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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

<u>A I</u>	or th	e 2011 calendar year, or tax year beginning JUL 1, 2011 and er	nding U	UN 30, 2012	
В	heck if	C Name of organization		D Employer identification	ation number
		MICHAEL DATE BENEDOM CHAPTER OF THE			
\sqsubseteq	Addre				
	Name chan	Doing Business As		55-06	96837
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Termi	F.O. BOX 4342		(304)	273-0008
	Amer return	City or town, state or country, and ZIP + 4		G Gross receipts \$	<u>233,823.</u>
	Appli	CHARDESION, WV 25504		H(a) is this a group reti	
	pend	F Name and address of principal officer MARK ACREE		for affiliates?	Yes X No
		333 TECHNOLOGY DRIVE, SUITE 110, CANNONS	SBURG	Н(b) Are all affiliates inclu	ded? Yes No
1 7	ax-ex	empt status 501(c)(3) X 501(c) (6) (Insert no.) 4947(a)(1) or	527	If "No," attach a li	st. (see instructions)
J \	Vebsi	te: ► HTTP://WWW.MLBC-AAPL.ORG/		H(c) Group exemption	number >
K F	orm o	forganization: Corporation Trust X Association Other	L Year	of formation: 1959 M	State of legal domicile: WV
	rt I	Summary			
_	1	Briefly describe the organization's mission or most significant activities THE OF	RGANI	ZATIONS FOUR	PRIMARY
Activities & Governance		OBJECTIVES ARE AS FOLLOWS:			
Ē	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets
Ş	1	Number of voting members of the governing body (Part VI, line 1a)		3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
Ś		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
įį	6	Total number of volunteers (estimate if necessary)		6	35
댩	_	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		Teet distributed business taxable income from one 1, into 64		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		32,400.	54,740.
Revenue			-	135,600.	173,252.
Š		Program service revenue (Part VIII, line 2g)		0.	0.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·	0.	5,831.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		168,000.	233,823.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,000.	17,400.
	14	Benefits paid to or for members (Part IX, column (A), Ine 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 1-10)		0.	0.
ês	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)		0.	0.
ë	IUa	Trolessional fundralising fees (Fart IX, Coldina) (A), and (B) (A)]& _	0.	0.
Expenses			[양]	405.004	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 1 f-2 4e)	RS	127,381.	<u> 191,340.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 25). Revenue less expenses Subtract line 18 from line 12	` ~	148,381.	208,740.
(0	19	Revenue less expenses Subtract line 18 from line 12		19,619.	25,083.
Balances			Be	ginning of Current Year	End of Year
32	20	Total assets (Part X, line 16)	·	50,347.	75,430.
, E	21	Total liabilities (Part X, line 26)		0.	<u> </u>
歪		Net assets or fund balances Subtract line 21 from line 20		50,347.	75,430.
	<u>rt II</u>	Signature Block	_		
		alties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
ue,	correc	et, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer		
		Muhhlim	_	11-2-1	2
Sigr	l	Signature of officer		Date	
ler		MARK ACREE, PRESIDENT	_		
	_	Type or print name and title			
		Print/Type preparer's name Preparer's signature	,	ate / Check	PTIN
aid		RANDOLPH A. PRESTON A. (Neston	, CPA	10 14 11 self-employed	P00840848
	arer	Firm's name MCDONOUGH, EDDY, PARSONS & BAYLOU	'/		55-0603535
	Only		TE 2		<u> </u>
	y	PARKERSBURG, WV 26102	2		04)428-8091
46:	the "			Ti none no. ()	X Yes No
		RS discuss this return with the preparer shown above? (see instructions)			Form 990 (2011) 1
200	1 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions		·	Form 990 (2011) 1
	~	THE COUNTRY TO A TAN ANGLISTICS MEAST MEASTAN AND AND		/ '/ 'BI(I) BII B [[]	

