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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the prid of the year may use this form

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

For the 2010 calendar year, or tax year beginning 2010 and ending JUN 30. 2011 Check if applicable D Employer identification number C Name of organization MICHAEL LATE BENEDUM CHAPTER OF THE Address change 55-0696837 AMERICAN ASSOC. OF PROF. LANDMEN Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return P.O. BOX 4942 (304) 273-0008 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return CHARLESTON, WV 25304 Number > Application pending Accrual Other (specify) ▶ Accounting Method: X Cash H Check X if the organization is not Website: ► HTTP://WWW.MLBC-AAPL.ORG/ required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3) \times 501(c) (6) \rightarrow (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. 168,000. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 135,600. 2 Program service revenue including government fees and contracts 32,400. 3 Membership dues and assessments Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) b Gross income from fundraising events (not-including \$ of contributions from fundraising events reported on line 1) (attack Supply Cythesum of such 6b gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events (add figg 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a OGDEN b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a 7c Other revenue (describe in Schedule 0) 8 168,000. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule 0) 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 148,381 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 17 148,381. 17 Total expenses Add lines 10 through 16 19,619. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 30,728. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20

Form **990-EZ** (2010)

21

9

Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010) AMERICAN ASSOC. OF PROF.	LANDMEN		<u>55-06968</u>	37 Page
Part II Balance Sheets. (see the instructions for Part II.)				
Check if the organization used Schedule 0 to respond to any question	in this Part II	·	<u> </u>	
	(A) Beginning of year		nd of year
22 Cash, savings, and investments		30,728	. 22	50,347
23 Land and buildings			23	
24 Other assets (describe in Schedule O)			24	
25 Total assets		30,728	. 25	50,347
26 Total liabilities (describe in Schedule O)		0		0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		30,728	. 27	50,347
Part III Statement of Program Service Accomplishme	nts (see the instructions for	r Part III.)		kpenses
Check if the organization used Schedule O to respond to any question				for section and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE ()		organizati	ons and section
Describe what was achieved in carrying out the organization's exempt pur	•		be 4947(a)(1) trusts; optional
the services provided, the number of persons benefited, and other relevant				· <i>)</i>
28 SEVERAL CONFERENCES AND MEETINGS WE		NG THE YEAR	<u>R</u>	
TO FOSTER FELLOWSHIP AND PROFESSION		L AS		
PROVIDE CONTINUING EDUCATION FOR A	TTENDEES.			
(Grants \$) If this amount includes foreign		<u> </u>	28a	124,067
29 DONATIONS WERE MADE TO THE WVU CHIL	DRENS HOSPITA	AL GIVING		
RECOGNITION TO THIS ASSOCIATION.				
(Grants \$) If this amount includes foreign			29a	<u>17,500</u>
30 A COLLEGE SCHOLARSHIP WAS PROVIDED	TO A STUDENT	FOR	_	
EDUCATION IN THE MINERAL INDUSTRY.				
(Grants \$) If this amount includes foreign	grants, check here	> _	30a	3,500.
31 Other program services (describe in Schedule O)				
(Grants \$) If this amount includes foreign	grants, check here		31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	145,067.
Part IV List of Officers, Directors, Trustees, and Key E		even if not compensated (s	ee the instructions f	or Part IV)
Check if the organization used Schedule O to respond to any question	T	1		
	(b) Title and average hours	1 * ' '	(d) Contributions to employee	(e) Expense
(a) Name and address	per week devoted to position	(If not paid, enter -0)	benefit plans & deferred	account and other allowances
The state of the s	<u> </u>	<u> </u>	compensation	
MARK A. ACREE, 5025 BEECHGROVE	VICE PRESIDEN	1	_	
AVENUE NE, CANTON, OH 44705	1.00	0.	0.	0.
RICHARD B. ROBB, 1305 GOLF COURSE	SECOND VICE B		_	
DRIVE, WASHINGTON, PA 15301	1.00	0.	0.	0.
CHARLES E. HEILMANN	TREASURER	_	_	_
P.O BOX 235, EVANS, WV 25241	1.00	0.	0.	0.
CYNTHIA L. TORBECK, 103 WEST MAIN	SGT. AT ARMS		_	_
STREET, HARRISVILLE, WV 26362	1.00	0.	0.	0.
REX CECIL RAY	DIRECTOR			_
1710 PA AVENUE, CHARLESTON, WV 25302	1.00	0.	0.	0.
DARRYL H. GRIWATZ, 117 MULBERRY	DIRECTOR			
STREET, RAVENSWOOD, WV 26164	1.00	0.	0.	0.
AARON R. YOST, 101 CAMBRIDGE PLACE,	DIRECTOR			
BRIDGEPORT, WV 26330	1.00	0.	0.	0.
JAMES B. MCPHERSON, 900 LEE STREET,	PRESIDENT			
EAST, CHARLESTON, WV 25301	1.00	0.	0.	0.
				
