### COMMITTEE ON NATURAL RESOURCES

### **Disclosure Form**

# As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

[Subcommittee on Energy and Natural Resources Legislative Hearing on Discussion Draft to Reorganize the Interior Department's Offshore Energy Agencies, September 15, 2011

For In	dividuals:								
1. Naı	me:								
2. Ad	2. Address:								
3. Em	3. Email Address:								
4. Pho	4. Phone Number:								
	* * * *								
For W	itnesses Representing Organizations:								
1.	Name: ALBERT MODIANO								
2.	Name of Organization(s) You are Representing at the Hearing:								
	US Oil & Gas Association								
3.	Business Address:								
	1101 K Street, NW Suite 425 Washington. D.C. 20005								
4.	Business Email Address:								
	[Information redacted for privacy]								

5. Business Phone Number: [Information redacted for privacy]

Name/Organization Albert Modiano, US Oil & Gas Association Title/Date of Hearing Subcommittee on Energy and Natural Resources Legislative Hearing on Discussion Draft to Reorganize the Interior Department's Offshore Energy Agencies, September 15, 2011
a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. $n/a$
b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. n/a
c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.  U.S. Department of the Interior, Deputy Director
d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> ( <u>and /or other agencies invited</u> ) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.  n/a
e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.
f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization
In addition, for witnesses representing organizations:
g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying. $n/a$
h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> ( <u>and /or other agencies invited</u> ) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).
i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).
j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.
k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A Fo	r the 201	0 calendar year, or tax year beginning 🔪 , 2010, and ending		, 20
R at	to te do discontinu	C Name of organization	D Employer identificat	
	ck if applicable:	US OIL & GAS ASSOCIATION	52-2115828	
X	Address change	Doing Business As	E Telephone number	
10,1	Name change	Number and street (or P.O. box if mail is not delivered to street address)  1101 K STREET, NW  405		00
	Initial return		(202) 638-44	00
	Terminated	City or town, state or country, and ZIP + 4		1 460 441
	Amended return	WASHINGTON, DC 20005	G Gross receipts \$ H(a) Is this a group return	1,469,441.
	Application pending	F Name and address of principal officer: ALBERT L. MODIANO	affiliates?	
		1101 K STREET, NW, SUITE 425 WASHINGTON, DC 20005	The second secon	
	ax-exempt st			
J V	/ebsite: 🕨		H(c) Group exemption num	
	orm of organ	nization: X Corporation Trust Association Other ► L Year of	formation: 1998 M State of	legal domicile: DC
Par		mmary		
- 1	1 Briefl	y describe the organization's mission or most significant activities:	TANDUGEDA	
ø	TO	EDUCATE THE PUBLIC AND ADVOCATE FOR THE OIL AND GAS	INDUSTRY.	
anc				
Activities & Governance				
30	2 Chec	k this box 🕨 🔛 if the organization discontinued its operations or disposed of more that	in 25% of its net assets.	15
ø		per of voting members of the governing body (Part VI, line 1a)		45
ies		ber of independent voting members of the governing body (Part VI, line 1b)		2
ivit	5 Total	number of individuals employed in calendar year 2010 (Part V, line 2a)		0
Act	6 Total	number of volunteers (estimate if necessary)		0
	7a Total	gross unrelated business revenue from Part VIII, column (C), line 12		0
	<b>b</b> Net u	inrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
ø	8 Contr	ributions and grants (Part VIII, line 1h)	0.	
nue	9 Progr	ram service revenue (Part VIII, line 2g)	1,092,910.	1,332,710
Revenue	10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)	4,961.	8,327
		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,568.	128,404
	12 Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,229,439.	1,469,441
	13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0
	14 Bene	Benefits paid to or for members (Part IX, column (A), line 4)		0
s)	15 Salar	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	509,832.	505,931
Expenses	16a Profe	essional fundraising fees (Part IX, column (A), line 11e)	0.	0
xpe	b Total	fundraising expenses (Part IX, column (D), line 25) ▶		
ш	17 Othe	r expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	366,654.	547,778
	18 Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	876,486.	1,053,709
	19 Reve	nue less expenses. Subtract line 18 from line 12	352,953.	415,732
or			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total	assets (Part X, line 16)	1,115,577.	1,531,309
AS d Ba		liabilities (Part X, line 26)	0.	1 521 200
T. Pet	22 Net a	assets or fund balances. Subtract line 21 from line 20	1,115,577.	1,531,309
Pai	t II S	ignature Block		
Und	er penalties	of perjury, I declare that I have examined this return, including accompanying schedules and statement oplete. Declaration of preparer (other than officer) is based on all information of which preparer has any	s, and to the best of my knowled knowledge.	ige and belief, it is true,
COLL	ect, and con	Typiete. Declaration of preparer (other than officer) is based on an information of these preparer		
Si	gn			
He	ere	Signature of officer	Date	
		Type or print name and title		T. Carrot
		t/Type preparer's name Preparer's signature Date	Check if self-	PTIN
Paid	1001	EL SUSCO	2011 employed ▶	
Prep	Cirm	s name BOND BEEBE, A PROFESSIONAL CORP.	Firm's EIN ▶	
	Firm	's address > 1800 DIAGONAL ROAD SUITE 495 ALEXANDRIA, VA 22314	D 0. MCDE 1 2000	-684-0600
May	the IRS di	scuss this return with the preparer shown above? (see instructions)		X Yes No
		Reduction Act Notice, see the separate instructions.		Form 990 (2010

# 2010 990 Returns Found in Account 4818:

Report Date: 7/14/2011 9:03:15 AM

				Federal						derai	l
Locator	Taxpayer Name	Client Code	Alerts Jurisdiction	Service Center	Filing Type	Filing Status	Date Sent	Date Ack.	DCN Deb	nly	E
	US OIL & GAS ASSOCIATION (PARENT)		<u>FED</u>		EXT	Accepted	5/5/2011 7:24:00 AM	5/5/2011 8:00:00 AM			

# 1 record returned.

Next 500

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: TO EDUCATE THE PUBLIC AND ADVOCATE FOR THE OIL AND GAS INDUSTRY.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	Scivices:	X No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code:)(Expenses \$including grants of \$)(Revenue \$) MAINTAINED COMMUNICATION WITH MEMBERS AND STAFF OF CONGRESS AND WITH THE EXECUTIVE BRANCH REGARDING ISSUES INVOLVED WITH THE OIL AND GAS INDUSTRY.	)
4 t	O(Code:)(Expenses \$including grants of \$)(Revenue \$	)
	FOR ENVIRONMENTAL REPORTING PURPOSES.	
40	: (Code:) (Expenses \$including grants of \$) (Revenue \$	)
1	d Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		v
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	10		X
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		A
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	34550,48550	36000000000	N. 1955 (1953)
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a		X
	Schedule D, Part VI	110		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1		<b> </b>
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		**********	1
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
140	complete Schedule D, Parts XI, XII, and XIII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · ·	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			,,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			Х
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del> </del>	+-A-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		X
	If "Yes," complete Schedule G, Part III	20a	<del> </del>	X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<u> </u>		
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form	20b		

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds? , . ,	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
20 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
L.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	·	25b		İ
0.0	If "Yes," complete Schedule L, Part I			
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
0.7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
		27		Х
	If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		×
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		<u> </u>
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		X
	Schedule L, Part IV	200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		x
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			X
	Part 1	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		X
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			v
	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		^
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2		1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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Form 9	990 (2010)			
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check it Schedule o contains a response to any queditor in the validation		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter Or if not applicable.			
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
þ	Enter the huntiper of Folias VV-20 monace in mic 76. Enter 6 in his opposition, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 c	X	*1971.59
_	reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
þ	If at least one is reported on line 2a, did the organization line an required to e-file (see instructions)			
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3 a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	over, a financial account in a foreign country (such as a bank account, sessitive assessment)	4a		Х
	account)?			
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
5 a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
6a	organization solicit any contributions that were not tax deductible?	6a	X	
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
þ	gifts were not tax deductible?	6b	X	
_	Organizations that may receive deductible contributions under section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7 a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
a	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
a	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
T	If the organization, during the year, pay promising, during the organization file Form 8899 as required?	7 g		
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
n	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Distillation of the any toyohio distributions under section 4966?	9 a		
h	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	_		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	2 2000000000000000000000000000000000000	
h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		380000
	Note. See the instructions for additional information the organization must report on Schedule O.			0.00
h	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand	1	0.65(0)	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	1 A

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

9:20:10 AM

JSA 0E1040 1.000 OD8145 4818 8/9/2011

Form **990** (2010)

14b

52-2115828 Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ...... Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year . . . . . 44 b Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . . . X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Х 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members Х 7 a Х Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, Х affiliates, and branches to ensure their operations are consistent with those of the organization?..... 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Χ 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . b Are officers, directors or trustees, and key employees required to disclose annually interests that could give Χ 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c Χ 13 Does the organization have a written whistleblower policy?..... 13 14 Does the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_\_\_\_\_\_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ALBERT MODIANO 1101 K STREET, NW, STE 425 WASHINGTON, DC 20005

JSA 0E1042 1,000

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202-638-4400

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### Part VII C

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0				(D)	( <b>E</b> ) Reportable	(F) Estimated
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee	nstitutional trustee	chec Officer	a Key employee	ল Highest compensated ক employee	<u>)</u> Former	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1)ALBERT L MODIANO PRESIDENT/SECRETARY-TREASURER	40.00	Х		Х				390,696.	0	30,792
(2) <sup>B</sup> M RANKIN, JR CHAIRMAN(TO MAY 2010)	.15	Х		Х				0.	. 0	0
(3)EUGENE L AMES, JR DIRECTOR	.15	Х						0	. 0	. 0
(4)RICH BEDELL VICE PRESIDENT	.15	Х		х				0	0.	0
(5)MICHAEL H BERNARD DIRECTOR	.15	Х						0	. 0	0
(6) JIM BROWN DIRECTOR	.15	Х						0	. 0	. 0
(7)PETER_COLEMAN DIRECTOR	.15	Х						0	. 0	C
(8) RALPH F COX DIRECTOR	.15	Х			<u> </u>			0	. 0	C
(9) JAMES B FURRH, JR DIRECTOR	.15	Х						0	. 0	C
(10)DAN ALLEN HUGHES, JR DIRECTOR	.15	Х						0	. 0	(
(11)DUDLEY J HUGHES DIRECTOR	.15	X			_			0	. 0	C
(12)WILLIAM R JAMES CHAIRMAN (BEGINNING MAY 2010)	.15	X		X	_			0	0	(
(13)CHRISTOPHER C JOHN DIRECTOR	.15	X				-	_	0	0	(
(14) <sup>A</sup> V JONES, JR DIRECTOR	.15	X			_			0	. 0	(
(15)JON REX JONES DIRECTOR	.15	X		-	_			0	0	(
(16)J F JUSTISS, JR DIRECTOR	.15	X						0	. 0	Form <b>990</b> (2010

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y Em	plo	ye	es,	and F	ligi	nest Compensat	ed Employee	s (co	ontinued)
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average hours per week	J	institutional			that app	) Former	Reportable compensation from	Reportable compensatio from related		Estimated amount of other
	(describe	Individual trustee or director	tutior	ër	Кеу етрюуее	Highest compensatemployee	ler	the	organization	s	compensation from the
	hours for related	trust	a		oyee	ompe		organization (W-2/1099-MISC)	(W-2/1099-MIS	30)	organization
	organizations in Schedule O)	ee				nsated		•			and related organizations
(17) DANNY KELLUM						O.					
DIRECTOR	.15	Х						0.		0	0
(18) DAVID W KILLAM										٥,	0
DIRECTOR	.15	X		_	-			0.			<u> </u>
DIRECTOR	.15	x						0.		0.	0
(20) ROBERT L LOONEY	1	ļ			$\vdash$						
DIRECTOR	.15	Х			ļ			0.		0.	0
(21)WALTER G MAYFIELD	1.							0.		0.	0
DIRECTOR	.15	X			-	<del> </del>	<u> </u>	0.		0.	
C22) CURTIS W MEWBOURNE DIRECTOR	.15	X						0.		0.	0
(23) C B MONCRIEF	,			$\vdash$	T		1				_
DIRECTOR	.15	X			_	ļ		0.	,	0.	0
(24) WILLIAM D MOUNGER	_	X						0.		0.	0
DIRECTOR (25) JOSEPH I O'NEILL, III	.15	^	-	-	╁	1	+				_
DIRECTOR	.15	Х						0.	•	0.	0
(26) MARK G PAPA			<u> </u>								0
DIRECTOR	.15	Х	-	ļ	<u> </u>	ļ	-	0.	•	0.	0
VICE PRESIDENT	.15	Х		Х				0	•	0.	0
(28) RAND E PHIPPS										_	0
VICE PRESIDENT	.15	X	<u></u>	X	<u></u>		<u></u>	390,696	•	0.	30,792.
1b Sub-total	Danking A 7	 N TO TO TO		 VEN	 ፓጥ	 i		330,030		0	0.
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							-	390,696		0	, 30,792.
2 Total number of individuals (including but no	t limited to t	those	liste	ed a	bov	ve) wh	no re	eceived more than	\$100,000 in		
reportable compensation from the organizati	on ▶	<del></del>	1								Yes No
3 Did the organization list any former off	icer direct	or o	^ tr	uste	эe.	kev	emi	ployee, or highes	st compensate	ed	
employee on line 1a? If "Yes," complete Sche	dule J for su	ich ind	divic	lual						•	3 X
4 For any individual listed on line 1a, is the the organization and related organizations	ne sum of	repo	rtab	ele n n	con	npens	atio Yes	n and other com	npensation fro dule J for su	m <i>ch</i>	
individual	<i>.</i>							· · · · · · · · · · ·		•	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	ompei	nsat	ilon	fro	m an	y ur	nrelated organizat	ion or individu	ıal	5 X
Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization.	compensa	ated i	nde	per	nder	nt cor	ntra	ctors that receive	ed more than	\$10	00,000 of
(A) Name and business ac	idress							(B) Description of se	ervices	(	<b>(C)</b> Compensation
							-				
	,						+				
2 Total number of independent contractors	(includina b	out no	ot li	m ite	ed	to the	L se	listed above) who	o received		
more than \$100,000 in compensation from	the organiza	ation	<b>&gt;</b>			0					

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Par	VIII	Statement of Revenue	No. 10 and 10 an		······		
				(A) Total revenue	(B) Related or exempt function revenue	revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, grants amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events					
Contributions, gifts, grants and other similar amounts	d e f	Related organizations					
Sontrand o	9	Noncash contributions included in lines 1a-1f: \$		0.			
	<u>h</u>	Total. Add lines 1a-1f		0.			
ğ			Business Code	2 002 060	1 003 060		
Reve	2 a	MEMBERSHIP DUES AGGREGATION WORK GROUP	900099	1,093,960. 238,750.	1,093,960.		
Program Service Revenue	b c	AGGREGATION WORK GROOT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Sen	d						
E	e						
ogra	f	All other program service revenue					
-	g	Total. Add lines 2a-2f	<u></u> ,▶	1,332,710.			
	3	Investment income (including dividends, interest		0 227			8,327.
		other similar amounts)		8,327.			0,3271
	4	Income from investment of tax-exempt bond p	roceeds	0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(ii) Personal				
		110 241	(,,,				
	6 a	GIOSS REIRS					
	b	Less: rental expenses					
	c d	Rental income or (loss)		110,241.			110,241.
		(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory					
	ь	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>	0.			
ne	8a						
/en		events (not including \$					
Ş		of contributions reported on line 1c).					
-	l .	See Part IV, line 18 a					
Other Revenue	b C			0.			
O		Gross income from gaming activities.					
		See Part IV, line 19 a					
	b			0.			
	C	, , , <del>,</del> , , ,	<u> </u>	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b		1				
	C			0.			
		Miscellaneous Revenue	Business Code				
	11a	STAFF SERVICES REIMBURSEMENTS	900099	18,163.	18,163.		
	b						-
	С						
	d						
	е						118,568
	12	Total revenue. See instructions	<u> </u>	1,469,441.	1,350,873		1 110,000

US1500

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.		200	
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0 -			
4					
5	Compensation of current officers, directors, trustees, and key employees	421,488.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	62,250.			
8	Pension plan contributions (include section 401(k)				
~	and section 403(b) employer contributions)	559.			
9	Other employee benefits	4,237.			
10	Payroll taxes	17,397.			
	Fees for services (non-employees):				
11		0.			
	Management	1,696.			
	Legal	13,025.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	18,757.			
g	Other	0.			
12	- '	64,033.			
13	Office expenses	8,446.			
14	Information technology	0,440.			
15	Royalties	208,640.			
16	Occupancy	28,417.			
17	Travel	20,411.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	1,625.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance , ,	10,676.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If			1 1	
	line 24f amount exceeds 10% of line 25, column	***	. *		
	(A) amount, list line 24f expenses on Schedule O.)				
	OTHER TAXES	289.			
b	AGGREGATION WORK GROUP PROJE	192,114.			
c	MISCELLANEOUS	60.			
d					
е					
1	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,053,709.			
	Joint Costs. Check here ▶ if following				
	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column (B) joint costs from a combined educational				

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**Balance Sheet** Part X End of year Beginning of year 1 1,531,309. 1,115,577. 2 2 3 3 Pledges and grants receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of 6 section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 8 9 Prepaid expenses and deferred charges . . . . . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 11 11 12 Investments - other securities. See Part IV, line 11....... 12 13 13 14 14 15 15 1,531,309. 1,115,577. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 16 0. 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . 23 24 Unsecured notes and loans payable to unrelated third parties. . . . . . . 25 25 0. 0. 26 26 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34. Balances 27 27 28 29 Fund 29 Organizations that do not follow SFAS 117, check here ▶ | X | and complete lines 30 through 34. ŏ 30 Assets 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . 31 1,531,309. 1,115,577. 32 Retained earnings, endowment, accumulated income, or other funds . . . . 32 Net 1,531,309. 1,115,577. 33 33 1,531,309. 1,115,577. Total liabilities and net assets/fund balances......