·	. 000 (2014)			DUM CHAP	TER OF THE	55-06	96837	Page 2
	ı 990 (2011) rt III │ Statement of I				JAMDIN	33 00	70031	1 age 2
	Check if Schedule	_	_					\mathbf{x}
1	Briefly describe the organ	_						
•	THE ORGANIZA			OBJECTIV	ES ARE AS	FOLLOWS:		
	1. FOSTERING							
	2. PROVIDING					·		
	3. INSPIRING				BERSHIP			
 2	Did the organization under					sted on		
_	the prior Form 990 or 990		ant program co. v.	out calling into jo			Yes	X No
	If "Yes," describe these r		chedule O					
3	Did the organization ceas			hannes in how it	conducts, any progr	am services?	Yes	X No
3	If "Yes," describe these			manges in new it	oonadoto, any prog.	u		
4	Describe the organization			its for each of its	three largest program	n services, as measured h	v expenses	
•	Section 501(c)(3) and 50							1
	others, the total expense					ne amount of granto and t	moodiiono to	
			73,380. inc		rtea.) (Revenue \$		١
4a	(Code) (Expense SEVERAL CONFI				ELD DURING		FOSTER	~ ′
	FELLOWSHIP A							
	FOR ATTENDEES		OT OTHER PLAN	110 11011	110 11101121	<u> </u>		
	FOR ATTEMPER	·				·····		
						· · · · · · · · · · · · · · · · · · ·		
							•	
								
		·	· ···-					
			-					
4b	(Code) (Expense DONATIONS WEI THIS ASSOCIAT	RE MADE TO	13,900. mc		IS HOSPITAI) (Revenue \$) GIVING RECO	NITION	1 TO'
						•••		
4c	(Code) (Expense A COLLEGE SCH MINERAL INDUS	HOLARSHIP	3,500. und	studing grants of \$	A STUDENT I) (Revenue \$	IN THE)
			 		· · · · · · · · · · · · · · · · · · ·			
								
								
				· -				
4d	Other program services (I	Describe in Sched	ule O)					
	(Expenses \$		cluding grants of \$	700) (Revenue \$			
<u>4e</u>	Total program service e	expenses	190,	780.			- 00	0 (0011)
							Form 99	U (2011)

<u> </u>	Office Rist of Required Octionales			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	If "Yes," complete Schedule A .	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	<u>X</u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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," complete	_		3.7
	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			v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		X
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ł		
а	Part VI	11a		X
b	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	11b		X
С	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	11c		<u> </u>
d	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	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	I	
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ł	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		j	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	Jocated outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ľ	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? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form !	990 (2	2011)

Form 990 (2011) AMERICAN ASSOC. OF PROF. LANDMEN

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States 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 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		X
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	-	X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		37
	Schedule K If "No", go to line 25	24a	ļ	<u>X</u>
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit 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 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			77
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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)	000		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
U L	Schedule N. Part II	32		X
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	1	X
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a		35a		Х
b	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	35b		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 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	
		Form	990 (2	2011)

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	1990 (2011) AMERICAN ASSOC. OF PROF. LANDMEN 55-0696	031	<u>P</u>	age S
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V		,	<u></u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> 1</u>	1	}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2a 2)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X
b	If "Yes," enter the name of the foreign country	ļ	'	
	See instructions for 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		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 line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7 <u>b</u>		
C	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 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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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.	}	1	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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	. !		
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders . 11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\vdash		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>

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

Form 990 (2011)

AMERICAN ASSOC. OF PROF. LANDMEN

55-0696837

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					<u> </u>
Sec	tion A. Governing Body and Management					
		,			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10	ļ		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10	Į		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	ļ		
	officer, director, trustee, or key employee?			_2_		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		_X_
6	Did the organization have members or stockholders?			_6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point	one or			
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	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 rea	ched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	napters	, affiliates,	١		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befoi	e filing the form?	<u>11a</u>		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe			
	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?			14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent	'	Ì	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					77
	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization		•	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				ļ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			v
_	taxable entity during the year?			16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı'S	401		
<u></u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE		504(1/0)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	vallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request	£1: - 1	funkanask ==! :	J 6-	!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	miict c	i interest policy, and	ı tınan	ciai	
	statements available to the public during the tax year.		vala =6.4h= ===== *			
20	State the name, physical address, and telephone number of the person who possesses the books are	ia reco	rus or the organizat	ion 📂		
	CYNTHIA L. TORBECK - 304-299-4802					

AMERICAN ASSOC. OF PROF. LANDMEN 55-0696837 Proposition of Officers Directors Tructors Key Employees Highest Compensated

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

Check if Schedule O contains a response to any question in this Part VII

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.