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				<u></u>
032172 02-02-11				

Page 3

33 Define organization angage in any activity not previously reported to the IRSP If Yes,* provide a detailed description of each activity in Schoolaile 0. 34 Were any significant changes made to the organizing or governing documents? If Yes,* attach a conformed copy of the amended documents if they reflect a change to the organization is name, thereties, explain the change on Schoolale 0 (see instructions). 35 If the organization had income from business activities, such as these reported on lines 2. (8, and 72 (atmos) detailed, but in reported on Form 990-1. 36 If the organization had uncome from business activities, such as these reported on lines 2. (8, and 72 (atmos) of 10(14), 501 (c)(5), or 501 (c)(6), or 501 (c)(6), or 601 (c)(6), or		Check if the organization used Schedule O to respond to any question in this Part V			X
Schedule 0 Al Were any significant changes made to the organization of governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on them 900-1; and 9a members of the propertion of them 900-1; and 9a members of \$101(k)(6) or \$501(k)(6) or \$601(k)(6) or \$601(k		Dath complete and the description of the descriptio	Γ	Yes	No
44 Were any significant changes made to the organization of powering documents? If Yes, "attach a conformed copy of the amended documents fill they reflect a change to the organization small, of they reflect on Form 990.1 to the reported on Form 990.1 to the Power on Power 990.1 to the Power of Wash as section 501(c)(4), 501(c)(5), or 501(c)(5),	33				•
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schodule O (see instructions) 3 If the organization had immore thorousness activities, such as those reported on insist 2.6s, and 7a (among others), but not reported on Form 990-T, explain in Schodule O why the organization of net organization of the organization in the organization of organization of organization of the organization of organization of organization of organization of organization of organization organization of organization organiz	24		33		^
35. If the organization had income from business activities, such as those reported on hiers 2, 6a, and 7a famong others), but not report the organization of the organization of the organization developed on Form 990-1. a Did the organization have unrelated business goes some of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$01(c)(5),	94		24		v
reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. Dot the organization subject to section 603(e) notice, reporting, and proxy tax requirements? State 1 where the data is return on Form 990-T for this year? By Dot the organization undergo a liquidation, dissolution, retirunation, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N The organization for form 1120-POL for this year? By Did the organization notice are present as a described in the instructions. Did the organization form 1120-POL for this year? By Did the organization form 1120-POL for this year? By Did the organization form 1120-POL for this year? Did the organization form 1120-POL for this year? Did the organization form 1120-POL for this year? Section 50 (1)(7) organizations and a thin statistically at the end of the tax year covered by this return? Did the organization form 1120-POL for this year? Section 50 (1)(7) organizations. Enter: Initiation fees and capital contributions included on line 9. For orse receipts, included on line 9, for public use of club facilities. Section 50 (1)(7) organizations. Enter amount of tax imposed on the organization during the year under: Section 50 (1)(7) organizations. Enter amount of tax imposed on the organization during the year under: Section 50 (1)(7) organizations. Enter amount of tax imposed on the organization during the year under: Section 50 (1)(7) organizations. Enter amount of tax imposed on organization during the year under: Section 50 (1)(7) organizations. Enter amount of tax imposed on the organization during the year under: Section 50 (1)(7) organizations. Enter amount of tax imposed on organization during the year under: Section 50 (1)(7) organizations. Enter amount of tax imposed on organization during the year? Section 50 (1)(7) organizations. Enter amount of tax imposed on organization during the year? Section 50 (1)(7) and 50 (1)(7) organizations. Enter	35				
Did the organization have unrelated guisness gross income of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section 803(4) notice, reporting, and proxy tax requirements? \$50 to the organization undergo a liquidation, describation, expendituding, and proxy tax requirements? \$50 to the organization undergo a liquidation, describation, expendituding, and proxy tax requirements? \$51 to the organization proxy to the section \$03 to the section \$03 to the organization the Form 1194-PUI. Or this year? \$52 to the amount of political expenditures, direct or indirect, as described in the instructions. \$53 to the organization the Form 1194-PUI. Or this year? \$54 to the organization the Form 1194-PUI. Or this year? \$55 to the organization the Form 1194-PUI. Or this year? \$55 to the organization the Form 