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Page **12** Form 990 (2010)

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			69,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	ļ		53,7	
3	Revenue less expenses. Subtract line 2 from line 1	3				32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	15,5	77.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	1				
Ů	column (B))	6		1,5	31,3	309.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	·····				··········
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	7.7	X
þ				2b	Х	
С		it of		_		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2 c		X
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.					1.0
þ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer	3			•	
	issued on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3 a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	э i		3 b		

### SCHEDULE C

(Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B, Do not complete Part II-A.

	e organization answered "Yes," Section 501(c)(4), (5), or (6) orga	to Form 990, Part IV, line 5 (Proxy Tai nizations: Complete Part III.	x) or rorm 990-62, Par	t v, mie soa (rioxy rax), ui	5()		
	e of organization	aszatorio. Octopicto i art ini		Employer identifi	cation number		
	OIL & GAS ASSOCIATI	ON		52-211			
	rt I-A Complete if the or	ganization is exempt under s	ection 501(c) or is	a section 527 organi	zation.		
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities on behalf of or in	opposition to		
	candidates for public office in	Part IV					
2	Political expenditures			▶ \$			
3	Volunteer hours						
200	Complete if the O	ganization is exempt under se	ection 501(c)(3).				
1-au 1	TI-B Complete if the or	ise tax incurred by the organization	under section 4955	<b>▶</b> \$			
2	Enter the amount of any exc	ise tax incurred by organization ma	anagers under section	on 4955 ▶ \$			
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this vear?		Yes No		
Ј 4а	Was a correction made?	,			Yes No		
	If "Yes " describe in Part IV						
Pai	rt I-C Complete if the o	rganization is exempt under s	ection 501(c), ex	cept section 501(c)(3)	,		
1	Enter the amount directly ex	pended by the filing organization f	or section 527 exe	mpt function  ▶    •			
	activities						
2							
	527 exempt function activities						
3	Total exempt function expe	nditures. Add lines 1 and 2. Ente	r nere and on Form	1 1120-POL, ▶ \$			
	line 17b				Yes No		
4	Did the filing organization file	Form 1120-POL for this year? and employer identification number	ar (EIN) of all sect	ion 527 political organ	izations to which filing		
5	Enter the names, addresses	and employer identification flum s. For each organization listed, ent	or the amount naid	from the filing organiza	tion's funds. Also enter		
	the amount of political confi	ributions received that were promo-	otly and directly deli	vered to a separate poli	tical organization, such		
	as a separate segregated fun	d or a political action committee (F	AC). If additional sp	ace is needed, provide ir	nformation in Part IV.		
		(b) Address	(c) EiN	(d) Amount paid from	(e) Amount of political		
	(a) Name	(b) Address	(0) =111	filing organization's	contributions received and		
				funds. If none, enter -0	promptly and directly delivered to a separate		
					political organization. If		
					none, <b>e</b> nter -0		
(1)							
(2)							
(3)							
(3)							
(4)							
(5)			1				
(6)					<u> </u>		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

JSA 0E1264 0.040

Sch	nedule C (Form 990 or 990-EZ) 2010			52-21	15828	Page <b>2</b>
_	art II-A Complete if the organ section 501(h)).	ization is exen	npt under section	501(c)(3) and	filed Form 5768 (elec	tion under
Ā	Check ▶ if the filing organize	ation belongs to	an affiliated group		,	
В	Check ▶ if the filing organiz			control" provisio	ons apply.	
	Limits on (The term "expenditure	Lobbying Expen	ditures		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
_	Total lobbying expenditures to influ					
		ence public opin	on (grass roots lobbying	), (a)		
b		ence a legislativ	e body (direct lobbyli	'9 <i>)</i>		
C						
d	<ul> <li>Other exempt purpose expenditure</li> </ul>	s				
e	Lobbying nontaxable amount. Ente	s (auu iiiles ic ai er the emount fro	m the following table	in both		
t		i tile amount no	III tile lollowing table			
	columns.  If the amount on line 1e, column (a) or	(h) is: The Johhvii	ng nontavable amount i	s: 1		
	Not over \$500,000	20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000,00		lus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,		lus 10% of the excess			
	Over \$1,500,000 but not over \$17,000,		lus 5% of the excess of			
	Over \$17,000,000	\$1,000,000				
ç H		o or less, enter -(	)	<u></u> [		
:	Subtract line 1f from line 1c. If zer	on less, enter -0	_			
;	If there is an amount other than ze	ero on either line	1h or line 1i, did the	organization file	Form 4720 reporting	
,	section 4911 tax for this year?			<u> </u>	, , , , , , , , , , , , , , , , , , ,	Yes No
	(Some organization column	is that made a s is below. See th	e instructions for lin	n do not have t es 2a through 2	o complete all of the fi f on page 4.)	ve
		Lobbying Expe	enditures During 4-Y	ear Averaging Pe	erioa	
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
2	a Lobbying nontaxable amount					
	<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures				Schadula C	(Form 990 or 990-EZ) 2010

Sche	tule C (Form 990 or 990-EZ) 2010 52-2115828					F	age 3
Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Fori	n 576	8		
		(8	1)		(b)		
		Yes	No		Amou	ınt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c d	Media advertisements?  Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?			***************************************			*******
f ~	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?						
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities? If "Yes," describe in Part IV						
j	Total. Add lines 1c through 1i						
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				·		
b	If "Yes," enter the amount of any tax incurred under section 4912					<del></del>	<del></del>
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						<del></del>
	till-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	)	***************************************	
	501(c)(6).					Yes	No
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?				1 2 3		X X X
Pa 1	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."  Dues, assessments and similar amounts from members	(c)(5) , line	, or s 3 is a	ection inswe	red	093,	960
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).					120	. 105
а	Current year			2a 2b		129,	
b	Carryover from last year			2 c	***************************************	129,	105
с 3	Total	es .		3		218,	792
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of t	he				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	obbyi	ng				
_	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)			5		-89	687
5 Pa	rt IV Supplemental Information	<u></u>				<u> </u>	, 00,
Con	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, complete this part for any additional information.			d Part	II-B, lii	ne 1i.	
				<u></u>			whose which depth data.
···· ···· ···							
						**** **** ****	
_							
*****							

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Part IV Supplemental Information (continued)

Page 4

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	of the organization			Employer identification number
	OIL & GAS ASSOCIATION			52-2115828
Par		vised Funds or Othe 990, Part IV, line 6.	r Similar Funds o	r Accounts. Complete if the
		(a) Donor ad	vised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	advisors in writing that	the assets held in d	onor advised
5	funds are the organization's property, subject to t	he organization's excl	usive legal control? .	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in	writing that grant fun	ds can be
	used only for charitable purposes and not for the	benefit of the donor o	r donor advisor, or fo	r any other
	purpose conferring impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete i	f the organization a	nswered "Yes" to F	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check a		
	Preservation of land for public use (e.g., rec	reation or education)		of an historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	neld a qualified conse	rvation contribution i	n the form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
				193,550,555
а	Total number of conservation easements			2h
þ	Total acreage restricted by conservation easemen	its ,		2 c
С	Number of conservation easements on a certified	historic structure inci	uded in (a)	20
d	Number of conservation easements included in (			2 d
	historic structure listed in the National Register.		tinguished or termi	
3	Number of conservation easements modified, tra	nsterred, released, ex	(anguished, or termi	fated by the organization during the
_	tax year ▶Number of states where property subject to cons	orietion eacoment is l	ncated <b>&gt;</b>	
4	Does the organization have a written policy regar	ding the periodic mon	itorina inspection h	andling of
5	violations, and enforcement of the conservation e	easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforce	cing conservation ea	sements during the year
J	>	·····	•	
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing o	conservation easeme	ents during the year
	<b>\$</b>			
8	Does each conservation easement reported on li	ne 2(d) above satisfy	the requirements of s	section 170(h)(4)(B)
	(i) and 170(h)(4)(B)(ii)?			Yes ∟ No
9	In Part XIV, describe how the organization report	s conservation easem	ients in its revenue ai	nd expense statement, and
	balance sheet, and include, if applicable, the text	of the footnote to the	organization's finan	cial statements that describes the
	organization's accounting for conservation easem	ents.	Tronguese or Othe	or Similar Assets
Pa	Organizations Maintaining Collection Complete if the organization answere	i <b>s of Art, Historica</b> l d "Yes" to Form 990	Part IV. line 8.	er Sillinar Assets.
				royonus statement and halance sheet
1 a	If the organization elected, as permitted under 3 works of art, historical treasures, or other sim public service, provide, in Part XIV, the text of the	SFAS 116 (ASC 958) ilar assets held for p	, not to report in its oublic exhibition, ed	ucation, or research in furtherance of
	public service, provide, in Part XIV, the text of the	footnote to its financi	al statements that de	escribes these items.
b	If the organization elected as permitted under	SFAS 116 (ASC 95	8), to report in its	revenue statement and balance sneet
	works of art, historical treasures, or other sim public service, provide the following amounts relative to the service of the	liar assets held for pating to these items:	oublic exhibition, ed	acation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line	a 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of	art historical treasur	es, or other similar	assets for financial gain, provide the
2	following amounts required to be reported under	SFAS 116 (ASC 958)	relating to these iter	ms:
а	Revenues included in Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			<u> ▶ \$</u>
	Paperwork Reduction Act Notice, see the Instructions t	for Form 990.		Schedule D (Form 990) 2010

US1500

Schedule D (Form 990) 2010 52-2115828 Page **2** 

	t     Organizations Maintaining Collec	tions of Art	Histor	ical Treasu	res or	Other Similar A	ssets (c	ontinued)
Par	THE Organizations maintaining conec	tions of Art,	1113101	icai iicasa	100, 01	<u> </u>		311111111111111111111111111111111111111
3	Using the organization's acquisition, accessicollection items (check all that apply):	on, and othe	r record				re a sign	ificant use of its
а	Public exhibition		d	Loan or	exchan	ge programs		
b	Scholarly research		e	Other _		· · · · · · · · · · · · · · · · · · ·		
С	Preservation for future generations							
4	Provide a description of the organization's of	ollections an	d explai	in how they	further	the organization	s exempt	t purpose in Part
	XIV.							
5	During the year, did the organization solicit or	receive dona	itions of	art, historica	ıl treasu	res, or other simil	ar	
	assets to be sold to raise funds rather than to	be maintaine	d as par	t of the organ	nization'	s collection? • •		Yes No
Par	TIV Escrow and Custodial Arrangeme	ents. Compl	ete i <b>f</b> th	ie organizat	ion ans	wered "Yes" to	Form 99	0, Part IV,
	line 9, or reported an amount on I	Form 990,`P	art X, li	ne 21.				
1a	Is the organization an agent, trustee, custodia	ın or other int	ermedia	ry for contrib	outions o	or other assets no	ot _	
	included on Form 990, Part X?						[	Yes No
b	If "Yes," explain the arrangement in Part XIV a	and complete	the follo	owing table:				
~	,,,	,		_		F	mount	
С	Beginning balance				. 1c			
	Additions during the year				. 1d			
ė	Distributions during the year				. 1e			
f	Ending balance				. 1f			
29	Did the organization include an amount on Fo	orm 990. Part	X. line 2	21?				Yes No
	If "Yes," explain the arrangement in Part XIV.		,				-	
Par		organization	answe	red "Yes" to	Form	990, Part IV, line	∋ 10.	
r at	(a) Curre		) Prior yea	ar (c) Tw	o years ba	ack (d) Three ye	ars back	(e) Four years back
1 a							**************	
	Net investment earnings, gains,							
·	and losses					1941 PA 1. 3		
А	Grants or scholarships				,	***	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	Other expenditures for facilities .							
e	and programs							
£	Administrative expenses							
	End of year balance							
g	Provide the estimated percentage of the year	r and halance	hold as:					
2		%						
a	Board designated or quasi-endowment							
b	Permanent endowment ► %  Term endowment ► %							
C	Term endowment ▶%  Are there endowment funds not in the posse	esion of the	organiza	ition that are	held an	nd administered fo	r the	
Ja		1931011 01 1110 0	n ga mea	illorr illat allo				Yes No
	organization by:  (i) unrelated organizations							3a(i)
	(ii) related organizations			, ,				3a(ii)
h	If "Yes" to 3a(ii), are the related organizations	: listed as red	 uired on	Schedule R?				3 b
_	Describe in Part XIV the intended uses of the	organization'	e endov	vment funds				L 1
4		Soo Form C	On Da	rt X line 10				
Pal				l		(c) Accumulated		d) Book value
	Description of investment	(a) Cost or othe (investment)		(b) Cost or oth (other)		depreciation	'	a, book taleo
		, <u></u>					1	
1a							<del> </del>	
	Buildings						<del> </del>	
	Leasehold improvements						<b>†</b>	
d	- · · · · · · · · · · · · · · · · · · ·							
ее	Other		20.00	V 00/117777 /D	\ line 4	2/01.1		
Tota	al. Add lines 1a through 1e. (Column (d) must	equal Form 9	yu, Part	x, column (B	), iine 10	<i>Λ</i> ( <i>U</i> ), <i>j</i>	1	

Schedule D (Form 990) 2010

52-2115828 Page 3 Schedule D (Form 990) 2010

Schedule D (Form 990) 2010	E 000 Dt V lin	- 12	r ago o
Part VII Investments - Other Securities. See			( valuation)
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
<u>(A)</u>			
<u>(B)</u>			
(C)			
<u>(D)</u>			
(E)			
<u>(F)</u>			
(G)			
<u>(H)</u>			
<u>()</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII Investments - Program Related. See	e Form 990, Part X, Iin	ie 13.	
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-ye	ar market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX Other Assets. See Form 990, Part X	K, line 15.		
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			. ▶
Part X Other Liabilities. See Form 990, Pa	rt X. line 25.		
1. (a) Description of liability	(b) Amoun	t I	
(1) Federal income taxes			
(2)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)		——	
(9)			
(10)			
(11)	051 <b>b</b>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		the examinations for a sixtee	atomonte that reports the
2 FIN 48 (ASC 740) Footnote. In Part XIV, provide	tne text of the foothote to	o the organization's financial st	atements mat reports me

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

OD8145 4818 8/9/2011 Schedule D (Form 990) 2010 PAGE 20

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Schedule	3 D (1 OHR 330) 2010	2115828		Page 4
Part >	Reconciliation of Change in Net Assets from Form 990 to Audited F	inancial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1,469,441.
2	Total expenses (Form 990, Part IX, column (A), line 25)			1,053,709.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-		415,732.
	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8			
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9 10	)	415,732.
10 Part		Revenue per Retur	n	
	Total revenue, gains, and other support per audited financial statements		1	1,466,470.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	tect difficulties gains of investments		1	
b	Dollated Services and use of racinities			
C .	Recoveries of prior year grants, , , ,		1	
d	Other (Describe art art)		2 e	
	Add lines 2a through 2d		3	1,466,470.
3	Subtract line 2e from line 1	1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a  Other (Describe in Part XIV.)			
b	Other (Describe in Fartificial),		4c	2,971
C	Add lines 4a and 4b			1,469,441
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Evnences ner Ret		_,,
Part	Reconciliation of Expenses per Audited Financial Statements With	Expenses per not	1	1,050,738
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1		
а	Donated services and use of facilities		1	
b	Phot year augustinents		- 11 T	
С	Other losses Other (Departing in Part XIV)	0.051	1	
d	Other (Describe in Fart XIV.)		1 2-	-2,971
е	Add lines 2a through 2d			1,053,709
3	Subtract line 2e from line 1	1	-	1 2/000///
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIV.)		٦,	
C	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4 c	1,053,709
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · · · · · · · · · · · · · · · · · ·	5	1 1/050/105
Part	XIV Supplemental Information			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information.	and 4b. Also comple	te mis	part to provide
SEE	PAGE 5			
	~	, <u></u>		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

### Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

PART X, LINE 2

THE ASSOCIATION BELIEVES THAT IS HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN AND THEREFORE DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS

THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ASSOCIATION BELIEVES

IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL INCOME TAX

EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2007.

OTHER REVENUE ON RETURN, NOT ON FINANCIAL STATEMENT

PART XII, LINE 4B

\$2,971 REIMBURSEMENT FOR STAFF SERVICES AND BENEFITS ENTERED ON BOOKS IN EMPLOYEE BENEFIT EXPENSES.

OTHER EXPENSES ON FINANICAL STATEMENT, NOT ON RETURN

PART XIII, LINE 2D

\$(2,971) REIMBURSEMENT FOR STAFF SERVICES AND BENEFITS ENTERED ON BOOKS IN EMPLOYEE BENEFIT EXPENSES.

### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

US OIL & GAS ASSOCIATION

Department of the Treasury

Employer identification number 52-2115828

-cu	Questions Regarding Compensation		Γ	1
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
_	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
	the state of the s	************		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
-	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		J. N.	
	organization or a related organization:  Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
а	Receive a severance payment of change-of-control payment from the organization of a related organization:	4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 c	-	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40	<del>                                     </del>	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			1 1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			1,77%
	compensation contingent on the revenues of:	l _		
а	The organization?	5 a		
þ	Any related organization?	5 b	ļ	
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		1	
	compensation contingent on the net earnings of:	1		1
а	The organization?	6a	ļ	
þ	Any related organization?	6b		ļ
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	ļ	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Pagulations section 53 4958-8(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	10.00 June 10.00	C 101 20 20 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	ociteacanac				
	(b) Breakdown	(b) Breakdown of VV-Z and/of 1099-INISO Compensation	Compensation	(C) Retirement and	(D) Nontaxable	(E) lotal of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(n)-(n/a)	reported in prior Form 990 or Form 990-EZ
)	378,000.	0	12,696.	2,25	18,542.	421,488.	0
1 ALBERT L MODIANO	 	0	.0	0.	0	0.	
	(6)						
2	(ii)						
	(i)						
3	(ii)						
	(i)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
9	(ii)						
	(1)						
5	(1)						
	(1)						
9	(1)						
	0						
		I					
	(9)						
ω ω							
	(i)						
6	(ii)						
	0						
10	(II)						***************************************
	(i)						
11	(ii)						
	(0)						
12	(11)						
	(0)						
13							
	(i)						
14	(ii)						
	(1)						
15	(ii)						
	(i)						
16	(8)						
						Sch	Schedule J (Form 990) 2010

9:20:10 AM

# Schedule J (Form 990) 2010

# Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

HEALTH OR SOCIAL CLUB DUES

SCHEDULE J, PART I, BOX 1A

THE ASSOCIATION PAYS FOR DUES FOR ALBERT MODIANO, PRESIDENT OF THE

IT IS CONSIDERED AN ORGANIZATION, FOR SOCIAL AND HEALTH CLUB DUES.

EMPLOYEE BENEFIT AND IS NOT INCLUDED IN HIS TAXABLE COMPENSATION.

9:20:10 AM

# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

2010
Open to Public Inspection

52-2115828

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number

Name of the organization

US OIL & GAS ASSOCIATION

REVIEW PROCESS OF FORM 990

PART VI, SECTION B, LINE 11B

THE PRESIDENT REVIEWS THE FORM 990 PRIOR TO ITS FILING.

DETERMINATION OF PRESIDENT'S COMPENSATION

PART VI, SECTION B, LINE 15A

THE CHAIRMAN OF THE BOARD AND THE BUDGET AND FINANCE COMMITTEE MEET TO DETERMINE THE PRESIDENT'S COMPENSATION ON AN ANNUAL BASIS.

