated business income taxes	12	0
13	ADVERTISING	13	19,105
14	AWARDS & PRIZES	14	482
15	MEMBERSHIPS	15	846
16	BANK FEES	16	5,320
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	

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
[illegible]

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
[illegible]

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
[illegible]

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
[illegible]

Griffin Crosby Jr., FL
Crosby Well Drilling Inc
P O Box 1648
Lake Wales, FL 33859
PH. 863-676-2313
FX: 863-678-9643
[illegible]

Charles Falwell, VA
Falwell Corporation
3900 Campbell Avenue
Lynchburg, VA 24501
PH 434-846-2737
FX 434-846-2740
[illegible]

Robert B. Frank, MD
Frank s Well Drilling, Inc
8260 Crain Highway
La Plata MD 20646
PH 301-934-4240
FX. 301-932-1375
[illegible]

Paul Hofe, WV
Hofe Well Drilling Corp
3271 Butlers Chapel Rd.
Martinsburg, WV 25401
PH 304-754-3961
FX 304- 754-8191
CL 304-676-0900
hofewell[illegible]@aol.com

David Hutson, NC
Acme Well Co.
7990 N C Hwy 751
Durham, NC 27713-6852
PH 919-544-1940
FX 919-544-9417
CL 919-215-9010
[illegible]

Daniel (Danny) Kelly, KY
Kelly Well Drilling
334 U.S Hwy 51 S
Clinton, KY 42031
PH: 270-653-6708
FX. 270-653-4281
[illegible]

David Kelly, MD
Jones Well Drilling, Inc.
3700 Rush Road
Jarrettsville, MD 21084
PH 443-807-7046
FX. 410-836- 9560
[illegible]

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
[illegible]

Billy Peeples, GA
Southeastern Drilling
169 Tommy Hooks Rd
Americus, GA 31709
PH 229-591-0188
HM 229-924-5026
FX Same
[illegible]

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
[illegible]

Worth Pickard, NC *(Emeritus)*
Carolina Well & Pump
4878 Carbonton Rd
Sanford NC 27330
PH 919-776-3196
CL. 919-708-8542
[illegible]

Mark Reeder, Manufacturer
Franklin Electric
400 E Spring St
Bluffton, IN 46714
PH 260-827-5563
FX 260-827-5102
[illegible]

Robert W. Royall, VA
Royall Pump & Well Company
2958 Anderson Hwy
Powhatan VA 23139
PH 804-598-1268
FX 804-598-1291
CL 804-387-8392
[illegible]

Chris Wilson
Wilson Drilling Services
4451 N Roan St, Suite 101
Gray TN 37615
PH 423-477-9355
FX 423-477-2679
[illegible]

Jane H. Cain Manager
Cain Associates
P O Box 1290
New Market VA 22844
PH 540-740-3329
FX. 540-740-4556
[illegible]