1194-PUI. Or this year? \$55 to the organization the Form 1194-PUI. Or this year? \$55 to the organization the Form 1194-PUI. Or this year? \$55 to the organization the Form 1194-PUI. Or this year? \$55 to the organization the Form 1194-PUI. Or this year? \$55 to the organization the Form 1194-PUI. Or this year? \$55 to the organization the Form 1194-PUI. Or this year? \$55 to this organization the Form 1194-PUI. Or this year? \$55 to the organization the Form 1194-PUI. Or this year year or the organization the proxy that year year or the organization the proxy that year year or the organization the organization the organization the organization the proxy that year year year or the organization. Enter amount of tax imposed on organization managers or disqualited persons during the year undersection that year undersection the year year year year. \$55 to the organization. \$55 to the organization the foreign country	00				
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5. It "Yes," has it flied a lax return on Form 990-T for this year? 5. Dud the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 5. Complete applicable parts of Schedule N 5. Dud the organization file Form 1120-POL for this year? 5. Dud the organization file Form 1120-POL for this year? 5. Dud the organization file Form 1120-POL for this year? 5. Dud the organization file Form 1120-POL for this year? 5. Dud the organization file Form 1120-POL for this year? 5. Dud the organization file Form 1120-POL for this year? 5. Dud the organization file Form 1120-POL for this year? 5. Dud the organization file Form 1120-POL for this year? 5. Dud the organization file Form 1120-POL for this year? 5. Dud the organization file form 1120-POL for this year? 5. Dud the organization file form 1120-POL for this year? 5. Dud the organization file form 1120-POL for this year? 5. Dud the organization file form 1120-POL for this year? 5. Dud the organization file form 1120-POL for this year? 5. Dud the organization file form 1120-POL for this year? 5. Dud the organization file form 1120-POL form 1120-	•		352		x
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x 2 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			1000		<u> </u>
376 Enter amount of pointeal expenditures, direct or indirect, as described in the instructions. ▶ 378	•		36		x
b Did the organization file Form 1120-POL for this year? 838 a Did the organization for Form 1120-POL for this year? 838 b Did the organization for work from, make any loans to, any officer, director, trustee, or key employee or wore any such loans made in a prory year and still outstanding at the end of the tax year covered by this return? 9 b (Forse receipts, included on line 9, for public use of club facilities and capital contributions included on line 9 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	37 a				
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If I'Yes, 'complete Schedule I, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Organization in line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, 'complete Schedule I, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization shooks are in care of ▶ CYNPHIA 1. TORBECK Telephone no ▶ 304-299-4802 Located at ▶ 10.3 WEST MAIN STREET, HARRISVIILE, WV 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: ▶ See the instructions for exceptions and filting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts (A lary 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: ▶ See the instructions for exceptions and filting requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts (Fes No 11 Yes, 'enter the name of the foreign country: ▶ See the instr			7 1		х
a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part I and enter the total amount involved 38b N/A 38c Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 38b N/A 38c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4912 ► N/A Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. All any time during the sale with which a coxy of this return is filed. ► NONE 12 List the states with which a coxy of this return is filed. ► NONE 12 List the states with which a coxy of this return is filed. ► NONE 12 Located at ► 10.3 WEST MAIN STREET, HARRISVILLE, WV 21 P + 4 ► 26.362 22 A try the organization shows are in care of ► CYNTHIA L. TORBECK 12 Located at ► 10.3 WEST MAIN STREET, HARRISVILLE, WV 22 Located at ► 10.3 WEST Main and the organization main an office outside of the U.S.? 13 Sect				· .	