AVAILABILITY OF GOVERNING DOCUMENTS

PART VI, SECTION C, LINE 19

ALL DOCUMENTS ARE KEPT IN THE OFFICE AND ARE AVAILABLE FOR REVIEW BY REQUEST.

ELECTION OF MEMBERS OF GOVERNING BODY

PART VI, SECTION A, LINE 7A

THE MEMBERS OF THE BOARD OF DIRECTORS OF THE ASSOCIATION SHALL BE

DETERMINED AS FOLLOWS: AT THE ANNUAL MEETING OF EACH DIVISION, THE

EXECUTIVE COMMITTEE OF THAT DIVISION SHALL SELECT MEMBERS OF THAT

DIVISION TO BE MEMBERS OF THE BOARD OF THE ASSOCIATION WITH ONE BOARD

MEMBER BEING PERMITTED FOR EACH ONE HUNDRED (100) ACTIVE MEMBERS OF THAT

DIVISION. ANY VACANCY THAT OCCURS IN THE BOARD OF DIRECTORS MAY BE FILLED

BY THE EXECUTIVE COMMITTEE OF THE DIVISION REPRESENTED BY THE MEMBER OF

THE BOARD OF DIRECTORS WHOSE DEATH OR RESIGNATION CAUSED THE VACANCY.

Employer identification number 52-2115828

### MEMBERS

PART VI, SECTION A, LINE 6

ACTIVE MEMBERS: PERSONS OF GOOD STANDING, ACTIVELY ENGAGED IN THE OIL AND GAS INDUSTRY, INCLUDING OIL AND GAS PRODUCERS, GASOLINE MANUFACTURERS, REFINERS, CARRIERS, CONTRACTORS, MARKETERS OF OIL PRODUCTS, SUPPLY DEALERS, AND OTHERS INTERESTED IN THE OIL AND GAS INDUSTRY, MAY BECOME ACTIVE MEMBERS. ADDITIONALLY, ANY CORPORATION, PARTNERSHIP OR ASSOCIATION OF PERSONS ENGAGED IN ANY BRANCH OF SUCH BUSINESS MAY APPLY FOR MEMBERSHIP FOR ANY NUMBER OF ITS EMPLOYEES, OFFICERS OR ASSOCIATES, NOT TO EXCEED TWENTY VOTING MEMBERS, IN THE CASE OF ANY ONE CORPORATION, PARTNERSHIP OR ASSOCIATION. AFFILIATED MEMBERS: PERSONS INTERESTED IN THE ACTIVITIES OF THE ORGANIZATION AND IN THE OIL AND GAS INDUSTRY MAY BECOME AN AFFILIATED MEMBER OF THE ASSOCIATION OR ITS DIVISIONS UPON ACCEPTANCE OF SUCH PERSONS AS AFFILIATED MEMBERS BY THE CHAIRMAN OR PRESIDENT, IN THE INSTANCE OF THE ASSOCIATION, OR BY AN OFFICER OF THE APPROPRIATE DIVISION, IN THE INSTANCE OF DIVISIONS. AFFILIATED MEMBERS OF A DIVISION SHALL BE NON-VOTING MEMBERS AND SHALL NOT HOLD OFFICE NOR BE A MEMBER OF A BOARD OR EXECUTIVE COMMITTEE OF THE ORGANIZATION. AFFILIATED MEMBERS MAY SERVE AS FULL MEMBERS AND BE OFFICERS OF OTHER COMMITTEES. HONORARY MEMBERS: ANY PERSON OF GOOD CHARACTER AND STANDING WHO HAS RENDERED DISTINGUISHED SERVICE FURTHERING THE ORGANIZATION OR THE DEVELOPMENT OF THE OIL AND GAS INDUSTRY MAY BECOME AN HONORARY MEMBER THROUGH ELECTION BY THE BOARD OF DIRECTORS, OR ANY DIVISIONAL EXECUTIVE COMMITTEE. THE MEMBERSHIP OF THE ASSOCIATION SHALL CONSIST OF THE MEMBERS OF THE DIVISIONS (ACTIVE, AFFILIATED AND HONORARY) AND AFFILIATED AND HONORARY MEMBERS OF THE ASSOCIATION.

US1500

Employer identification number 52-2115828

### EXECUTIVE COMMITTEE

PART VI, SECTION A, GOVERNING BODY AND MANAGEMENT
THE EXECUTIVE COMMITTEE IS COMPOSED OF ONLY MEMBERS FROM THE BOARD OF
DIRECTORS, WHICH INCLUDES THE CHAIRMAN OF THE BOARD, THE PRESIDENT OF THE
ASSOCIATION, THE RANKING OFFICER OF EACH DIVISION AND OTHER SUCH BOARD
MEMBERS AS ELECTED BY THE BOARD OF DIRECTORS TO SERVE ON THE COMMITTEE.

DURING INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND IN THE
ABSENCE OF ACTION BY SAID BOARD, THE EXECUTIVE COMMITTEE SHALL PERFORM
THE DUTIES AND FUNCTIONS OF THE BOARD IN PROMOTING THE WELFARE OF THE
ASSOCIATION AND IN CONDUCTING ITS AFFAIRS, EXCEPT THAT SAID COMMITTEE
SHALL NOT BE EMPOWERED TO: (1) ELECT OFFICERS OF THE ASSOCIATION; (2)
FILL VACANCIES ON THE BOARD OF DIRECTORS; OR (3) AMEND THE ASSOCIATION
BYLAWS.

CONFLICT OF INTEREST MONITOR AND COMPLIANCE PROCEDURES

PART VI, SECTION B, LINE 12C

PROCEDURES

(1) DUTY TO DISCLOSE

\_\_\_\_\_\_\_

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON (DEFINED AS ANY USOGA DIRECTOR, OFFICER OR MEMBER OF A COMMITTEE WITH BOARD OF DIRECTORS DELEGATED POWERS) MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS OF THE BOARD AND/OR MEMBERS

US1500

Employer identification number 52-2115828

OF THE COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED ARRANGEMENT OR TRANSACTION.

(2) DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

- (3) PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST
- (A) AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.
- (B) THE CHAIRPERSON OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE,

  APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES

  TO THE PROPOSED TRANSACTION OR ARRANGEMENT.
- (C) AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL

  DETERMINE WHETHER USOGA CAN OBTAIN WITH REASONABLE EFFORTS A MORE

  ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT

  WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.
- (D) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLE

POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN USOGA'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, USOGA SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

(4) VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY

- (A) IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.
- (B) IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

### ANNUAL STATEMENTS

EACH DIRECTOR, PRINCIPAL OPERATING OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THIS CONFLICTS OF INTEREST POLICY, HAS

Employer Identification number 52-2115828

READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY,
AND UNDERSTANDS THAT USOGA, IN ORDER TO MAINTAIN ITS FEDERAL TAX

EXEMPTION, MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR
MORE OF ITS TAX-EXEMPT PURPOSES.

NEW PROGRAM SERVICES

PART III, LINE 2

PLEASE REFER TO THE AGGREGATION TASK FORCE DESCRIPTION ON LINE 4B OF PART

III OF THIS RETURN.

ATTACHMENT 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

			(C) POSITION	COMPENSATIO	N FROM	1
	(A) NAME AND TITLE	(B) HOURS	(1)(2)(3)(4)(5)(6	(D) ORG. (E) REL.	ORG.	(F)OTHER
29	BILLY R POWELL					
	DIRECTOR	.15	X	0.	0.	0.
30	CORBIN J ROBERTSON, JR					_
	DIRECTOR	.15	X	0.	0.	0.
31	BOBBY S SHACKOULS					0
	DIRECTOR	.15	X	0.	0.	0.
32	H LEIGHTON STEWARD			0	0	0
	DIRECTOR	.15	X	0.	0.	0.
33	WILLIAM M THACKER, JR			0	0.	0.
	DIRECTOR	.15	X	0.	0.	0,
34	BEN THOMPSON	7.5	37	0.	0.	0.
	DIRECTOR	.15	X	0.	0.	0.
35	J C WALTER, III	.15	X	0.	0.	0 .
2.0	DIRECTOR	.15	Λ	0.	0.	0 ,
36	N H WHELESS, JR DIRECTOR	.15	X	0.	0.	0.
27	CHARLES H WILLIAMS, JR	.13	Λ	· ·	•	•
31	DIRECTOR	.15	Х	0.	0.	0.
38	JOHN H YOUNG	.13	71	•	•	
50	DIRECTOR	.15	Х	0.	0.	0
30	JAMES L BOWZER	• • • •	••			
0,0	DIRECTOR	.15	X	0.	0.	0
4.0	J ROE BUCKLEY					
	VICE PRESIDENT	.15	х х	0.	0.	0
41	CLAY CARRELL					
	DIRECTOR	.15	X	0.	0.	0
42	ELIZABETH CHENEY					
	DIRECTOR	.15	X	0.	0.	0 .
43	GARY I LUQUETTE					

RENT AND ROYALTY INCOME

Taxpayer's Name US OIL & GAS ASSOCIATION							Identifying Number 52-2115828		
DESCRIPTION OF PROPERTY									
SUBLEASE - OFFIC	CE SPACE								
Yes No Did you a	actively participate in t	he operatior	of the	activity	during the tax year?				
REAL RENTAL INCO	OME								
OTHER INCOME									
						110	,241	•	
		,,,							110 041
TOTAL GROSS INCOME				• • •				•	110,241.
OTHER EXPENSES:									
								-	
		,						-	
		<u> </u>							
DEPRECIATION (SHOWN BELO	W)								
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION								_	
LESS: Beneficiary's Portion									
TOTAL EXPENSES									770 041
TOTAL RENT OR ROYALTY INC	OME (LOSS) · · · ·			<u></u>				•	110,241.
Less Amount to									
Rent or Royalty								*****	
Depreciation ,									
Depletion								<del></del>	
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									110,241.
Net Rent or Royalty Income (Los Deductible Rental Loss (if Appli	cable)								
SCHEDULE FOR DEPREC									
0011120221.01(221.1)(22									
	(1-) 0 1	(a) Data	(d)	(e)	(f) Basis for	(g) Depreciation	(h)	(i) Life	(j) Depreciation
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	ACRS des.	Bus.	depreciation	in prior years	Method	or rate	for this year
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JSA Totals									
OD8145 4818		9:20:	<del></del>			US15			PAGE 33

### SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

110,241.

## RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
SUBLEASE - OFFICE SP	110,241.			110,241.
TOTALS	110,241.			110,241.

Form 990

## **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)

20**09** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For tl	ne 2009	eale	ndar year	or tax	x year be	ginning			, 2009	, and	ending			, 20		
В	Check if a	ipplicable:			organiza	ition US C	IL &	GAS ASS	OCIA	TION (	PARE	NT)	D Employe	r identifica	ation num	ber	
	Addi		use IRS label or		siness A	S							52-21	115828	3		
		e change	print or		and stre	et (or P.O. b	ox if mail is	not delivered	to street	address)		Room/suite	E Telephon	e number			
		l return	type. See	901 F	STRE	ET, NW						601	(202)	638-4	400		
		ninated	Specific			e or country,		4				001	(===/	1/4/4/		-	
1	- (	nded	Instruc- tions.			, DC 2							G Gross red	cointe \$	1	229	,439.
-	retur	n ication	100000					LBERT L	MO	OTANO			H(a) Is this a				
_	pend	ling									0 20	004	affiliates*	?		Yes	X No
-	-							601 WAS		The same	20	004	H(b) Are all a			Yes	No
_		kempt sta	1000	A   501(c)	(0)	∢ (insert)	no.)	4947(a)(1)	or	527					(see instruc	tions)	
J		ite: 🕨 l		L. I			-						H(c) Group e				
-		of organiz		X Corpor	ation	Trust	Associa	ation Of	ther -		L	Year of forma	tion: 1998	M State of	of legal do	nicile:	DC
Pa	art I	Sun	nmary														
	1	Briefly	descri	be the orga	nizatio	n's mission	or most	significant ac	ctivities:	el luin							
a		TO E	DUC	ATE THE	PUB:	LIC ANI	) ADVC	CATE FO	OR TH	E OIL	AND	GAS IN	DUSTRY.				
2																	
E														A			
Governance	2	Check	this bo	x N	if the o	rganization	disconti	nued its one	rations	or dispose	ed of m	ore than 25%	% of its net as:	cato	******		
Ö	3																45
SS	4	Numbo	r of in	dependent	unting .	ne governii	f the sou	ant vi, iii ic	(Dod )	Con db				3	4.		44
Activities &	F	Tatal		dependent	voting i	nembers o	i the gov	erning body	(Part VI	, line 1b).					CA.		2
É	5	Total n	umber	or employe	es (Par	t V, line 2a)								5	-		
ĕ		Total n	umber	of voluntee	rs (estir	mate if nece	essary) .							6	- 3		0
	7a	Total g	ross u	nrelated bu	siness r	evenue from	n Part VII	II, column (C	), line 1	2				7a	- 6	<u></u>	0.
_	b	Net uni	related	l business t	axable	income fror	n Form 9	90-T, line 34		. Vinks				7b			0.
													Prior Yea		Curr	ent Ye	ar
0	8	Contrib	outions	and grants	(Part V	III, line 1h)				3.2	300		861,	260.			0.
Revenue	9	Program	m serv	ice revenue	(Part V	III, line 2g)				20022				0.	1,	092,	910.
è	10	Investn	nent in	come (Part	VIII, co	olumn (A), li	nes 3, 4,	and 7d)					101,	340.		4,	961.
œ	11	Other r	evenu	e (Part VIII.	colum	n (A), lines	5. 6d. 8c.	9c, 10c, and	d 11e)				4,	313.			568.
	12	Total re	evenue	- add lines	8 thro	ugh 11 (mu	ist equal l	Part VIII, colu	ımn (A)	line 12)		• • • • • -	966,				439.
-	13							), lines 1-3)					3007	0.	-/	223,	0.
	14	Ponofit	a noid	to or for me	mboro	(Dort IV as	busses (A)	line 4)						0.			0.
	200	Calaria	s paiu	to or for the	aribers	(Fait IX, CO	iuiiii (A),	line 4)	: : : :				473,	5 To 10 To 1	509,83		
ses	15	Salaries	s, otne	er compens	ation, e	mployee be	netits (Pa	art IX, columi	n (A), Iir	nes 5-10).			4/3,	0.		509,	
Expenses		6 a Professional fundraising fees (Part IX, column (A), line 11e)											0.	0		0.	
X		Total fundraising expenses, Part IX, column (D), line 25) ▶  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)															
_	17	Other e	expens	es (Part IX,	column	(A), lines	11a-11d,	11f-24f)					756,				654.
								, column (A)		i)			1,229,				486.
	19	Revenu	e less	expenses.	Subtrac	ct line 18 fro	om line 12	2					-262,	590.		352,	953.
ces													Beginning of	Year	End	of Yea	ar
Net Assets or Fund Balances	20	Total as	ssets (I	Part X, line 1	6)							7723	762,	624.	1,	115,	577.
Ass i Ba	21	Total lia	abilitie	s (Part X, lin	e 26)			33.4									
E et	22				7	btract line	21 from li	ne 20					762,	624.	1.	115.	577.
	rt II			Block													- 1.00
	A ALIE	11 500			0.30.00					STATE OF		anko kalen da		- 1 A A			
		and be	penaltie lief, it	es of perjury, is true, corre	ct. and	re that I hav	ve examını Declaration	ed this return of preparer	other t	ng accomp han officer)	anying is base	schedules and ed on all info	d statements, ormation of wh	and to the	e best of arer has a	my kno ny kno	owledge
						a contract of		GOI CONTRACTOR		25.00 S 8 8			1	Secondary Control			
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					A194-41												
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Jse	Only	if self-er address,	nployed , and Zl	7)				195 ALEXANI		A 22314			Phone no.	× 70	3-684	-06	00
May	the IF	RS discu	uss thi	s return wit	h the pr	eparer show	wn above	? (see instru	ctions)			San San San San			X Ye		No
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 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box X 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-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Employer identification number Name of Exempt Organization Type or 52-2115828 US OIL & GAS ASSOC (PARENT) print Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only File by the extended 901 F STREET, NW due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing the return. See WASHINGTON, DC 20004-1405 Check type of return to be filed (File a separate application for each return): Form 6069 Χ Form 990 Form 990-PF Form 1041-A Form 990-BL Form 4720 Form 8870 Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ALBERT MODIANO Telephone No. ► 202 638-4400 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) . If this is l and attach a list with the names and EINs of all members the extension is for.  $11/15/\overline{2010}$ I request an additional 3-month extension of time until For calendar year 2009, or other tax year beginning and ending If this tax year is for less than 12 months, check reason: Final return Change in accounting period Initial return 6 ADDITIONAL TIME IS REQUESTED IN ORDER TO State in detail why you need the extension FURTHER INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ Balance Due. Subtract line 8b from line 8a. 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. 8c \$ 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, correct, and complete, and that I am authorized to prepare this form. Signature > BOND BEEBE, A PROFESSIONAL CORP.