X Check this box if neither the organization		orga	anıza			npe	nsat	1		
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than or box, unless person is both						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	od a d	lirecto	Highest compensated Al/	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARK ACREE	1 00									•
PRESIDENT	1.00			Х			-	0.	0.	0.
(2) RICHARD ROBB	1 00				ŀ					•
VICE PRESIDENT	1.00			X	<u> </u>			0.	0.	0.
(3) CHARLES HIELMANN	1 00			,,				0		0
SECRETARY	1.00		-	X		-	_	0.	0.	0.
(4) CYNTHIA TORBECK	1 00			x				0.	0.	0
TREASURER	1.00		\vdash	^				0.	0.	0.
(5) CECIL RAY SERGEANT AT ARMS	1.00			x				0.	0.	0.
										-
									-	

Form 990 (2011)

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Part VII Section	on A. Officers, Directors, Tru		mple	oyee			łıgh	est	Compensated Employ	ees (continued)		ı		
ı	(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an		(E) Reportable compensati		l	(F) stimate nount	
		week (describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer		Highest compensated captoree		the organization (W-2/1099-MISC)	from relate organizatioi (W-2/1099-Mi	ns	fr org an	other pensa om th anizat d relat anizati	ation e tion ted
								_						
	·····													
								<u> </u>					-	
	· · · · · · · · · · · · · · · · · · ·												-	
										<u></u> <u></u>				
1b Sub-total c Total from c	continuation sheets to Part VI	I, Section A					>		0.		0.			0.
2 Total number	ines 1b and 1c) er of individuals (including but n	ot limited to th	ose	liste	d at	oove) wh	o re	0 . eceived more than \$100	,000 of reportab	0. ole			0.
	on from the organization								hht				Yes	No.
line 1a? <i>If</i> "Y	inization list any former officer, 'es," complete Schedule J for s vidual listed on line 1a, is the su	uch individual			-		•					3		х
and related	organizations greater than \$150 son listed on line 1a receive or a	0,000? If "Yes,	" coi	mple	ete S	Sche	dule	J f	for such individual			4		X
rendered to	the organization? If "Yes," com	=				-		_				5		X
	is table for your five highest co tion. Report compensation for										npens	ation f	rom	
	(A) Name and business	address	NC	NE					(B) Description of s	ervices	С	(C omper		n
					-			_	 					
		····	-	_				\downarrow		· · · · · · · · · · · · · · · · · · ·				
				_				-		· · · · · · · · · · · · · · · · · · ·	_			
								_					_	
2 Total numbe	r of independent contractors (ii	ncluding but n	ot lin	nited	i to :	_		ted	above) who received m	ore than				
\$100,000 of	compensation from the organiz	zation 🕨				0						Form 9	990 (2	2011)