b If Yes,* complete Schedule L, Part II and enter the total amount involved 9 Section 501(c)(7) organizations. Enter: Intitation fees and capital contributions included on line 9 6 Gross recepts, included on line 9, for public use of club facilities 10 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 10 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes,* complete Scheduler L, Part I 10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 11 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 12 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization? If Yes,* complete Form 8886-T 13 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization? If Yes,* complete Form 8886-T 14 List the states with which a copy of this return is filed. ▶ NONE 15 The organization's books are in care of ▶ CYNTHIA L. TORBECK 16 Telephone no. ▶ 304-299-4802 20 At any time during the calendar year, did the organization have an interest in or a signature or other national account in a foreign country; ▶ 21 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 14 List the organization maintain any donor advised funds during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ 15 Did the organization operate one or more hospital facilities during the year			38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 03 Sections 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A b Sections 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e All organizations shocks are in care of ▶ CYNTHIA L. TORBECK Telephone no. ▶ 304 – 299 – 4802 Located at ▶ 10.3 WEST MAIN STREET, HARRISVILLE, WV 2IP + 4 ▶ 26362 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ▶ See the mistructions for exceptions and thing requirements for Form T0 F 90-22.1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶ Section 4947(a)(1) nonexempt charitable trusts lining Form 990-EZ in lieu of Form 1941 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization mental and yound advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the	b				
b Gross receipts, included on line 9, for public use of club facilities ### 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ### section 4911	39] !		
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4915 ▶ N/A Section 501(c)(3) and 501(c)(4) organizations. Dut the organization page in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? if 'Yes,' complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE 121 The organization's books are in care of ▶ CYNTHIA L. TORBECK Telephone no. ▶ 304-299-4802 Located at ▶ 103 WBST MAIN STREET, HARRISVILLE, WV ZIP+4 ▶ 26362 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. ▶ See the instructions for exceptions and filing requirements for Form T0 F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts liming Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 140 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organizati	a	Initiation fees and capital contributions included on line 9			
b Section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of an excess benefit transaction of an excess transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete form 8866-T List the states with which a copy of this return is filed. ▶ NONE 12a The organization's books are in care of ▶ CYNTHIA L. TORBECK Telephone no. ▶ 304-299-48.02 21b At any time during the calendar year, did the organization have an interest in or a signature or other funancial account; over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 11 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 12 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the ame of the foreign country: ▶ D Id the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 14 Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 14 Did	b	Gross receipts, included on line 9, for public use of club facilities 39b N/A]		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete form 8868-T List the states with which a copy of this return is filled. ▶ NONE 12a The organization's books are in care of ▶ CYNTHIA L. TORBECK Telephone no. ▶ 304-299-4802 Located at ▶ 103 WEST MAIN STREET, HARRISVILLE, WV ZIP + 4 ▶ 26362 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Ves No 14a Did the organization operate one or more hospital facilities during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ C Did the organization receive any payments for indoor tanning services during the year? If Yes, Poor Pooled an explanation M	40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	- 1	. :	
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that any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Ida Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ In the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ In the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ In the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ In the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation maintain any office of the U.S.? If "Yes," enter the name of the foreign country: If "Yes," Form 990 must be completed instead of year? If "Yes," Form 990 must be completed instead of Yes, "Form 990 must be completed instead of Yes, "Yes," Form 990 must be completed instead of Yes, "Yes," Form 990 must be completed instead of Yes, "Yes," Form 990 must be completed instead of Yes, "Yes," Form 990 must be completed instead of Yes, "Yes," Form 990 must be completed instead of Yes, "Yes," Form 990 mus			.	1	
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Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Yes No Jack Point the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	٠				
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d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation un Schedule O 44d	C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
		· · · · · · · · · · · · · · · · · · ·	1		
Form 990-EZ (2010)		ın Schedule O	44 <u>d</u>		
			Form 9 9	0-EZ (2010)