1800 DIAGONAL ROAD SUITE 495 ALEXANDRIA, VA 22314

## 2009 990 Returns Found in Account 4818:

Report Date: 10/11/2010 4:19:48 PM

					Federal					Federal (
Locator	Taxpayer Name	Client Code	Alerts	Jurisdiction	Service Center	Filing Type	Filing Status	Date Sent	Date Ack.	DCN Debts PIN
OD8145	US OIL & GAS ASSOC (PARENT)	US1500/JAM/JAM		<u>FED</u>		EXT	Accepted	5/3/2010 9:46:00 AM	5/3/2010 10:51:00 AM	

## 1 record returned.

Next 10

P	art    Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
	TO EDUCATE THE PUBLIC AND ADVOCATE FOR THE OIL AND GAS INDUSTRY.	
		*
2	Did the arganization undertake any significant program corpless during the year which were not listed an	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code ) (Code	
4 a	(Code:)(Expenses \$including grants of \$)(Revenue \$ MAINTAINED COMMUNICATION WITH MEMBERS AND STAFF OF CONGRESS AND	)
	WITH THE EXECUTIVE BRANCH REGARDING ISSUES INVOLVED WITH THE OIL	
	AND GAS INDUSTRY.	
	/O. I. J. T. A. Jackshine words of the same of the sam	
4 D	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
	/O-d \/ \( \sum_{\text{o}} \\ \text{o} \)	
4 C	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
		·····
	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4 e	Total program service expenses ▶	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			••••
	Schedule C, Part II	4		
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	. !	Ţ	
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ
	,		000	

## Part IV Checklist of Required Schedules (continued)

		·	·	т
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	The transaction of garling age in an excess belief transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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			
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		Х
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		<del></del>	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	İ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	-		
29	Part V	28c		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		}	
36	Section 501(c)(3) organizations. Did the proprietion make any transfer.	35		X_
J U	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
- ·	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R		ļ	
	Part VI	37	The state of the s	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u>.</u>		
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
-				

Form **990** (2009)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns, Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1 c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
32	·			
Ju	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3-		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
c -	Prohibited Tax Shelter Transaction?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		.,	
h	organization solicit any contributions that were not tax deductible?	6a	X	
	gifts were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).	0.0	**	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
T -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
"	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			
8	required?	7h		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		AND THE RESERVE
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
22	amounts due or received from them.)			
∠a . h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	4	5		
b	Enter the number of voting members that are independent	1b	4	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation		<i>ii</i> th			
_	any other officer, director, trustee, or key employee?			2	· .	х
3	Did the organization delegate control over management duties customarily performed by or unde	rthod	liroct			
_	supervision of officers, directors or trustees, or key employees to a management company or othe			3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 wa			4		X
5	Did the organization become aware during the year of a material diversion of the organization's ass			5		X
6	Does the organization have members or stockholders?			6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more					
	of the governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other po			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertak			10		
•	the year by the following:	enau	ing			
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r			013		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	eache	eu at	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by				L	
Reve	enue Code.)	une	mema			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of suc	 ada	otoro	100		
~	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	o filin	 	100		
•	form?	e mari	, uie	11		Х
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			-		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that of	ould a	ivo	1.24		
	rise to conflicts?	oulu (	jive	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?	 !F"Vo:		1.2.0		
	describe in Schedule O how this is done	1 100	<b>'</b> ,	12c		
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14	Χ	
15	Did the process for determining compensation of the following persons include a review and approximately a series of the process for determining compensation of the following persons include a review and approximately a series of the process for determining compensation of the following persons include a review and approximately a series of the process for determining compensation of the following persons include a review and approximately a series of the process for determining compensation of the following persons include a review and approximately a series of the process for determining compensation of the following persons include a review and approximately a series of the process for determining compensation of the following persons include a review and approximately a series of the process for the	 Nalh	· · · · ·	1-1-		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		• • • • •			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	remei	nt			
	with a taxable entity during the year?	,0		16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to every contract the contract of the contract	 /aluati	· · · · ·			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to	safed	Jard			
	the organization's exempt status with respect to such arrangements?			16b		···
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶		***************************************			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	90-T	(501(c)(3	s only	. <b></b>	
	available for public inspection. Indicate how you make these available. Check all that apply.	JŲ- 1	(00)(0	,o orny,	•	
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing document	e con	flict of into	roct		
	policy, and financial statements available to the public.	s, con	mot Of Itale	i CSl		
20		and re	corde of	ho		
	State the name, physical address, and telephone number of the person who possesses the books organization: ►ALBERT MODIANO 901 F STREET, STE 601 WASHINGTON, DC 20	004	-1405	i i C		
	202-638-4400		· ~ ~ ~ ~ ~ ~ ~ ~	*** **** **** ***		

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate a	iny current officer, director, or trustee.

<b>(A)</b> Name and Title	(B) Average	Posi	tion (		C)	that app	nlıd	(D) Reportable	(E) Reportable	(F)
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ALBERT L MODIANO										
PRESIDENT	40.00	Х		Х				374,672.	0.	27,290.
B.M. RANKIN, JR.										
CHAIRMAN	.15	Х		Х				0.	0	0.
EUGENE L. AMES, JR.										
DIRECTOR	.15	Х						0.	0.	0.
RICH BEDELL										
DIRECTOR	.15	X						0.	0	0,
MICHAEL H. BERNARD										
DIRECTOR	.15	Х						0.	0.	0.
JIM BROWN	*** *** ***									
DIRECTOR	.15	Χ						0.	0	0.
PETER COLEMAN										
DIRECTOR	.15	X					[	0.	0	0.
RALPH F. COX			ļ			1				
DIRECTOR	.15	Х						0.	0	0.
JAMES B. FURRH, JR.	··· ·· ·· ·									
DIRECTOR	.15	Х						0.	0.	0.
DAN ALLEN HUGHES, JR.										
DIRECTOR	.15	Χ						0.	O.	0.
DUDLEY J. HUGHES							İ			
DIRECTOR	.15	Х						0.	0	0.
WILLIAM R. JAMES						ĺ	- 1			
DIRECTOR	.15	X						0.	0↓	0.
CHRISTOPHER C. JOHN										
DIRECTOR	.15	Х						0.	0.	0.
A.V. JONES, JR.						İ				
DIRECTOR	.15	Х						0.	0.	0.
JON REX JONES							T			
DIRECTOR	.15	Х						0.	0	0.
J. F. JUSTISS, JR.										
DIRECTOR	.15	Х						0.	0	0.

JSA

Form 990 (2009)

Part VII Section A. Officers, Directors, Ti		ey Ei	ubi			and	nıg			continued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	ndividual trustee or director				that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	di ki	Ě	Officer	Key employee	P P P P P P P P P P P P P P P P P P P	Former	from	from related	other
		형 표	iona		oig	è %	7	the organization	organizations (W-2/1099-MISC)	compensation from the
	ļ	tsus	1		yee.	mpe		(W-2/1099-MISC)	(** =, 1000 111.00)	organization
		&	Institutional trustee			Highest compensated employee				and related
						<u>e</u>				organizations
DANNY KELLUM	1									
DIRECTOR	.15	X		<u> </u>	<u> </u>			0.	0	
DAVID W. KILLAM										
DIRECTOR JOHN H. LOLLAR	.15	X		ļ		ļ	ļ	0.	0	
DIRECTOR										
	.15	X	ļ	ļ			ļ	0.	0	
ROBERT L. LOONEY DIRECTOR										
WALTER G. MAYFIELD	.15	X		ļ			<u> </u>	0.	0	
DIRECTOR	.15	X						0.	0	
CURTIS W. MEWBOURNE	_									
DIRECTOR	.15	Х			<u> </u>			0.	0.	.]
C. B. MONCRIEF	_									
DIRECTOR	.15	X						0.	0.	
WILLIAM D. MOUNGER			].							
DIRECTOR	.15	X						0.	0.	(
JOSEPH I. O'NEILL, III										
DIRECTOR	.15	Х						0.	0.	(
MARK G. PAPA										
DIRECTOR	.15	Х						0.	0.	(
WILLIAM A. PHILIPP										
DIRECTOR	.15	X						0.	0.	(
RAND E. PHIPPS										***************************************
DIRECTOR	.15	Χ						0.	0.	C
BILLY R. POWELL										
DIRECTOR	.15	Х				ļ		· 0.	0,	C
1b Total . CONTINUED AT SCHEDULE J-							<b>&gt;</b>	374,672.	0.	27,290
2 Total number of individuals (including but not	limited to th	ose l	ste	d at	ove	) who	rec	ceived more than	\$100,000 in	•
reportable compensation from the organization	n 🕨	1							,	
										Yes No
3 Did the organization list any former office	er, directo	r or	tru	stee	e, k	ey e	mpl	oyee, or highest	compensated	
employee on line 1a? If "Yes," complete Schede	ule J for suc	h indi	vidu	ıal .						3 X
4 For any individual listed on line 1a, is the	sum of r	eport	able	э с	omp	ensa	tion	and other comp	ensation from	
the organization and related organizations	greater that	an \$	150	.000	)?	If "Ye	9s,"	complete Schedu	ile J for such	
inaiviauai							٠.			4 X
5 Did any person listed on line 1a receive	e or accru	ie co	mp	ens	atio	n fro	m .	any unrelated or	ganization for	
services rendered to the organization? If "Yes,"	complete S	chedu	ile J	for	suc	h per	son			5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest compensation from the organization.</li> </ol>	compensate	ed inc	dep	end	ent	contr	racte	ors that received	more than \$10	0,000 of
						••.	1			***************************************
(A) Name and business addr	ess							(B)	dans	(C)
					·····			Description of sen	nues C	ompensation
					····					
		····					ļ			······
2 Total number of independent contractors (in	oludiaa Ess		li 1	: ·		4L -	<u>.</u>			2.00
2 Total number of independent contractors (in more than \$100,000 in compensation from the	ouding DUI Antoenizetia	LIIO( on ►	ıım	ited	to (		e IIS	ited above) who i	received	
SA	Julizan	VII -			(	/				

Pa	irt VI	Statement of Revenue		52-2115828									
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514						
2 Z	1 1a	Federated campaigns 1a											
graf	ь	Membership dues 1b											
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1c			100								
gif	d	Related organizations 1d											
S, E	е	Government grants (contributions) 1e											
utio er s	f	All other contributions, gifts, grants,											
ë t		and similar amounts not included above . 1f											
9	g	Noncash contributions included in lines 1a-1f: \$ _											
	h	Total. Add lines 1a-1f	<u> </u>	0.									
Program Service Revenue			Business Code										
eĸe	2a	MEMBERSHIP DUES	900099	1,080,410.	1,080,410.								
e Z	b	SPECIAL PROJECTS	900099	12,500.	12,500.								
ξ̈	C												
Se	d												
ē	e												
g	f	All other program service revenue											
	g	Total. Add lines 2a-2f	<u></u> ,▶	1,092,910.									
	3	Investment income (including dividends, inte	erest, and										
		other similar amounts)		4,961.			4,961.						
	4	Income from investment of tax-exempt bond	proceeds ▶	0.		***************************************							
	5	Royalties	<u>,</u>	0.									
		(i) Real	(ii) Personal										
	6a	Gross Rents	3.										
	b	Less: rental expenses		100	10.0								
	C	Rental income or (loss) 115,318	!										
	d	Net rental income or (loss)		115,318.			115,318.						
	7a	Gross amount from sales of (i) Securities	(li) Other										
		assets other than inventory											
	b	Less: cost or other basis					417						
		and sales expenses											
	С	Gain or (loss)											
	d	Net gain or (loss)	·,	0.									
Ĕ	8a	Gross income from fundraising											
Ve.	ļ	events (not including \$											
Ş.		of contributions reported on line 1c).											
Other Revenue	۱.	See Part IV, line 18					100						
ŧ	b	Less: direct expenses		0.									
0	ļ	-	· · · · · · · · · · · · · · · · · · ·	U.									
	9a	Gross income from gaming activities.  See Part IV, line 19											
		Less: direct expenses											
	b	Net income or (loss) from gaming activities.		0.									
	10a	_		U.									
	104	Gross sales of inventory, less returns and allowances											
	h	Less: cost of goods sold	1										
:	C	Net income or (loss) from sales of inventory.	•	0.									
		Miscellaneous Revenue	Business Code	Ű.									
	11a	STAFF SERVICES REIMBURSEMENTS	900099	16,250.	16,250.								
	b			20,220,	********								
					***************************************								
Ì	d	All other revenue			3								
	e	Total. Add lines 11a-11d · · · · · ·		16,250.									
ļ	12	Total Revenue. See instructions		1,229,439.	1,109,160.		120,279.						
1				_,,	-,,1001		100,013,						

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
Inizations must complete column (A) but are not required to complete columns (B), (C), and (D).

*********	An other organizations must compr		······································	<del>,</del>	······································
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
_	<del>-</del>				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.1			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	410,129.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	60,000.			
8	Pension plan contributions (include section 401(k)	,		<del></del>	
Ü	and section 403(b) employer contributions)	0.			
	· · ·	22,321.			
9	Other employee benefits	17,382.	***************************************		
10	Payroll taxes	11,302.			
11	Fees for services (non-employees):	_			
	Management	0.			
þ	Legal	-276.	***************************************		
	Accounting	18,070.			
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
g	Other	14,391.			
12	Advertising and promotion	0.			
13	Office expenses	45,889.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	225,896.			
17	Travel	35,265.			
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	7,855.			
	Conferences, conventions, and meetings	7,655.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	6,245.			
23	Insurance	0,240.			
24	Other expenses ltemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	2.64			
-	OTHER TAXES	364.			
	SPECIAL PROJECTS EXPENSE	6,649.			
C	MISCELLANEOUS	6,306.			
d					
	A 51 a 14 a 19 a 19 a 19 a 19 a 19 a 19 a 1		***************************************	***************************************	
	All other expenses	876,486.			
	Total functional expenses. Add lines 1 through 24f	0/0/200.			
26	Joint Costs. Check here ► If following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

Form 990 (2009) 52-2115828 Page **11** 

Part X **Balance Sheet** (A) (B) Beginning of year End of year 9,242. 0. 1 Cash - non-interest-bearing 753,382. 1,115,577. Savings and temporary cash investments ....... 2 2 3 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 8 Prepaid expenses and deferred charges ...... 9 9 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10c 11 11 12 Investments - other securities. See Part IV, line 11........ 12 13 13 14 14 15 15 762,624 1,115,577. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . 16 17 17 18 18 Grants payable 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 Secured mortgages and notes payable to unrelated third parties . . . . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties...... 24 25 25 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ Net Assets or Fund Bajances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here | X | and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 762,624. 32 1,115,577. 762,624. 1,115,577. 33 33 762,624. 1,115,577. 34 34

Form 990 (2009)

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		j	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:	1	ļ	Ì
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009

#### **SCHEDULE C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

if the organization answered ites, to form 990, Part IV, line 3 (Proxy Tax)	s," to Form 990, Part IV, line 5 (Proxy Tax), then
---	--

	<del>-</del>	organizations: Complete Part III.	ax), then		
Na	ame of organization		······································	Employer identi	fication number
US	OIL & GAS ASSOCIA	TION (PARENT)		52-21	15828
Pa	rt I-A Complete if the	organization is exempt under	r section 501(c) o	r is a section 527 organ	ization.
1	Provide a description of the	he organization's direct and indirec	t political campaign	activities in Part IV.	
2	Political expenditures			▶ \$	
3	Volunteer hours	· · · · · · · · · · · · · · · · · · ·			
Pa		organization is exempt under			
1		excise tax incurred by the organizat			
2		excise tax incurred by organization			
3	If the organization incurre	d a section 4955 tax, did it file Forr	n 4 <b>7</b> 20 for this year	?	. Yes No
4a b	If "Yes," describe in Part IV				
Pa	ttl-C Complete if the	organization is exempt unde	r section 501(c), c	except section 501(c)(3)	).
1	Enter the amount directly	expended by the filing organizatio	n for section 527 e	xempt function	
2		ing organization's funds contributed			
		rities			
3	·	penditures. Add lines 1 and 2. Er			
4	Did the filing organization	file $Form\ 1120 ext{-}POL$ for this year? .			Yes No
5		es and employer identification num			
		anization listed, enter the amount			
		eived that were promptly and direction call action committee (PAC). If addition			
			T	T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0

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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

JSA 9E1264 2.000

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Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the under section 5	organization is exe 01(h)).	mpt under sectio	n 501(c)(3) and	filed Form 5768 (ele	ction
	rganization belongs t			one apply	
Lir	mits on Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures			•	Organization's totals	group totals
<ul><li>b Total lobbying expenditures</li></ul>	to influence a legislation	re hody (direct lobby	ing)		
c Total lobbying expenditures	(add lines 1a and 1h)	ve body (direct lobby	"' <sup>9</sup> / · · · · · ·		
d Other exempt purpose expe	enditures	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •		
e Total exempt purpose expe	nditures (add lines 1c a	nd 1d)			
f Lobbying nontaxable amour columns.	nt. Enter the amount fro	om the following table	e in both		
If the amount on line 1e, colum	ın (a) or (b) is: The lobbyi	ng nontaxable amount	is:		
Not over \$500,000		amount on line 1e.			
Over \$500,000 but not over \$1	,000,000 \$100,000	olus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	\$1,500,000 \$175,000 p	olus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	17,000,000 \$225,000 p	olus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amo	unt (enter 25% of line 1	f)			
h Subtract line 1g from line 1a	a. If zero or less, enter -0	) <i>.</i>			
i Subtract line 1f from line 1c					
j If these is an amount other					
section 4911 tax for this year	ır?				Yes No
(Some organi c	izations that made a s olumns below. See the	raging Period Unde ection 501(h) election e instructions for linenditures enditures During 4-Y	on do not have to les 2a through 2		<b>/e</b>
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

,	(election under section 501(h)).		(8	)			(b)	
			Yes	Νo		Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state legislation, including any attempt to influence public opinion on a legislative manner.	I						
а	referendum, through the use of: Volunteers?							
b	Paid staff or management (include compensation in expenses reported on lines 1c thro	uah 1i)?						
C	Media advertisements?	• •						
d	Mailings to members, legislators, or the public?							
е	Publications, or published or broadcast statements?	1						
f	Grants to other organizations for lobbying purposes?							
g	Direct contact with legislators, their staffs, government officials, or a legislative body?							
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means	\$?						
i	Other activities? If "Yes," describe in Part IV	-						
j 2a	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)			-	·····			
b	If "Yes," enter the amount of any tax incurred under section 4912							
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4	912		ŀ				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			ľ				
Pa	art III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c	c)(5)	or s	ectic	n	***************************************	
,.,		······					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					2		Х
3	Did the organization agree to carryover lobbying and political expenditures from the price							X
FCI	Irt III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if F "Yes."	Part III-A, I	ine			ered		
1	Dues, assessments and similar amounts from members				_1_	1	,080	,410
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amore expenses for which the section 527(f) tax was paid).	-					100	4.65
a	Current year				2a		126	, 465
b	Carryover from last year			• •	2b		126	,465
C 2	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 1	62(a) duas			2c 3	***************************************		, 405 , 082
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, who				3		210	, 002
•	excess does the organization agree to carryover to the reasonable estimate of nonder							
	and an little of a commandity was a section of		•	_	4			
5	Taxable amount of lobbying and political expenditures (see instructions)				5		-89	,617
Pai	rt IV Supplemental Information							
	mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; p., complete this part for any additional information.	; Part I-C, I	ine (	5; and	Part	II-B,	line 1i	
						<b></b>	···	· <b></b>
						* **** **** ,		
								<b></b>

Schedule C (F	Form 990 or 990-EZ) 2009	52-2115828	Page <b>4</b>
Part IV	Form 990 or 990-EZ) 2009 Supplemental Information (continued)		
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	. The case was the case we can see the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the case of the cas	. THE COL THE COLUMN TO THE THE SEA OF THE COLUMN THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE SEA OF THE S	

## SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

US OIL & GAS ASSOCIATION (PARENT) 52-2115828 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) . . . . 3 Aggregate grants from (during year) . . . . . . Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) . . . . . . <u>2c</u> C Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year Number of states where property subject to conservation easement is located > \_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part ill Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: 

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a Public exhibition  b Scholarly research  c Prevale a description of the organizations collections and explain how they further the organization's exempt purpose in Part VIV  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be maintained as part of the organization's collection? \ Yes \ No Part XV  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 10 part IV. If the 9 part IV. If the 9 part IV. If the 10 part IV. If the 9 part IV. If the 9 part IV. If the 9 part IV. If the 10 part IV. If the 10 part IV. If the 9 part IV. If the 9 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If the 10 part IV. If	Pa	rt III Organizations Maintair	ing Collections	of Art, Histo	rical Treasure	es, or Oth	ner Similar	Assets (	continued	)
collection flems (check all that apply):  a Public exhibition  b Scholarly research  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3	Using the organization's acquisition	n accession and	other records	obsolvany of	4 <b>L</b> - 4-11			-4	
a Public exhibition b Cherry Preservation for future generations c Preservation for future generations c Preservation for future generations description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?	٠	collection items (check all that an	ni, accession, and	other records	s, check any or	tne tollow	ing that are a	significal	nt use of its	
b Scholarly research e Other Preservation for future generations  4 Provide a description of the organization solictions and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solict or receive donations of art, historical treasures, or other similar assats to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	-	, y i y j .	d [	loanore	vehanaa r	rograme			
C Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	_			· -		Acriange p	nograms			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organizations collection?			enerations	<u> </u>						
Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Ves No No No No No No No No No No No No No	4			s and evolain	how they further	ar the oras	anization's ox	romat au	rocco in	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		Part XIV.		o and explain	now they faithe	inc orga	anization's ex	citipt pui	pose III	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5	During the year, did the organizat	ion solicit or receiv	e donations o	of art. historical	treasures	or other sim	ilar		
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV. Jine 9, or reported an amount on Form 990, Part X, Jine 21.    1a   Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.   Yes   No		assets to be sold to raise funds ra	ther than to be ma	intained as pa	art of the organ	ization's co	allection?	[		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa	rt IV Escrow and Custodial A	Arrangements, C	Complete if t	he organizatio					
included on Form 990, Part X7		·					***************************************			
b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance	1 a	Is the organization an agent, truste	ee, custodian or ot	her intermedi	ary for contribu	tions or ot	her assets no	ot ·		
to Beginning balance		included on Form 990, Part X?						[	Yes	No
c Beginning balance	b	If "Yes," explain the arrangement i	n Part XIV and cor	mplete the foll	owing table:			_		
d Additions during the year  Distributions during the year  Distributions during the year  Distributions during the year  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization include an amount on Form 990, Part X, line 21?  Did the organization the arrangement in Part XIV.  Dif "Yes," explain the arrangement in Part XIV.  Dif "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," explain the arrangement in Part XIV.  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organizations listed as required on Schedule R?  Diff "Yes," to 3a(ii), are the related organiz							F	mount		
e Distributions during the year	¢									
f Ending balance	d									
Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back   (d) Three years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back   (d) Three years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back   (d) Three years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back   (d) Three years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back   (d) Three years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back   (d) Three years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back   (a) Two years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back    Beginning of year balance   (a) Cument Year   (b) Prior year   (c) Two years back    Beginning of year balance	е									
b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance   (a) Current Year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back    b Contributions	f	Ending balance				1f				
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   C		Did the organization include an an	nount on Form 990	0, Part X, line	21?			[	Yes	No
Table   Beginning of year balance   (a) Current Year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back										
1a Beginning of year balance	Pa	Endowment Funds. Cor							T	
b Contributions	1 a	Reginning of year halance		(b) Prior ye	ar (c) Two y	ears back	(d) Three ye	ars back	(e) Four year	ars back
c Net investment earnings, gains, and losses										
and losses						···				
d Grants or scholarships	•								*	
e Other expenditures for facilities and programs	d								<del>                                     </del>	
and programs	e									
f Administrative expenses										
g End of year balance	f									
Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  c Term endowment  %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  3a(i)     (ii) related organizations  3a(ii)     b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  3b     Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (b) Cost or other depreciation depreciation  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d)	g									
a Board designated or quasi-endowment       Permanent endowment       %  c Term endowment       %  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations       (ii) related organizations       if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment       (a) Cost or other basis (b) Cost or other basis (other)       b Buildings       c Leasehold improvements       d Equipment       e Other       Other       Other	2			lance held as:						
b Permanent endowment	а	Board designated or quasi-endowr	nent ▶							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	b									
organization by: (i) unrelated organizations	C	Term endowment ▶	%							
organization by: (i) unrelated organizations	3a	Are there endowment funds not in	the possession of	f the organiza	tion that are he	ld and adr	ministered for	the		
(ii) related organizations									Ye	s No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?									3a(i)	
4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Buildings		(ii) related organizations							3a(ii)	
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (investment) (b) Buildings	b	If "Yes" to 3a(ii), are the related org	janizations listed a	is required on	Schedule R? .				3b	
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value										
to depreciation (investment) basis (other) depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation d	Par	t VI – Investments - Land, Buil	dings, and Equi	pment. See	Form 990, Pa	art X, line	10.			
b Buildings		Description of investment						(c	1) Book value	
c Leasehold improvements	1 a									
d Equipment		<del>-</del>								
e Other	С	•								
		•								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶										
	Total	I. Add lines 1a through 1e. (Column	(d) must equal Fo	orm 990, Part )	<, column (B), lir	ne 10(c).).	🕨			

Part VII	Investments - Other Securities. See F	orm 990, Part X, Iin	ie 12.	······
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	ue
Financial d	erivatives			
	ld equity interests			
				**************************************
				***************************************
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990, Part X, lir	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market val	ue
****				
***************************************				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, I	ne 15.		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Description		(b) Book value
,,,,,				
Total, (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part			
1.	(a) Description of liability	(b) Amount		
Federal inc				
1 GUGIGI III	one taxes			0.000
***************************************				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

JSA
9E1270 1.000

52-2115828 Schedule D (Form 990) 2009

	52 2.1 1 50 2 0			Page 4
Part		nent	ş	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,229,439.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		876,486.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		352,953.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		****
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<u> </u>	352,953.
Part	•	turn		
1	Total revenue, gains, and other support per audited financial statements	📙	1	1,229,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d	L	2e	
3	Subtract line 2e from line 1	٠.	3	1,229,439.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	~~~~	}	
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,229,439.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	<u>tetur</u>	n	
1	Total expenses and losses per audited financial statements	-	1	876,486.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
þ	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d	-	2e	0.00.0
3	Subtract line 2e from line 1	• •  _	3	876,486.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV.)			
	Add lines 4a and 4b		4c	076 106
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)XIV Supplemental Information		5	876,486.
and 2t his pa	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P o; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. A art to provide any additional information.  PAGE 5		omple	te

### Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

PART X, LINE 2

THE ASSOCIATION HAS ADOPTED THE ACCOUNTING STANDARD RELATED TO UNCERTAIN INCOME TAX POSITIONS. THE STANDARD REQUIRES THAT AN UNCERTAIN INCOME TAX POSITION MUST BE MORE LIKELY THAN NOT (GREATER THAN 50% LIKELIHOOD)

BEFORE IT IS RECOGNIZED IN THE FINANCIAL STATEMENTS. FURTHERMORE, THE STANDARD REQUIRES THAT THE AMOUNT RECOGNIZED BE THE SAME AS THAT WHICH WOULD BE DETERMINED AS A RESULT OF A REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION AND APPLYING CURRENT CONVENTIONS. DURING THE YEAR ENDED DECEMBER 31, 2009, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS. AT A MINIMUM, THE 2006 THROUGH 2009 TAX YEARS ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES.

## **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

US OIL & GAS ASSOCIATION (PARENT)

**Questions Regarding Compensation** 

Employer identification number 52-2115828

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in For	m	<u> </u>	
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		-	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	or reimbursement or provision of all of the expenses described above? If "No." complete Part ill to			
2	explain	<u>1b</u>	X	
2	officers, directors, trustees, and the CEO/Expertitive Directors are allowing expenses incurred by all		Ι,,	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee	<b>,</b>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<u>4b</u>		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	. 4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			İ
а	The organization?	5a	}	
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	IF "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	. 7	-	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	-		······································
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	. 8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	. 9		
For Pr		hedule J (Fo	rm 990	2009

JSA 9E1290 2.000

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

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(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(o)-(ı)(g)	reported in prior Form 990 or Form 990-EZ
	360,00	.0	14,672.	12,250.	23,207.	410,129.	0
ALBERT L MODIANO (II)	0.	***************************************	0.	0	0.	0	.0.
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;						Sche	Schedule J (Form 990) 2009

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23

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information. Schedule J (Form 990) 2009 IT IS CONSIDERED AN THE ASSOCIATION PAYS FOR DUES FOR ALBERT MODIANO, PRESIDENT OF THE EMPLOYEE BENEFIT AND IS NOT INCLUDED IN HIS TAXABLE COMPENSATION. ORGANIZATION, FOR SOCIAL AND HEALTH CLUB DUES. HEALTH OR SOCIAL CLUB DUES SCHEDULE J, PART I, BOX 1A

#### **SCHEDULE J-2** (Form 990)

## **Continuation Sheet for Form 990**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Servico

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Name of the Organization

US OIL & GAS ASSOCIATION (PARENT)

Employer Identification number

52-2115828

#### Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I **Employees**

(A) Name and title			(C) Position (check all that apply)					(D) Reportable	(E) Reportable	(F) Estimated	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations	
CORBIN J. ROBERTSON, JR.											
DIRECTOR BOBBY S. SHACKOULS	.15	Х					ļ	0.	0.	0 .	
DIRECTOR	1.0									_	
H. LEIGHTON STEWARD	.15	Х			ļ			0.	0.	0	
DIRECTOR	1 5	1,7									
WILLIAM M. THACKER, JR.	.15	X			ļ			0.	0.	<u> </u>	
DIRECTOR	.15	х									
BEN THOMPSON	.13							0.	0.	0	
DIRECTOR	.15	x								^	
J. C. WALTER, III	• 1.0	_^						0.	0.	0,	
DIRECTOR	.15	х	ļ					0.	0.	0	
N. H. WHELESS, JR.	. 1.7	^	-				_	V.	V.	0.	
DIRECTOR	.15	х	Ì					0.	0.	0.	
CHARLES H. WILLIAMS, JR.		-		-				0.	0.		
DIRECTOR	.15	x						0.	0.	0.	
JOHN H. YOUNG									· · ·		
DIRECTOR	.15	х		ļ				0.	0.	0.	
JAMES L. BOWZER											
DIRECTOR (BEGINNING MAY 2009)	.15	Х						0.	0.	0.	
J. ROE BUCKLEY											
DIRECTOR (BEGINNING MAY 2009)	.15	Х						0.	0.	0.	
CLAY CARRELL							İ				
DIRECTOR (BEGINNING MAY 2009)	.15	Х						0.	0.	0.	
DIRECTOR (BEGINNING MAY 2009)	.15	Х						0.	0.	0.	
GARY I. LUQUETTE DIRECTOR (BEGINNING MAY 2009)	.15	Х						0.	0.	0.	
CHARLES B. STANLEY											
DIRECTOR (BEGINNING MAY 2009)	.15	Х						0.	0.	0.	
RICK J. CALHOON		ì	-					[]			
DIRECTOR	.15	Х						0.	0.	0.	
ROBERT BUSCHMAN											
DIRECTOR (TO MAY 2009)	.15	X						0.	0.	<u>0</u> .	
WILLIAM E. CARL				1	ı						
DIRECTOR (TO MAY 2009)  J. BARCLAY COLLINS	.15	Х	_					0.	0.	0.	
DIRECTOR (TO MAY 2009)				]					_		
FRANK GLAVIANO	.15	X	_	_	_		_	0.	0.	0.	
DIRECTOR (TO MAY 2009)	4 C	ν,						_			
STEPHEN GUIDRY	.15	X	$\dashv$					0.	0.	0.	
DIRECTOR (TO MAY 2009)	.15	Х								•	
For Privacy Act and Paperwork Reduction Act Not								0.	0,	0 . Form 990) 2009	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

### **SCHEDULE J-2** (Form 990)

## **Continuation Sheet for Form 990**

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization US OIL & GAS ASSOCIATION (PARENT)

Employer identification number

52-2115828

Part I Continuation of Officers Employees	s, Directors, T	Γrust	ees	s, K	(ey	Em	plo	yees, and High	nest Compensa	ited
(A) Name and title	(B) Average hours per week		ition (	(che	(C) ck al	l that ap	op(y)	(D) Reportable	(E) Reportable	(F) Estimated
	porweek	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
JAMES W. HART, JR. DIRECTOR (TO MAY 2009)	.15	Х						0.	0.	
TOM HART DIRECTOR (TO MAY 2009)	.15	х						0.	0.	
JAMES B. JENNINGS DIRECTOR (TO MAY 2009)	.15	Х						0.	0.	
ROBERT A. MOSBACHER DIRECTOR (TO MAY 2009)	.15	Х						0.	0.	
MARVIN ODUM DIRECTOR (TO MAY 2009)	.15	Х						0.	0.	(
L. FRANK PITTS DIRECTOR (TO MAY 2009)	.15	Х						0.	0.	(
WILLIAM T. SMITH DIRECTOR (TO MAY 2009) DAMIR VRCEK	.15	х						0.	0.	
DIRECTOR (TO MAY 2009)	.15	Х						0.	0.	l
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	-				-					
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

US OIL & GAS ASSOCIATION (PARENT)

Employer identification number 52-2115828

ATTACHMENT 1

REVIEW PROCESS OF FORM 990

PART VI, SECTION B, LINE 11A

THE PRESIDENT REVIEWS THE FORM 990 PRIOR TO ITS FILING.

DETERMINATION OF PRESIDENT'S COMPENSATION

PART VI, SECTION B, LINE 15A

THE CHAIRMAN OF THE BOARD AND THE BUDGET AND FINANCE COMMITTEE MEET TO DETERMINE THE PRESIDENT'S COMPENSATION.

AVAILABILITY OF GOVERNING DOCUMENTS

PART VI, SECTION C, LINE 19

ALL DOCUMENTS ARE KEPT IN THE OFFICE AND ARE AVAILABLE FOR REVIEW BY REQUEST.

ELECTION OF MEMBERS OF GOVERNING BODY

PART VI, SECTION A, LINE 7A

THE MEMBERS OF THE BOARD OF DIRECTORS OF THE ASSOCIATION SHALL BE

DETERMINED AS FOLLOWS: AT THE ANNUAL MEETING OF EACH DIVISION, THE

EXECUTIVE COMMITTEE OF THAT DIVISION SHALL SELECT MEMBERS OF THAT

DIVISION TO BE MEMBERS OF THE BOARD OF THE ASSOCIATION WITH ONE BOARD

MEMBER BEING PERMITTED FOR EACH ONE HUNDRED (100) ACTIVE MEMBERS OF THAT

DIVISION. ANY VACANCY THAT OCCURS IN THE BOARD OF DIRECTORS MAY BE FILLED

BY THE EXECUTIVE COMMITTEE OF THE DIVISION REPRESENTED BY THE MEMBER OF

THE BOARD OF DIRECTORS WHOSE DEATH OR RESIGNATION CAUSED THE VACANCY.

52-2115828

ATTACHMENT 1 (CONT'D)

#### MEMBERS

PART VI, SECTION A, LINE 6

ACTIVE MEMBERS: PERSONS OF GOOD STANDING, ACTIVELY ENGAGED IN THE OIL AND GAS INDUSTRY, INCLUDING OIL AND GAS PRODUCERS, GASOLINE MANUFACTURERS, REFINERS, CARRIERS, CONTRACTORS, MARKETERS OF OIL PRODUCTS, SUPPLY DEALERS, AND OTHER INTERESTED IN THE OIL AND GAS INDUSTRY, MAY BECOME ACTIVE MEMBERS. ADDITIONALLY, ANY CORPORATION, PARTNERSHIP OR ASSOCIATION OF PERSONS ENGAGED IN ANY BRANCH OF SUCH BUSINESS MAY APPLY FOR MEMBERSHIP FOR ANY NUMBER OF ITS EMPLOYEES, OFFICERS OR ASSOCIATES, NOT TO EXCEED TWENTY VOTING MEMBERS, IN THE CASE OF ANY ONE CORPORATION, PARTNERSHIP OR ASSOCIATION.

AFFILIATED MEMBERS: PERSONS INTERESTED IN THE ACTIVITIES OF THE ORGANIZATION AND IN THE OIL AND GAS INDUSTRY MAY BECOME AN AFFILIATED MEMBER OF THE ASSOCIATION OR ITS DIVISIONS UPON ACCEPTANCE OF SUCH PERSONS AS AFFILIATED MEMBERS BY THE CHAIRMAN OR PRESIDENT, IN THE INSTANCE OF THE ASSOCIATION, OR BY AN OFFICER OF THE APPROPRIATE DIVISION, IN THE INSTANCE OF DIVISIONS.

AFFILIATED MEMBERS OF A DIVISION SHALL BE NON-VOTING MEMBERS AND SHALL NOT HOLD OFFICE NOR BE A MEMBER OF A BOARD OR EXECUTIVE COMMITTEE OF THE ORGANIZATION. AFFILIATED MEMBERS MAY SERVE AS FULL MEMBERS AND BE OFFICERS OF OTHER COMMITTEES.

HONORARY MEMBERS: ANY PERSON OF GOOD CHARACTER AND STANDING WHO HAS RENDERED DISTINGUISHED SERVICE FURTHERING THE ORGANIZATION OR THE DEVELOPMENT OF THE OIL AND GAS INDUSTRY MAY BECOME AN HONORARY MEMBER

US OIL & GAS ASSOCIATION (PARENT)

Employer identification number

52-2115828

ATTACHMENT 1 (CONT'D)

THROUGH ELECTION BY THE BOARD OF DIRECTORS, OR ANY DIVISIONAL EXECUTIVE COMMITTEE.

THE MEMBERSHIP OF THE ASSOCIATION SHALL CONSIST OF THE MEMBERS OF THE DIVISIONS (ACTIVE, AFFILIATED AND HONORARY) AND AFFILIATED AND HONORARY MEMBERS OF THE ASSOCIATION.

PART VI, SECTION A, GOVERNING BODY AND MANAGEMENT

#### EXECUTIVE COMMITTEE

THE EXECUTIVE COMMITTEE IS COMPOSED OF ONLY MEMBERS FROM THE BOARD OF DIRECTORS, WHICH INCLUDES THE CHAIRMAN OF THE BOARD, THE PRESIDENT OF THE ASSOCIATION, THE RANKING OFFICER OF EACH DIVISION AND OTHER SUCH BOARD MEMBERS AS ELECTED BY THE BOARD OF DIRECTORS TO SERVE ON THE COMMITTEE.