UIII		2010) AMERICAN ASSOC. OF	PROF. DAMDMEN						
		· · · · · · · · · · · · · · · · · · ·						Yes	No
15	Is any ref	lated organization a controlled entity of the organiza	ion within the meaning of secti	on 512(b)	(13)?		45		X
а	Did the o	rganization receive any payment from or engage in ar	y transaction with a controlled entil	ty within the	e meaning of section	512(b)(13)?			
		orm 990 and Schedule R may need to be completed					45a		X
16		rganization engage, directly or indirectly, in political c		opposition	to candidates for p	ublic office?			
		complete Schedule C, Part I		• •			46		Х
Pa	art VI	Section 501(c)(3) organizations and	section 4947(a)(1) none	exempt	charitable tru	sts only. All		501(0	
		organizations and section 4947(a)(1) nonexempt cha	• • • •			_			
				15 71 750 0	na 52, and complete	the tables for h	1163 30	anu Ji	
		Check if the organization used Schedule O to respond	to any question in this Part VI					Yes	
	D 1.11							162	140
17		rganization engage in lobbying activities? If "Yes," c	-				47		
18		panization a school as described in section 170(b)(1)(lule E			_ 48		
		rganization make any transfers to an exempt non-cha	_				_49a		
b	If "Yes," v	vas the related organization a section 527 organization	?				49b		
0	Complete	e this table for the organization's five highest compens	ated employees (other than officers	s, directors	, trustees and key er	nployees) who e	ach red	eived r	nore
	than \$10	0,000 of compensation from the organization. If there	is none, enter "None."						_
			(b) Title and avera	age hours	(c) Compensation	(d) Contribution	s (e) Expe	nse
		(a) Name and address of each employee paid more	per week devo	oted to		to employee benefit plans &		count	
		than \$100,000 N/A	position	1		deferred compensation	othe	r allow	ances
						Compensation	-		
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							1		
					I		-		
							4		
						····	Ш		
f		nber of other employees paid over \$100,000	>		<u>.</u>				
1	Complete	this table for the organization's five highest compens	ated independent contractors who	each receiv	ed more than \$100,	000 of compens	ation fr	om the	
	organizat	ion. If there is none, enter "None." N/A							
		(a) Name and address of each independent contrac	or paid more than \$100,000		(b) Type of serv	/ice(i) Com	pensati	on
						I			
							-		
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-									
								-	
d	Total num	nber of other independent contractors each receiving	over \$100,000		>				
		nber of other independent contractors each receiving	·	(1) nonexer	▶npt				
	Did the or	ganization complete Schedule A? Note: All section 50	1(c)(3) organizations and 4947(a)(▶	Ye	s [
	Did the or	ganization complete Schedule A? Note: All section 50	1(c)(3) organizations and 4947(a)(knowledge and be	Ye	s] No
2	Did the or	ganization complete Schedule A? Note: All section 50	1(c)(3) organizations and 4947(a)(knowledge and be	Yelief, it is	s] No
2 Sigi	Did the or charitable	ganization complete Schedule A? Note: All section 50	1(c)(3) organizations and 4947(a)(nd statement arer has any k		knowledge and be	Ye lief, it is	s true.] No
2 	Did the or charitable	ganization complete Schedule A? Note: All section 50 trusts must attach a completed Schedule A noter penalties of perjury, I declare that I have examined this expect, and complete Declaration of prepares of the than of sec	1(c)(3) organizations and 4947(a)(nd statement arer has any k		knowledge and be	Yelief, it is	s true,] No
2 	Did the or charitable	ganization complete Schedule A? Note: All section 50 trusts must attach a completed Schedule A noter penalties of perjury, I declare that I have examined this expect, and complete Declaration of prepares of the than of sec	1(c)(3) organizations and 4947(a)(nd statement arer has any k		knowledge and be	Yeller, it is	s L] No
2 Sigi	Did the or charitable	rganization complete Schedule A? Note: All section 50 trusts must attach a completed Schedule A noter penalties of perjury. I declare that I have examined this entert, and complete Declaration of prepares of the than the section of prepares of the standard of the section of prepares of the section of the section of prepares of the section of the sectio	1(c)(3) organizations and 4947(a)(grn, including accompanying schedules at a based on all information of which prepared to the companying schedules at a based on all information of which prepared to the companying schedules at a schedules at a schedules.	nd statement arer has any k	s, and to the best of my nowledge	Date /	Ye ief, it is	strue.] No
2 Sign	Did the or charitable or chari	rganization complete Schedule A? Note: All section 50 trusts must attach a completed Schedule A noter penalties of perjury. I declare that I have examined this entert, and complete Declaration of prepares of the than the section of prepares of the standard of the section of prepares of the section of the section of prepares of the section of the sectio	1(c)(3) organizations and 4947(a)(nd statement arer has any k	s, and to the best of my nowledge	Date PTIN	Yeief, it is	s] No