DURING INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND IN THE ABSENCE OF ACTION BY SAID BOARD, THE EXECUTIVE COMMITTEE SHALL PERFORM THE DUTIES AND FUNCTIONS OF THE BOARD IN PROMOTING THE WELFARE OF THE ASSOCIATION AND IN CONDUCTING ITS AFFAIRS, EXCEPT THAT SAID COMMITTEE

SHALL NOT BE EMPOWERED TO: (1) ELECT OFFICERS OF THE ASSOCIATION; (2)

FILL VACANCIES ON THE BOARD OF DIRECTORS; OR (3) AMEND THE ASSOCIATION

BYLAWS.

9E7000 1.000 RENT AND ROYALTY INCOME Taxpayer's Name **Identifying Number** US OIL & GAS ASSOCIATION (PARENT) 52-2115828 **DESCRIPTION OF PROPERTY** SUBLEASE - OFFICE SPACE Yes No Did you actively participate in the operation of the activity during the tax year? 115,318. OTHER INCOME 115,318. OTHER EXPENSES: DEPRECIATION (SHOWN BELOW) LESS: Beneficiary's Portion LESS: Beneficiary's Portion LESS: Beneficiary's Portion 115,318. Less Amount to Rent or Royalty . . . . . . . . . . . . . . . . . Investment Interest Expense Net Income (Loss) to Others Net Rent or Royalty Income (Loss) 115,318. SCHEDULE FOR DEPRECIATION CLAIMED (d) (e) (g) Depreciation (i) Life (b) Cost or (c) Date (f) Basis for (h) (a) Description of property **ACRS** Bus. (j) Depreciation in or unadjusted basis acquired depreciation Method des. for this year prior years rate

## RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
SUBLEASE - OFFICE SP	115,318.			115,318.
TOTALS	115,318.			115,318.

# Form 990

**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)

20**08** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For tl	ne 200	8 cale	ndar year, or tax year beginning , 2008, and e	nding			, 20					
В	B Check if applicable: Please C Name of organization US OIL & GAS ASSOCIATION							D Employer identification number					
	Addi		use IRS label or	Doing Business As		23-	70333	162					
		e change	change print or Number and street (or P.O. box if mail is not delivered to street address) Room										
	Initia	type. See 901 F STREET, NW 601					12162	8-4400					
	Tern	nination	Specific	City or town, state or country, and ZIP + 4	001	121	12/03	5-4400					
	Ame	nded	Instruc- tions.			G Gross receipts \$ 2 299 210							
$\vdash$	retur	n ication		WASHINGTON, DC 20004-1405 ame and address of principal officer: ALBERT MODIANO		-	nis a group	2,255,210.					
	pend	ting	11			affil	iates?	A					
-	*			F STREET, NW, SUITE 601 WASHINGTON, DC 20004	-1405			s included? Yes X No					
_		xempt st		X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527		If "I	No," attach	a list. (see instructions)STMT 1					
J		ite: 🕨					up exempti	on number > 3527					
	_	of organ		Corporation Trust Association X Other ► MORE THAN ON L Y	ear of format	ion:	M S	tate of legal domicile:					
Pa	art I	Sui	mmary										
	1	Briefly	descri	be the organization's mission or most significant activities:				20000000000000000000000000000000000000					
ø		PROMOTION AND PROTECTION OF THE OIL AND GAS INDUSTRY.											
Governance													
E													
O.	2	Check	this bo	x X if the organization discontinued its operations or disposed of mor	e than 25%	of its as	sets.						
8	3			oting members of the governing body (Part VI, line 1a)				3 57					
	4	Numb	er of in	dependent voting members of the governing body (Part VI, line 1b)									
Activities	5	Total	numba										
cti	1 2			of columbia and facilities of facilities of				5 13					
A	6			of volunteers (estimate if necessary)				6 1					
	7 a	Total	gross u	nrelated business revenue from Part VIII, line 12, column (C)			7	а					
_	b	Net ur	related	business taxable income from Form 990-T, line 34									
						Prior	Year	Current Year					
e	8			and grants (Part VIII, line 1h)				NONE					
Revenue	9	Progra	am serv	ice revenue (Part VIII, line 2g)		1,76	2,053	1,935,951.					
Sev.	10	Invest	ment ir	come (Part VIII, column (A), lines 3, 4, and 7d)	2 2 2	6	5,935						
-	11	Other	revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			8,063						
	12	Total r	evenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			9,925						
	13			milar amounts paid (Part IX, column (A), lines 1-3)			2/220	NONE					
	14			to or for members (Part IV, column (A), line 4)	3.32.0								
10	4.5			er compensation, employee benefits (Part IX, column (A), lines 5-10)		1,364,873.		NONE					
Expenses	162	Profes	sional	fundraising fees (Part IX, column (A), line 11e)		1,30	4,873						
per	l b	Total f	undraid	ing expenses Port IV selumn (D) line 25) b			31 7	NONE					
E	47												
	17	Other	expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)			7,420						
	18	l otal e	expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,96	2,293	3. 2,752,333.					
. 10	19	Reven	ue less	expenses. Subtract line 18 from line 12		-17	2,368	-514,321.					
s or	1				В	eginning	g of Year	End of Year					
Net Assets or Fund Balances	20	Total a	issets (	Part X, line 16)		1,24	2,230	649,984.					
AB	21	Total li	iabilitie	s (Part X, line 26)			7,990						
FE	22	Net as	sets or	fund balances. Subtract line 21 from line 20			4,240						
	rt II	Sig	nature	Block				. 025/522.					
				s of perjury, I declare that I have examined this return, including accompanying so	hadala - A	-2-1		manual variables					
		and be	elief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based	on all infor	mation o	f which p	preparer has any knowledge.					
c	ign					1							
	ere	1	Signatur	e of officer		D.	4-						
	ere	,	Jigilatui	e of officer		Da	ite						
			ype or	print name and title									
		Prepa	rer's	Date	Check if self-			er's identifying number structions)					
Paid		signat	ture	Tel. Jusco, CPA 11/13/2009	employed	<b>&gt;</b>	(see iiis	structions)					
90.0	arer's	Firm's	name (c	BOND BEEBE, A PROFESSIONAL CORP.		EIN	<b>&gt;</b>						
Jse	Only	it self-	mployed s, and Z	Deta Beebe, A TROPESSIONAL CORT.		Phone no		703 604 0600					
May	the II			s return with the preparer shown above? (See instructions)				703-684-0600					
				perwork Reduction Act Notice, see the separate instructions.			MOD	. X Yes No					
ISA	iiva	y ACL	and Fa	perwork reduction Act notice, see the separate instructions.	P	UBLIL	INOL	ECTIO Form 990 (2008)					
E10	10 2.00	0					COPY						

ALEXANDRIA, VA 22314

#### Form **8868**

(Rev. April 2008)

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No. 1545-1709

If you are if	iling for an Automatic 3-Month Extension, complete only Part I and check this box	<b></b> Lx.J
	iling for an <mark>Additional (Not Automatic) 3-Month Extension, complete only Part Ii</mark> (on pag <b>te Part Ii unless</b> you have already been granted an automatic 3-month extension on a pre	
Part   Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
	required to file Form 990-T and requesting an automatic 6-month extension - check this b	
	orations (including 1120-C filers), partnerships, REMICs, and trusts <b>m</b> ust use Form 7004 to i ome tax returns.	request an extension of
one of the re electronically in returns, or a c	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auturns noted below (6 months for a corporation required to file Form 990-T). Howev f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms omposite or consolidated From 990-T. Instead, you must submit the fully completed and e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	US OIL & GAS ASSOCIATION	23-7033162
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for filing your	901 F STREET, NW	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
•	WASHINGTON, DC 20004-1405	
X Form 990	f return to be filed (file a separate application for each return):  Form 990-T (corporation)  For	m 4720
Form 990		m 5227
Form 990		m 6069
Form 990		m 8870
	are in the care of ► <u>ALBERT_MODIANO</u> No. ► <u>202_638-4400</u> FAX No. ►	
. If the average		
If this is for		527
_	roup, check this box ▶ ☑ . If it is for part of the group, check this box ▶ ☐ als of all members the extension will cover.	and attach a list with the
	an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of	
until for the org	08/15 , $2009$ , to file the exempt organization return for the organization n panization's return for:	amed above. The extension is
<b>.</b> .	calandar year 2000 ar	
	calendar year <u>2008</u> or tax year beginning , , and ending	
	tax year beginning, and ending	·
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, lable credits. See instructions.	ess any 3a \$
b. If this app	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	
made. Inc	lude any prior year overpayment allowed as a credit.	3ь \$
c Balance I	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	deposit
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	m). See
instruction		3c \$
Caution. If you for payment ins	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC tructions.	and Form 8879-EO
For Privacy Ac	t and Paperwork Reduction Act Notice, see Instructions.	Form <b>8868</b> (Rev. 4-2008)

Form 990 (2008)			23-7033162	Page 2
Part III Statement of	Program Service Ac	complishments (see instructions)		
<ol> <li>Briefly describe the or</li> </ol>	ganization's mission:			
PROMOTION AND	PROTECTION OF	THE OIL AND GAS INDUSTRY	•	
				~
2 Did the organization	undertake any signif	icant program services during the y	your which were not listed on	
the prior Form 990 or	990-EZ?	, , , , , , , , , , , , , , , , , , ,	ear which were not listed on	Yes X No
If "Yes" describe these	new services on Sch	nedule O.		
3 Did the organization of	ease conducting, or	make significant changes in how it	conducts, any program	
services?				Yes X No
If "Yes," describe these				
4 Describe the exempt p	ourpose achievements	s for each of the organization's three	largest program services by expense	es.
allocations to others t	bu i (c)(4) organization	ons and section 4947(a)(1) trusts are drevenue, if any, for each program s	required to report the amount of gra	ints and
	no total expendes, an	a revenue, a any, for each program s	ervice reported.	
4a(Code: )	Expenses \$	including grants of \$	\/Pevenue \$	
		HE IMPROVEMENT, PROMOTIO		/
WELFARE OF THE			N, AND	
				···········
	·			
***************************************				
				***************************************
<b>4b</b> (Code: ) /	Eynenses \$	including grants of \$	) /Povenue ¢	
// (0000:/)	ш	Thoracang grants of $\phi$	) (Revenue \$	)
***************************************				***************************************
4c (Code: ) (E	Expenses \$	including grants of \$	) /D	
7 ( COGC ) (C	-xpenses #		) (Revenue \$	)
***************************************				
***************************************				
	***************************************			
				***************************************
d Other program service	-	•		
(Expenses \$	including grant			
ie Total program service SA	expenses > \$	(Must equal Part IX, L		
#1. E4000 # 000				Form <b>990</b> (2008)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1	ļ	X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
•	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	_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		X
•	Cabadula C. Dart II			
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		<del> </del>
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	5	X	<del></del>
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schodula D. Part I	6		.,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			- 21
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
40	Parts VI, VII, VII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the U.S.?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		Х
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		7.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		_X
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule J		ļ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
<b>2</b> 7a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	l		
	24h 24d and complete Schodule V. H. III. II A			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u>X</u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt hands?	24-		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a diagnalified serves during the use of #W- # serve (st. O. b. 1.1.1.5.1)	25a	1	
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	-00		
	porcen from a sie anno 10 (f ll) ( a ll a ll a ll a ll a ll a ll a l	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		$\dashv$	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
JSA 8E1021	1.000	Form 9	90 (	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity		50.00	
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV , ,	28a	x	200000000
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-	· · · · · · · · · · · · · · · · · · ·	
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>\</u>		
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	04		_^_
	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VII		- 1	

Form **990** (2008)

Page 4

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittat of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		-
4 a	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			١.
	account)?	4a	Salari dali monto	X
b	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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
۵.	Prohibited Tax Shelter Transaction?	5c		
	Did the organization solicit any contributions that were not tax deductible?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	v	
7	Organizations that may receive deductible contributions under section 170(c).		X	
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?.	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	•	
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		***************************************
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	ļ		
	required?	7h		tusan nekaki
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	(francisco)	
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	SUMANIE:	HERE SERVE
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
		122		
-a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
		COLUMN TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF	AND REPORT OF THE PARTY OF	

Form **990** (2008)

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Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management		*****	
		***************************************	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		Parago d	
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?,	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a	X	····
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9 a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
4.0	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
4.4	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		_X_
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
C4'	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Secti	on B. Policies		7	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		Yes	No
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a		_X_
ы	rise to conflicts?			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
·	described to October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 1997 and October 19	40		
13	Dogs the organization have a unities which below realized	12c		
14	Does the organization have a written document retention and destruction policy?	13		<u> X</u>
15	Did the process for determining compensation of the following persons include a review and approval by	14		_X
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	T	15a	-	
	Other officers or key ampleyage of the exemplation?	15a	X	
	Describe the process in Schedule O. (see instructions)	133	X	0.50000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		<u> </u>
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	39520693	8868888888
Secti	on C. Disclosure	.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ OK.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	onlv)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e		
	organization: ►ALBERT MODIANO 901 F STREET, NW, STE 601 WASHINGTON, DC 20004-140			
	202-638-4400	· <b>_</b>		

Form **990** (2008)

8E1042 1.000

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
<b>(A)</b> Name and Title	(B) Average hours per	Posi or o				that ap	ply) - 공	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week	or director	Institutional trustee	icer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
SEE SCHEDULE J-2										
						**************				
		:								
··· ··· ··· ··· ·· ·· ·· ·· ·· ·· ·· ··										
							_			

Form 990 (2008)

٤	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and	Hig	hest Compensat	ed Emplo	oyees (d	continued)
	(A)	(B)	(C)						(D)	(E)		(F)
	Name and title	Average	Position (check all that						Reportable	Repor	table	Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Hig)	Former	compensation from	compen from re		amount of
		WOOK	irec	it it	ě	em em	nest	ner	the	organiz		other compensation
			학학	onal	Ì	ş	e con		organization	(W-2/109		from the
			uste	trus.		6	jed		(W-2/1099-MISC)			organization
			•	tee			Highest compensated employee				į	and related organizations
***************************************			<u> </u>			-	Ω.	<u> </u>				
*******												
*******							***********					
												*
				Ì								
		•				$\dashv$			**			
<u>1b</u>		<u> </u>						<b>&gt;</b>	822,765.		NONE	115,534
2	Total number of individuals (including those organization ► 5	in 1a) w	ho re	ecei	ved	mo	ore th	nan	\$100,000 in rep	ortable c	ompensa	ation from the
				•				<del></del>				Yes No
3	Did the organization list any former office	er, directo	r or	tru	stee	e, k	ey e	mpl	oyee, or highest	compens	ated	
	employee on line 1a? If "Yes," complete Schedu											3 X
4	For any individual listed on line 1a, is the the organization and related organizations	sum of r greater tha	report an \$1	abl∈ 150.	000.	omp )?	ensa If "Ye	tion es."	and other comp	ensation le J for	from such	
	individual											4 X
5	Did any person listed on line 1a receive	or accru	ie co	mp	ens	atio	n fro	m	any unrelated or	ganizatior	for	
Sec	services rendered to the organization? If "Yes," or services rendered to the organization? If "Yes," or services rendered to the organization?	complete 2	crieau	ne J	101	Suc	n per	son	<u> </u>			5 X
1	Complete this table for your five highest compensation from the organization.	ompensate	ed inc	depe	end	ent	cont	ract	ors that received	more th	an \$10	0,000 of
	(A)	······	***************************************					T	(B)			(C)
	Name and business addre	ess							Description of serv	rices	Co	mpensation
			***************************************				***************************************					
						·····		-		·····		
2	Total number of independent contractors (in	ichidina th	000 ;	n 1	١ ،	h c	recoi	NO4	more than \$400	000 :-		
_	componentian from the association a	ONE		ır I,	, w 		-ecei	veu 	more than \$100	,oou in		
JSA												Form <b>990</b> (2008)

Pa	rt VII	Statement of Reven	 ue		23-7033162						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grants)	1b 1c	-							
Contribuand other	g	and similar amounts not included Noncash contributions included it	I above . 1f in lines 1a-1f: \$								
	h 2a	Total. Add lines 1a-1f MEMBERSHIP DUES	• • • • • • •	Business Code	NONE 1,935,951.						
Program Service Revenue	b c d										
Progra	f g	All other program service rev Total. Add lines 2a-2f			1,935,951.						
	3 4	Investment income (includin other similar amounts) Income from investment of t	ax-exempt bond p	oroceeds ▶	39,000. NONE	-					
	5 6a b	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal	NONE						
	d 7a b	Net rental income or (loss).  Gross amount from sales of assets other than inventory Less; cost or other basis	(i) Securities 190,036.	(ii) Other	NONE						
	c d	and sales expenses Gain or (loss)			186,344.						
Other Revenue	8a	events (not including \$ of contributions reported on See Part IV, line 18	line 1c). a	23,138.							
Other	b c	Less: direct expenses Net income or (loss) from fur			-21,968.						
	9 a	Gross income from gaming a See Part IV, line 19.									
	b c	Less: direct expenses Net income or (loss) from ga			NONE						
	10a	Gross sales of inventor returns and allowances	a								
	b c	Less: cost of goods sold  Net income or (loss) from sal  Miscelianeous Reven	es of inventory	***************************************	NONE						
	11a b	MISCELLANEOUS		900099	98,685.						
	С										
	d e 12	All other revenue		_	98,685.						
		9c, 10c, and 11e · · · · ·	•		2,238,012.			000 (0000)			

1 0/11/1 850 (2000)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses Do not include amounts reported on lines 6b, (B) (D) Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . NONE Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . . . . . . NONE Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 NONE Benefits paid to or for members . . . . . . . . . . NONE Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . 669,933 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . NONE 7 767,853 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). . 6,090 168,021 10 52,078 Fees for services (non-employees): a Management ...... 7,623 7,250 30,286 25,000 Professional fundraising services. See Part IV, line 17 NONE NONE 19,740 Advertising and promotion . . . . . . . 11,250 12 109,533 13 14 Information technology...... NONE Royalties.......... 15 NONE 16 Occupancy . . . . . . . . . . . . . . . . , , , 132,861 17 69,556. 18 Payments of travel or entertainment expenses 1,079 for any federal, state, or local public officials Conferences, conventions, and meetings . . . . 19 12,419 20 2,104 21 552,237 22 Depreciation, depletion, and amortization . . . . 5,660 23 20,277 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a PRESIDENT'S EXPENSE 1,089 b DUES\_\_\_\_\_ 30,683 c OTHER\_\_\_\_\_ 41,782. d GOVERNMENT\_RELATIONS\_\_\_\_\_ 7,929 e BENEFIT PLAN MANAGEMENT f All other expenses \_\_\_\_\_\_ Total functional expenses. Add lines 1 through 24f 2,752,333 Joint Costs. Check here ▶ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising 