igi ler	Did the or charitable	ganization complete Schedule A? Note: All section 50 trusts must attach a completed Schedule A noter penalties of perjury, I declare that I have examined this etcorect, and complete Dictaration of prepares ofted than process. Signature of office B. Robbert Type or print name and title Print/Type preparer's name Prepa	1(c)(3) organizations and 4947(a)(a)(grin, including accompanying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules at a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of the companying schedules at a based on all information of the companying schedules are a based on all information of the companying schedules at a based on all information of the companying schedules at a based on all information of the companying schedules at a based on all information of the companying schedules at a based on all information of the companying schedules at a based on all information of the companying schedules at a based on all information of the companying schedules at a based on all information of the companying schedules at a based on all information of the companying schedules at a based on all information of the	nd statement arer has any k	s, and to the best of my nowledge	Date PTIN	3	20 j] No
Sign Her	n e d	ganization complete Schedule A? Note: All section 50 trusts must attach a completed Schedule A noter penalties of perjury, I declare that I have examined this set of perjury and complete B claration of prepares of the than three structs, and complete B claration of prepares of the than three structs are completed B. Robbinstein B. Rob	1(c)(3) organizations and 4947(a)(a)(grin, including accompanying schedules as a based on all information of which prepared by the signature A. Printing CPA	nd statement arer has any k	check self- employ	Date PTIN POOR	3 / 1 is 3 / 1 is 3 / 1	348] No
Sign Her	Did the or charitable	ganization complete Schedule A? Note: All section 50 trusts must attach a completed Schedule A noter penalties of perjury, I declare that I have examined this experience, and complete Dictaration of prepares of the than three states of the section of the sectio	1(c)(3) organizations and 4947(a)(a)(a)(fin, including accompanying schedules as a based on all information of which prepared by the signature A. PARSONS & BAYI	nd statement arer has any k	Check self- employ	Date PTIN Ped P00	340 035	348 35	
Sign Her	n e d	ganization complete Schedule A? Note: All section 50 trusts must attach a completed Schedule A noter penalties of perjury, I declare that I have examined this element, and complete D claration of prepare of the than this surface, and complete D claration of prepare of the than this surface. Signatury of office Print/Type or print name and title Print/Type preparer's name Prepared RANDOLPH A. PRESTON Firm's name MCDONOUGH, EDDY Firm's address P.O. BOX 184,	rn, including accompanying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules as a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all information of which prepared by the companying schedules are a based on all inf	nd statement arer has any k	Check self- employ	Date PTIN POOR	340 035	348 35	
igi ler	n e d	ganization complete Schedule A? Note: All section 50 trusts must attach a completed Schedule A noter penalties of perjury, I declare that I have examined this element, and complete D claration of prepare of the than this surface, and complete D claration of prepare of the than this surface. Signatury of office Print/Type or print name and title Print/Type preparer's name Prepared RANDOLPH A. PRESTON Firm's name MCDONOUGH, EDDY Firm's address P.O. BOX 184,	1(c)(3) organizations and 4947(a)(a)(a)(fin, including accompanying schedules as a based on all information of which prepared by the signature A. PARSONS & BAYI	nd statement arer has any k	Check self- employ	Date PTIN PO 0 PO 0 (304)	340 035 428	348 35 -809	
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MICHAEL LATE BENEDUM CHAPTER OF THE

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

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.

2010
Open to Public Inspection

Name of the organization

MICHAEL LATE BENEDUM CHAPTER OF THE

Employer identification number 55-0696837

AMERICAN ASSOC. OF PROF. LANDMEN	55-0696837
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEETING EXPENSE	124,067.
DONATIONS	21,000.
FEES	238.
WEBSITE	1,905.
MISCELLANEOUS	1,171.
TOTAL TO FORM 990-EZ, LINE 16	148,381.
	·
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGAN	NIZATIONS FOUR
PRIMARY OBJECTIVES ARE AS FOLLOWS:	
1. FOSTERING FELLOWSHIP AMONG MEMBERS	
2. PROVIDING EDUCATIONAL ACTIVITIES	
3. INSPIRING PROFESSIONALISM AMONG MEMBERSHIP	
4. PROMOTING POSITIVE IMAGE OF THE MINERAL INDUSTRY	
	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENE	FIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FO	UNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	TRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM	IUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	