JSA 85 4052 4

8E1052 1.000

Form 990 (2008)

23~7033162 Page 11

Form 990 (2008) **Balance Sheet** Part X (A) (B) Beginning of year End of year 295,580 1 10,438. 2 2 652,612 397,834. 3 3 4 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . . 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II 6 Notes and loans receivable, net ................. 7 4,210 Assets 1,148. 8 170. 10a Land, buildings, and equipment: cost basis . . . . 10a b Less: accumulated depreciation. Complete 10c 21,530 2,329. 11 11 12 12 13 13 14 14 15 15 268,298 238,065. 16 Total assets, Add lines 1 through 15 (must equal line 34) . . . . . . . . . 1,242,230 16 649,984 17 17 42. 18 18 19 19 20 20 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties STMT. 3... 23 15,680 NONE 24 24 25 25 2,310 NONE 26 Total liabilities. Add lines 17 through 25...... 26 17,990. 42, Organizations that follow SFAS 117, check here | and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Permanently restricted net assets.......... 29 Organizations that do not follow SFAS 117, check here ▶ | x | and complete lines 30 through 34. Assets 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . . . . 32 1,224,240. 649,942. Set 33 1,224,240. 33 649,942. 34 Total liabilities and net assets/fund balances.......... 34 1,242,230 649,984, Part XI **Financial Statements and Reporting** 

		***************************************	1.,	
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		0.00	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			ĺ
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		х
b	If "Yes," did the organization undergo the required audit or audits?	3h		

Form 990 (2008)

#### SCHEDULE C

(Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) clame of organization	organizations: Complete Part III.		Employer ident	ification number
us	OIL & GAS ASSOCIAT	CION  d by all organizations exemons for Schedule C for details.	pt under section 50	23-7	033162
1 2 3	Provide a description of the Political expenditures	ne organization's direct and indire		▶ \$	
Pa		d by all organizations exempons for Schedule C for details.	t under section 50°	1(c)(3).	
1 2 3 4a b	Enter the amount of any e  If the organization incurred  Was a correction made?  If "Yes," describe in Part IV  Int I-C  To be complete	d by all organizations exem	n managers under se rm 4720 for this year	ction 4955	Yes No
1 2 3 4 5	Enter the amount directly activities	expended by the filing organization organization's funds contributities	ed to other organizat dd lines 1 and 2 and  nber (EIN) of all secti nount was paid from o a separate political	ions for section  senter here and son 527 political organization's organization, such as a section.	Yes No No No No No No No No No No No No No
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			. –		
•••••			-		

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2008

JSA 8E1264 1.000

Scn	teatile C (Form 990 of 990-EZ) 2008				23~/	'U33162			Page ∡
P	art II-A To be completed (election under s			exempt under sec the instructions for			m 5768		
A	Check ▶ if the filing or	ganization belon	gs to	an affiliated grou	Э.			***************************************	
В	Check ▶ if the filing or	ganization chec	ked	box A and "limited	control" provis	ions apply.			
		its on Lobbying E Iditures" means a		nditures ints paid or incurred	.)	(a) Filii organization		(b) Affilia group to	
1 a b c d e f	Total exempt purpose expen Lobbying nontaxable amount	o influence a legis (add lines 1a and 1 nditures ditures (add lines	lativ b) . 1c ar	e body (direct lobbyi	ng)				
	columns.								arr cas esta
	If the amount on line 1e, column		-	-	is:				
	Not over \$500,000			amount on line 1e.					
	Over \$500,000 but not over \$1,0			lus 15% of the excess					
	Over \$1,000,000 but not over \$1	······································		lus 10% of the excess					
	Over \$1,500,000 but not over \$	***************************************		lus 5% of the excess of	over \$1,500,000.				
	Over \$17,000,000	\$1,00							
g	Grassroots nontaxable amou	ınt (enter 25% of li	ne 1f	) <i></i>	<i>.</i>	·····			
h	Subtract line 1g from line 1a.	. Enter -0- if line g	is m	ore than line a	<i></i>			***************************************	
i	Subtract line 1f from line 1c.						-		
j	If there is an amount other th			•	•		, •	<del> </del>	
	section 4911 tax for this year	?		<i>, , , , , , , , , , , , , , , , , , , </i>				Yes	No
		zations that made ns below. See the	a se	raging Period Unde ection 501(h) electio tructions for lines 2	n do not have t a through 2f of	o complete a the instructio		e	
		Lobbying E	xpe	nditures During 4-Ye	ear Averaging Pe	riod	Г		
	Calendar year (or fiscal year beginning in)	(a) 2005		<b>(b)</b> 2006	(c) 2007	(d) 2	800	(e) Tot	al
2 a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots non-taxable amount								
	Grassroots ceiling amount (150% of line 2d, column (e))	1973 - 1944 11973 - 1944	100.0						
f	Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2008

Part II-B

(b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? h C Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? е Grants to other organizations for lobbying purposes? f Direct contact with legislators, their staffs, government officials, or a legislative body? g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? h Other activities? If "Yes," describe in Part IV i Total lines 1c through 1i İ Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2 a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details. Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Х 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 X Did the organization agree to carryover lobbying and political expenditures from the prior year? Х To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or Part III-B section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members 1,761,219. Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year 2a 189,273. Carryover from last year 2b 2c 189,273. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . 3 3 1,314,414. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) -1,125,141. Supplemental Information Part IV Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information. Schedule C (Form 990 or 990-EZ) 2008

5768 (election under section 501(h)). See the instructions for Schedule C for details.

Schedule C (I	-orm 990 or 990-EZ) 2008	23-7033162	Page 4
Part IV	Supplemental Information (continued)		·
		** ** ** · · · · · · · · · · · · · · ·	
		ME THAT THAT THAT THAT THAT THAT THAT THA	
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#### **SCHEDULE D** (Form 990)

#### **Supplemental Financial Statements**

OMB No. 1545-0047

Schedule D (Form 990) 2008

► Attach to Form 990. To be completed by organizations that

	artment of the Treasury mal Revenue Service	answered "Yes," to	o Form 990, Part IV,	line 6, 7, 8, 9, 10,	11, or 12.	Inspection
	e of the organization				γ	ntification number
US	OIL & GAS AS:	SOCTATION			' '	033162
		ations Maintaining Donor Adv	ised Funds or Othe	er Similar Funds	or Accounts.	Complete if
	the organ	nization answered "Yes" to For	m 990, Part IV, line	÷ 6.		Complete ii
			(a) Donor ad	lvised funds	(b) Fund	s and other accounts
1	Total number at e	nd of year , ,				
2		utions to (during year)				
3		from (during year)				
4		at end of year				
5		on inform all donors and donor a	dvisors in writing that	t the assets held in	donor advised	
		anization's property, subject to th				Yes No
6		on inform all grantees, donors, a				
	used only for char	itable purposes and not for the b	enefit of the donor o	r donor advisor or o	other	
	impermissible priv	ate benefit?	<i></i> .		<u> </u>	Yes No
	rt II Conserva	ate benefit?	the organization a	nswered "Yes" to	Form 990, Pa	rt IV, line 7.
1	Purpose(s) of con	servation easements held by the	organization (check a	all that apply).		
	3 1	of land for public use (e.g., recre	eation or pleasure)			lly importantly land area
	1 1	f natural habitat		Preservation	n of certified his	toric structure
_		of open space				
2		-2d if the organization held a qua	alified conservation c	ontribution in the fo	orm of a conserv	ation easement
	on the last day of	tne tax year.			Hald	at the Cad at the Varia
	77-1-1				Braumosallagia	at the End of the Year
a		onservation easements				·····
b		tricted by conservation easements				
C		vation easements on a certified				
d 3		rvation easements included in (c)				
J		vation easements modified, tran: ►	sterrea, releasea, ex	ainguisnea, or term	nnated by the org	ganization during
4		where property subject to conse	runtian annoment in in	acted •		
5		ition have a written policy regard				-
•		e conservation easements it holds				Yes No
6		hours devoted to monitoring, insp				
7		es incurred in monitoring, inspec				
8		vation easement reported on line				
		l 170(h)(4)(B)(ii)?				Yes No
9		be how the organization reports				
		d include, if applicable, the text o				
	the organization's	accounting for conservation ease	ements.			
Pa	rt Ⅲ Organiza	tions Maintaining Collections	of Art, Historical	Treasures, or Otl	ner Similar As:	sets.
·····		e if the organization answered		<u> </u>		
1 a	If the organization art, historical treas	elected, as permitted under SFA sures, or other similar assets hele V, the text of the footnote to its fi	AS 116, not to report d for public exhibition	in its revenue state , education, or res	ement and baland earch in furthera	ce sheet works of nce of public service,
b	If the organization	elected, as permitted under SFA	AS 116, to report in it	s revenue stateme	nt and balance s	heet works of art,
	provide the following	s, or other similar assets held for ng amounts relating to these iten	- public exilipition, ea ns:	ucation, or researc	in turtherance	or public service,
		ded in Form 990, Part VIII, line 1				<b>▶</b> \$
		d in Form 990, Part X				<b>S</b>
2		received or held works of art, his				
		required to be reported under SI			o ioi iiilanolas gas	in, provido tilo

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sched	fule D (Form 990) 2008				23-703	3162			Page 2
Par	t III Organizations Maintain	ing Collections	of Art, Histori	cal Treasure	s, or Ot	her Similar A	Assets (	(continued)	
3	Using the organization's accession	and other record	s chack any of	the following:	that are	a cianificant u	ea of ite	collection	
J	items (check all that apply):	and other record	3, Check any of	the following	illat ale	a significant u	se or its	COJECTOLI	
а	Public exhibition		d $\square$	Loan or ex	change	nrograme			
b	Scholarly research		e —	Other	Change	programs			
C	Preservation for future ge	noratione	е	Otilei				***************************************	
1	Provide a description of the organi		s and avalain b	ow thou furtho	r tha ara	anization's av	omet eu	roose in	
7	Part XIV.	zadon s conection	and explain in	ow they fulfile	i tile org	anization's ex	embt ha	pose III	
5	During the year, did the organizati	on solicit or rocal	o donations of	art historical t	roosuro	ar other cimi	lor		
J	assets to be sold to raise funds rat							Yes	¬.,.
Par	t IV Trust, Escrow and Cust							<u> </u>	No
L GI	Part IV, line 9, or reporte					wered res	10 1 0111	1 990,	
					_				
1 a	Is the organization an agent, truste			-					_
	included on Form 990, Part X?							Yes	No
þ	If "Yes," explain the arrangement in	Part XIV and cor	nplete the follow	wing table:					
						A	mount		
С	Beginning balance				1c				
ď	Additions during the year				ļ				
e	Distributions during the year								
f -	Ending balance							·····	
2a	Did the organization include an am		0, Part X, line 2 <sup>-</sup>	1?				Yes _	No
	If "Yes," explain the arrangement in			1337 8 6					
Par	t V Endowment Funds. Con		···]·······			<del></del>		T	
4 -	Desiration of warm halance	(a) Current Year	(b) Prior year	STREET, HOUSE STREET, STREET,	ears back	(d) Three ye	ars back	(e) Four years	s back
1a	Beginning of year balance							1	
b	Contributions		000000000000000000000000000000000000000			100000000000000000000000000000000000000	100	0.666.00	
C	Investment earnings or losses					+			
a	Grants or scholarships	***************************************						1	
е	Other expenditures for facilities .			10.000				0.000	
£	and programs							1	
	Administrative expenses								
g	End of year balance	-211	ASSESSED SECTIONS				100 M 100 G	1	
2	Provide the estimated percentage	-							
a	Board designated or quasi-endown		%						
D	Permanent endowment	***************************************							
	Term endowment	<u>%</u>	£ 41	414 14	d and de-	hartateko a der			
Ja	Are there endowment funds not in	tne possession o	t the organization	on that are ne	a ana ac	ımınısterea tor	tne	[V	<del></del>
	organization by: (i) unrelated organizations							Yes	No
	(ii) related organizations							3a(i)	+
b	If "Yes" to 3a(ii), are the related org							3a(ii) 3b	
4	Describe in Part XIV the intended to					• • • • • • •		[30]	
Par					rt X line	2 10			
ı- al	Description of investment		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	Description of investment		t or other basis vestment)	(b) Cost or other basis (other)	(c	) Depreciation	•	d) Book value	
1a	Land			<u> </u>			·····	<del></del>	
b	Buildings				000,000,000	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			
С	Leasehold improvements								
	Equipment	<del></del>		3,66	59.	1,817	••••••	1 F	352.
	Other				09.	132.			177.
	. Add lines 1a-1e. (Column (d) shou		), Part X, colum				***************************************		29.

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See I	-orm 990, Part X, Iii	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion: ket value
Financial der	ivatives and other financial products			
	equity interests			
	· · · · · · · · · · · · · · · · · · ·			
Total (Column	(b) about a surface 200 Part V and (0) line 40.1 b			
	(b) should equal Form 990, Part X, col. (B) line 12.)	Earm 000 Dart V li	Inc. 12	
Part VIII	Investments - Program Related. See		·	
	(a) Description of investment type	(b) Book value	(c) Method of valuate Cost or end-of-year mark	tion: cet value
			Oost or charon-year man	ver value
***************************************				
			<del></del>	
***************************************				
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X,	ine 15.		
		Description		(b) Book value
CASH VAL	UE LIFE INSURANCE			238,065
				2307003
	(b) should equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·	238,065
Part X	Other Liabilities. See Form 990, Part	K, line 25.		
	(a) Description of liability	(b) Amount		
Federal incom	ne taxes			
PAYROLL	TAXES PAYABLE	NONE		
·····				
·····				
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 25.) 🕒	NONE		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedu	ale D (Form 990) 2008 23-7033162	Page 6
Part		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net). Add lines 4-8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
Part		eturn
1	Total revenue, gains, and other support per audited financial statements	. , 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	2e
3	Subtract fine 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	
	Reconciliation of Expenses per Audited Financial Statements With Expenses per F	
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities  Prior year adjustments  2a  2b	
b	0.00	
C		
ď	Add the one of the same of	2e
е 3		20
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• •
-	Investment expenses not included on Form 990, Part VIII, line 7b	
a		
	Other (Describe in Part XIV) Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5
Part		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV. lines 1b
	p; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	
<del></del> -		

acriedate o (FC	8111 890) 2006	Z3~/U3316Z	Page 5
Part XIV	Supplemental Information (continued)		
I dit Aiv	oupplemental information (commuca)		
		•	
	*	***************************************	
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Schedule D (Form 990) 2008

#### SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008
Open To Public

Open To Public Inspection

Name of the organization Employer identification number US OIL & GAS ASSOCIATION 23-7033162 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Email solicitations f Solicitation of government grants h Phone solicitations Special fundraising events C d In-person solicitations 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 activities? 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. Form 990-EZ filers are not required to complete this table. (i) Name of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) fundralser listed in contributions? organization col. (i) Yes No 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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008

Pa	rt l	Fundraising Events. Complements than \$15,000 on Form	ete if the organization n 990-EZ, line 6a. Lis	answered "Yes" to Fest events with gross re	orm 990, Part IV, Iir eceipts greater than	ne 18, or reported \$5,000.
			(a) Event #1	(b) Event #2 NCSL BOURBON (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add c (a) through col. (c))
Revenue	1 2	Gross receipts	!	21,500.	100.	23,13
	3	Gross revenue (line 1 minus line 2)		21,500.	100.	23,138
	4	Cash prizes				
Direct Expenses		Non-cash prizes				
t Exp	6	Rent/facility costs				
Direc	7	Other direct expenses	1,807.	20,843.	22,456.	45,106
Pa	8 9 <b>rt</b> [	Direct expense summary. Add lines 4 Net income summary. Combine lines Gaming. Complete if the org than \$15,000 on Form 990-	anization answered "`	Yes" to Form 990, Pa	rt IV, line 19, or rep	45,106. -21,968 orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c)
Re	1	Gross revenue				
ses		Cash prizes				
Exper	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses			<u> </u>	
	6	Volunteer labor	Yes%	Yes %	Yes %	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			(
	8	Net gaming income summary. Combi	ne lines 1 and 7 in colun	ın (d)	<b>&gt;</b>	
9 a b	IS	nter the state(s) in which the organizati the organization licensed to operate g 'No," Explain:	aming activities in each o	of these states?	• • • • • • • • • • • • •	Yes No
		ere any of the organization's gaming li 'Yes," Explain:	censes revoked, suspe	nded or terminated durin	g the tax year?	10a
11 12	ls	es the organization operate gaming a the organization a grantor, beneficiary med to administer charitable gaming?	or trustee of a trust or	rs? a member of a partners	hip or other entity	

Schedule G (Form 990 or 990-EZ) 2008

Indicate the percentage of gaming activity operated in:  a The organization's facility	Sched	ule G (Form 990 or 990-EZ) 2008 23-7	033162			Page 3
a The organization's facility			1 1	Total Control	Yes	No
b An outside facility	13					200
Provide the name and address of the person who prepares the organization's gaming/special event books and records:  Name ►  Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	a			%		
and records:  Name ▶  Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	b			%		
Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   amount of gaming revenue retained by the third party   c if "Yes," enter name and address:  Name   Address   Gaming manager information:  Name   Description of services provided   Description of services provided   Description of services provided   Address   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of	14	, , , , -	ming/special even	t books		
Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization   amount of gaming revenue retained by the third party   c if "Yes," enter name and address:  Name   Address   Gaming manager information:  Name   Description of services provided   Description of services provided   Description of services provided   Address   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of services provided   Description of		Name >				
Does the organization have a contract with a third party from whom the organization receives gaming revenue?				100		
revenue?		Address				
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:  Name ▶ Address ▶ Gaming manager information:  Name ▶ Description of services provided ▶	15 a					
amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address:  Name ▶  Address ▶  Gaming manager information:  Name ▶  Description of services provided ▶	L				a	
c If "Yes," enter name and address:  Name ▶  Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶	D		aı	id tile		
Name ►  Address ►  16 Gaming manager information:  Name ►  Gaming manager compensation ► \$  Description of services provided ►						
Address   Gaming manager information:  Name   Gaming manager compensation   Description of services provided	C	ii Tes, eillei fiaille and address.			e district	
Address   Gaming manager information:  Name   Gaming manager compensation   Description of services provided		Name ►				
Name ►  Gaming manager compensation ► \$  Description of services provided ►						
Gaming manager compensation ▶ \$  Description of services provided ▶	16	Gaming manager information:				
Gaming manager compensation ▶ \$  Description of services provided ▶		Name •				
Director/officer Employee Independent contractor		Description of services provided				
		Director/officer Employee Independent contractor				
17 Mandatory distributions:	17	Mandatory distributions:		1.0		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Is the organization required under state law to make charitable distributions from		i		
retain the state gaming license?	l.			-	а	9/(9/0)
in the organization's own exempt activities during the tax year > \$	Ü		mpt organizations c	y shelif		

Schedule G (Form 990 or 990-EZ) 2008

#### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

US OIL & GAS ASSOCIATION

Employer identification number

23-7033162

Par	Questions Regarding Compensation		
		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  Housing allowance or residence for personal use Payments for business use of personal residence  Tax indemnification and gross-up payments  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.  Compensation committee Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee		
4 a b c	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:  Receive a severance payment or change of control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		X X X
5 a b	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.		
6 a	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  6a		
b 7	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		

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Schedule J (Form 990) 2008

Page 2

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	)	B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i)	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-( <sub>i</sub> )(a)	reported in prior Form 990 or Form 990-EZ
**************************************		241,033.	NONE	17,645.	9,583.	19,692.	287,953.	NON
CHRISTOPHER JOHN	(1)	NONE		NONE	NONE	NONE		NON
		135,382.	NONE	NONE	20,451.	NONE	155,	NON
MICHAEL H BERNARD	(E)	NONE	NONE	NONE	NONE	NONE		NON
	(I)	 						
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Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

US OIL & GAS ASSOCIATION

Employer Identification number

23-7033162

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees (A)	(B)	T		(0	 C)			(D)	(E)	(F)
Name and Title	Average hours	Posit	lion (		•	that ap	niv)	Reportable	Reportable	(F) Estimated
Name and file	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DEREK ALBRO								NONE	NONE	NONT
DIRECTOR	1.	X					<del> </del>	NONE	NONE	NONE
RICH BEDELL DIRECTOR	1.	х						NONE	NONE	NONI
STEVE_BLUME										
DIRECTOR	1.	X					_	NONE	NONE	NONI
LYNN_BOURGEOIS		1								
DIRECTOR	1	X						NONE	NONE	NONE
NEIL BUCKINGHAM										
DIRECTOR	1.	x				<u> </u>	<u> </u>	NONE	NONE	NONI
DAVE_CAGNOLATTI DIRECTOR	1.	x						NONE	NONE	NONE
CHRIS CHANDLER										
DIRECTOR	1.	x						NONE	NONE	NONE
KARL CONNOR										
DIRECTOR	1.	x						NONE	NONE	NONI
GLENN_DEGAIN										
DIRECTOR	1.	х						NONE	NONE	NON
DAVID GARRETT										
DIRECTOR	1.	х						NONE	NONE	NONE
FRANK_GLAVIANO									1	
DIRECTOR	1.	Х						NONE	NONE	NONE
CATHY GOSSET										
DIRECTOR	1.	х						NONE	NONE	NONE
JAMES HUTCHINSON										
DIRECTOR	1.	X			.,,			NONE	NONE	NONE
RICHARD IGERCICH										
DIRECTOR	1.	х				<u> </u>		NONE	NONE	NONE
J.D. LEE, JR.										
DIRECTOR	1.	х						NONE	NONE	NONE
RALPH_MILLER	]	·								
DIRECTOR	1.	X						NONE	NONE	NONE
ROBERT MILLS										
DIRECTOR	1.	X						NONE	NONE	NONE
JUDY OZZARDŁOW									ŀ	
DIRECTOR	1.	X_						NONE	NONE	NONE
FRED_PALMER										
DIRECTOR	1.	х					<u></u>	NONE	NONE	NONE
KEITH PASSMAN										
DIRECTOR	1.	x						NONE	NONE	NONE
DOUG_THIERWECHTER										
DIRECTOR	1.	Х				<u> </u>		NONE	NONE	NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA

Schedule J-2 (Form 990) 2008

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#### SCHEDULE J-2 (Form 990)

#### **Continuation Sheet for Form 990**

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

US OIL & GAS ASSOCIATION

Employer Identification number

23-7033162 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A)	(B)			(0	<b>&gt;</b> )			(D)	(E)	(F)
Name and Title	Average hours per week	individual trustee Por director	Institutional trustee	Officer	Key employee	Highest compensated employee	by Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GARY_WALZ										· · · · · · · · · · · · · · · · · · ·
DIRECTOR	11.	X	-					NONE	NONE	NONE
CANDACE_WEBER									İ	
DIRECTOR	1.	X						NONE	NONE	NONE
D_BRENT_WOOD										
DIRECTOR	1.	X						NONE	NONE	NONE.
LARRY WALL										
EMPLOYEE	40.	X		X				100,019.	NONE	24,654.
CHRISTOPHER JOHN	7									
PRESIDENT	40.	X		<u> </u>				258,678.	NONE	29,275.
MICHAEL H BERNARD										
PRESIDENT	40.	Х	ļ	X				135,382.	NONE	20,451.
BILL PHILIPP										
CHAIRMAN	4.	X						NONE	NONE	NONE
BEN_THOMPSON										
PRESIDENT	50.	Х		_X				93,474.	NONE	8,000.
CONRAD_ARMBRECHT										
DIRECTOR	1.	X						NONE	NONE	NONE
GREGORY A. BIRD									ļ	
DIRECTOR	1.	X						NONE	NONE	NONE
ED_BRUNINI,_JR.										
DIRECTOR	1.	Х						NONE	NONE	NONE
RICK_CALHOON				-						
DIRECTOR	1.	Х						NONE	NONE	NONE
FRED L. CALLON				Ì	Ì					
DIRECTOR	1.	х				····		NONE	NONE	NONE
JAMES B. FURRH, JR.										
DIRECTOR	1.	х						NONE	NONE	NONE
CHARLES GOODSON					ļ	İ				
DIRECTOR	1.	Х						NONE	NONE	NONE
SCOTT HINES										
DIRECTOR	1.	х						NONE	NONE	NONE
DUDLEY J. HUGHES										
DIRECTOR	1.	x					ł	NONE	NONE	NONE
T.K. JACKSON										
DIRECTOR	1.	x						NONE	NONE	NONE
WILLIAM R. JAMES										-1
DIRECTOR	1.	х						NONE	NONE	NONE
LESLIE B. LAMPTON, III	277,0,0,0,0,0			$\neg$	$\Box$	$\neg \neg$		2,72-1,500	-1221	110111
DIRECTOR	1.	x			-	l		NONE	NONE	NONE
KEVIN MACUMBER				_			$\neg$	110111	*10414	MONE
DIRECTOR	1.	x	J		İ			NONE	NONE	NONE
For Privacy Act and Paperwork Reducti				ctic.	ne f	or Eo	rm 0			-2 (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. J\$A

Schedule J-2 (Form 990) 2008

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

Employer Identification number

US OIL & GAS ASSOCIATION

23-7033162

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** 

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	}		·	Т`	that ap	, , ,	Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JAMES T. MCMANUS										
DIRECTOR	1.	X			<u> </u>			NONE	NONE	NON
THOMAS E. MCMILLAN, JR. DIRECTOR	1.	x						NONE	NONE	NON
RICHARD MORITZ										
DIRECTOR	1.	Х						NONE	NONE	NON
W.D. MOUNGER										
DIRECTOR	1.	х						NONE	NONE	NON
W.C. NOBLIN, JR.										
DIRECTOR	1.	Х						NONE	NONE	NON
BILLY POWELL										
DIRECTOR	1.	Х						NONE	NONE	NON]
STEVE_RENFROE										
DIRECTOR	1,	Х						NONE	NONE	NON
JULIUS RIDGWAY					ļ	ļ		J		
DIRECTOR	1.	Х		_				NONE	NONE	NON
ROBERT D. SCHNEEFLOCK										
DIRECTOR	1.	X					_	NONE	NONE	NONI
JIM_SINCLAIR										
DIRECTOR	1.	X						NONE	NONE	NONI
MARION_SMITH									<u> </u>	
DIRECTOR	1.	Х	$\dashv$				-	NONE	NONE	NONI
GLENN G. TAYLOR DIRECTOR			1			i				
	1.	Х		-				NONE	NONE	NONE
WILLIAM T. WATSON		3.5								
DIRECTOR CHARLIE WILLIAMS, JR.	1.	X			$\dashv$			NONE	NONE	NONE
SECRETARY/TREASURER					ı	ĺ				
RAND_PHIPPS	1.	Х	_	_X				NONE	NONE	NONE
CHAIRMAN	 5.			₹.				3103177		
BRAD FOSTER	<u> </u>		-	Х	-		$\dashv$	NONE	NONE	NONE
VICE_CHAIRMAN	5.			x		İ		ATOATE	NIONIE	*****
RICHARD_LYONS			_	弁				NONE	NONE	NONE
EMPLOYEE	40.				ļ	x		110 060	NTONT	20 204
RICHARD METCALF	40.			-	$\dashv$	^	$\dashv$	118,960.	NONE	20,324.
EMPLOYEE	40.					x		116,252.	NONE	10 020
						^		110,232.	NOINE	12,830.
			+							
			-	$\dashv$			_			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA

Schedule J-2 (Form 990) 2008

#### **SCHEDULE L** (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

► Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization							E1	nploye	er iden	itificati	ion nu	mber	
US OIL & GAS ASSO									<u>-703</u>	3162	}		
Part I Excess Benefit To be completed	Transacations by organizations	s (sections that are	n 501(c swered	)(3) and sec I "Yes" on Fo	tion 501(c orm 990, F	)(4) organiz Part IV, lines	ations only) 25a or 25t	o, or F	orm 9	90-EZ	, Part	V, lin	e 40l
1 (a) Name of	disqualified person	ı,			n	) Description	of transacti	on				(c) Co	rrected
(a) Nume of	disqualifica person		· · · · · · · · · · · · · · · · · · ·		,,	J Description	Of transacti					Yes	No
								······································					
		***************************************			·								
2 Enter the amount o under section 4958 3 Enter the amount o	3 <b></b>							<i>.</i>		➤ \$ _ ➤ \$ _			
	I/or From Intere ed by organizatio				Form 990	, Part IV, line	26, or For	n 990	-EZ, F	Part V,	line 3	8a.	
(a) Name of interested pe	rson and purpose		to or from inization?	(c) Ori principal	ginal amount	(d) Bala	ince due	(e) In	default?	by bo	proved pard or nittee?	or agreemer	
		То	From					Yes	No	Yes	No	Yes	No
Part III Grants or As	sistance Benefed by organizatio	itting Ir	nterest	ed Persons	· · · · · · · · · · · · · · · · · · ·		0.7						
(a) Name of interes		<del></del>		ip between in organiza	terested per		(c) Amo	ount of	grant	or typ	e of as	sistan	ce
									.,,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····			
	nsactions invo					Part IV, line	s 28a, 28b,	or 28	<del></del>	***************************************			
(a) Name of interest	ted person			nip between son and the ation		nount of saction	(d) Des	cription	of tra	nsacti	on	(e) Sha organia reven	ation's
DANIELO Z. GONGO BANG.						40.000						Yes	No
PINNACLE CONSULTING, LLC		FURMER	PRESID	SNT		42,000.	SEE SCHEDU	DLE O	EXPLAN	ATION			X
		1											

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

# SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

1545-0047	
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OMB	-

Open to Public Inspection

Employer Identification number

23-7033162

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line Attach certified copies of any articles of dissolution, resolutions, or plans. ► Attach to Form 990 or 990-EZ. 36. Use Schedule N-1 if additional space is needed. JS OIL & GAS ASSOCIATION Department of the Treasury Name of the organization Internal Revenue Service

Part

			ı			
(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipients(s) (if tax-exempt) or type
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2 Did or will any officer, director, trustee, or key employee of the organization;

a Become a director or trustee of a successor or transferee organization? . . . . . . . . . . . . .

Become an employee of, or independent contractor for, a successor or transferee organization?

e If the organization answered ""Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule N (Form 990 or 990-EZ) 2008

o Z

Yes

23 **2**b 2 C

Schedule N (	Schedule N (Form 990 or 990-EZ) 2008			23-7033162			Page 2	0
Part I	Liquidation, Termination, or Dissolution (continued	Dissolution (co	ntinued)					
Note. If	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-	during the tax year, the	ien Form 990, Part X, co	lumn (B) should equal -0		P00/00/00/00/00/00/00/00/00/00/00/00/00/	Yes	0
3 Did the	Did the organization distribute its assets in accordance with its governing instruments? If "No," describe in Part III	nce with its governing	instruments? If "No," de	scribe in Part III			6	
4a Did the	4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was ferminated?	ation letter from EO C	eterminations that the or	ganization's exempt status was fen	minated?		43	1
b (if "Yes,"	b (If "Yes," provide the date of the letter, ▶	_					5	
5a is the or	5a is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	general or other appr	priate state official of its	ntent to dissolve. Bouidate, or term	inate?		ď	100
b if "Yes,"	b if "Yes," did the organization provide such notice?						3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
6 Did the c	Did the organization discharge or pay all liabilities in accordance with state laws?	n accordance with stat	e laws?				200	
7a Did the c	7a Did the organization have any tax-exempt bonds outstanding during the year?	standing during the ye	Bar?				7.3	1
b Did the c	b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	opt bond liabilities in a	ccordance with the Interr	at Revenue Code and state laws?			7.5	
c if "Yes,"	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III	efeased or otherwise s	ettled these liabilities. If "	No," explain in Part III.				
Part II	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space	ı, <b>or Other Tra</b> ne 32, or Form	nsfer of More Th 990-EZ, line 36.	ian 25% of the Organization's Assets. Complete Use Schedule N-1 if additional space is needed.		Complete this part if the organization answered s needed.	answered	
<del></del>	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses		(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipients(s) (if tax-exempt) or type of entity	
ALL EXCEPT	ALL EXCEPT \$10,438 TO PAY BILLS	12/31/2008	552,237.	VIRTUALLY ALL CASH	26-3239839	LOUISIANA MID-CONTINENT OIL & CAS ASSOC. 730 NORTH BOULEVARD BATON ROUGE, LA 70802	501(0)	
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e il ine org	e it title organization answered. Yes: To any of the questions in this line, provide the name of the person involved and explain in Part III.	restions in this line, pr	ovide the name of the pe	rson involved and explain in Part II				

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

L	OMB No. 1545-0047
l	2008
	Open to Public
	Inspection

Department of the Treasury
Internal Revenue Service Form 990 or to
Name of the organization

Employer identification number US OIL & GAS ASSOCIATION 23-7033162 PROCESS FOR DETERMINING COMPENSATION PART VI, SECTION B, LINE 15 FOR: THE ALABAMA/MISSIPPI DIVISION COMPENSATION AMOUNTS FOR TOP MANAGEMENT OFFICIALS WERE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AND ARE COMPARABLE TO THOSE OF OTHER TRADE ASSOCIATIONS. THE PROCESS FOR DETERMINING THE COMPENSATION OF EACH MANAGEMENT OFFICIAL IS DOCUMENTED IN THE MINUTES OF THE ORGANIZATION. FOR: OKLAHOMA DIVISION THEY PREPARE A 990-EZ SO NOT REQUIRED TO PROVIDE THIS INFORMATION.

Schedule O (Form 990) 2008	Page <b>2</b>
Name of the organization	Employer identification number
US OIL & GAS ASSOCIATION	23-7033162
INFORMATION AVAILABLE TO THE PUBLIC	W 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG 100 MG
PART VI, SECTION C, LINE 19	
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## FORM 990, LINE H(B) - AFFILIATED ORGANIZATIONS INCLUDED

MID-CONTINENT OIL & GAS ASSOCIATION 730 NORTH BOULEVARD BATON ROUGE, LA 70802

72-0260350

MID-CONTINENT OIL & GAS ASSOCIATION 6701 N. BROADWAY OKLAHOMA CITY, OK 73116

73-0308320

US OIL & GAS ASSOCIATION 513 N. STATE STREET, SUITE 202 JACKSON, MS 39201

64-0275717

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EVENTS	
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VIII	
PART	
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FORM	

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
TOTALS	23,138. ====================================	45,106.	-21,968.

US1500/JM/JM

STATEMENT

#### FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

REGIONS BANK LENDER:

ORIGINAL AMOUNT: 20,584.

INTEREST RATE: 8.300000

DATE OF NOTE: 07/01/2006

MATURITY DATE: 10/01/2011

REPAYMENT TERMS: 60 PAYMENTS

SECURITY PROVIDED: AUTOMOBILE

PURPOSE OF LOAN: AUTOMOBILE

BEGINNING BALANCE DUE ..... 15,680. ENDING BALANCE DUE ..... NONE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

15,680. 

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

NONE 



## LOUISIANA MID-CONTINENT OIL AND GAS ASSOCIATION

730 NORTH BOULEVARD, BATON ROUGE, LA 70802 TELEPHONE (225) 387-3205 FAX (225) 344-5502 E-MAIL info@Imoga.com

This is to authorize the US Oil and Gas Association to include the Louisiana Division of this organization in its group return, group exemption number 3527, for the year ended December 31, 2008.

I declare, under penalty of perjury, that the authorization and the information submitted to be included in the group return are true and complete.

Signed Larry Was

Title: Pirector at Public affairs

Date: ///12/09



Chairman Bill Philipp

President **Ben Thompson** 

P 601-948-8903 F 601-948-8919

US Oil & Gas Association Mississippi/Alabama Division 513 N. State St. Suite 202 Jackson, MS 39201 www.usoga.com

#### US OIL & GAS ASSOCIATION

Alabama/Mississippi Division 513 N. State Street - Suite 202 Jackson, Mississippi 39201

This form authorizes the US Oil & Gas Association, Washington, D.C., office, to include the Alabama/Mississippi Division in its group return, group exemption number 3527, for the calendar year ended December 31, 2008.

I declare, under penalty of perjury, that the authorization and the information submitted to be included in the group return are true and complete.

Signed: President

Date: November 9, 2009

#### MID-CONTINENT OIL AND GAS ASSOCIATION OF OKLAHOMA 6701 N. Broadway, Suite 300 Oklahoma City, OK 73116

This is to authorize the US Oil & Gas Association to include the Mid-Continent Oil and Gas Association of Oklahoma a Division of the US Oil & Gas Association in its group return, group exemption number 3527, for the year ended December 31, 2008.

I delare, under penalty of perjury, that the authorization and the information submitted to be included in the group return are true and complete.

Signed: Mkel H. Forman
Title: President
Data: July 9, 2000