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Pa	IT V	<u>/III</u>	Statement of Reve	nue		· · · · · ·			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b	54,740.				
Ω, Ĕ			Fundraising events	1c					
iifts ar A			Related organizations	1d					
S,E			Government grants (contribu		· <u>-</u> ,				
Sir			All other contributions, gifts, grain	. —					
her		•	similar amounts not included abo	1 1					
<u>Ş</u> ŏ		g	Noncash contributions included in line						
Solution		_	Total. Add lines 1a-1f	3 12-11 \$		54,740.			
		•••	TOTAL THE STATE OF		Business Code	,			
e e	2	а	DINNERS, SEMINA	ARS & OU	541900	173,252.	173,252.		
Ş		b							
Ser		c							
e a		ď					•		
Program Service Revenue		e							
4		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		> _	173,252.			
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)		>				
	4		Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5		Royalties		<u> </u>			 	
				(ı) Real	(ii) Personal				
	6		Gross rents						
			Less: rental expenses						
			Rental income or (loss)	L					
			Net rental income or (loss)		() 011				
	7		Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
			Less: cost or other basis						
:			and sales expenses Gain or (loss)		<u> </u>				
			Net gain or (loss)	ŧ	>				
			Gross income from fundraisin	Ia events (not					
Other Revenue	٠		including \$	of]				
e e			contributions reported on line						
Ğ.			Part IV, line 18	а					
흏		b	Less: direct expenses	ь					
0		С	Net income or (loss) from fund	draising events					
	9	а	Gross income from gaming ad	ctivities See					
}			Part IV, line 19	а					
ı	- 1	b	Less: direct expenses	b					
			Net income or (loss) from gan	-	>				
	10		Gross sales of inventory, less	returns					
l			and allowances	а					
ŀ			Less. cost of goods sold	b	L				
}		<u>C</u>	Net income or (loss) from sale		<u> </u>				·
ŀ			Miscellaneous Revenu	18	Business Code	2 750	2 750		
			DIRECTORY		541900	3,750.	3,750.		
	(MISCELLANEOUS		541900	1,981. 100.	1,981. 100.		
	(ADVERTISING		541900	100.	100.		
-			All other revenue Total. Add lines 11a-11d			5,831.	·		
1	12		Total revenue See instructions.			233,823.	179,083.	0.	0.
	-14		. C.z. reteries Cos mondonono.				,		<u>~ .</u>

Form 990 (2011)

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).

	Diete Columns (B), (O), and (D).		- D-+ IV		
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	13,900.	13,900.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	3,500.	3,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	-			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management		- -		
b	Legal	500.		500.	
C	Accounting			300.	
a	Lobbying Professional fundraising services. See Part IV, line 17				
•	Investment management fees				· -·
g	Other				
12	Advertising and promotion				
13	Office expenses	4,851.		4,851.	
14	Information technology	2,055.		2,055.	
15	Royalties				
16	Occupancy				
17	Travel	96.		96.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	167,725.	167,725.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	REFUNDS	5,655.	5,655.		
b	PRINTING & POSTAGE	4,828.		4,828.	
С	BANK FEES	4,824.		4,824.	
d	MAILBOX	806.		806.	
е	All other expenses			4.7. 0.50	
25	Total functional expenses. Add lines 1 through 24e	208,740.	190,780.	17,960.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2011)
12201	0 01-23-12				rom 330 (2011)

Form 990 (2011)

		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	50,347.	1	75,430.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
"	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	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 section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other			
102	basis Complete Part VI of Schedule D			
١.	Less: accumulated depreciation 10b	1	10c	
11	Investments - publicly traded securities		11	<u></u>
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	50,347.	16	75,430
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117, check here and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	.
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	0
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
32	Retained earnings, endowment, accumulated income, or other funds	50,347.	32	75,430
33	Total net assets or fund balances	50,347.	33	75,430
,	Total liabilities and net assets/fund balances	50,347.	34	75,430

MICHAEL LATE BENEDUM CHAPTER OF THE AMERICAN ASSOC. OF PROF. LANDMEN

Form	990 (2011)	AMERICAN ASSOC. OF PROF. LANDMEN	55-06	96837	Page 12
Pa	rt XI Reconc	liation of Net Assets			
	Check if S	chedule O contains a response to any question in this Part XI			
1	Total revenue (m	ust equal Part VIII, column (A), line 12)	1		3,823.
2	Total expenses (must equal Part IX, column (A), line 25)	2	208	3,740.
3	Revenue less ex	penses. Subtract line 2 from line 1	3	25	5,083.
4	Net assets or fur	nd balances at beginning of year (must equal Part X, line 33, column (A))	4	50),347.
5	Other changes in	net assets or fund balances (explain in Schedule O)	5		0.
6	Net assets or fur	nd balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	75	5,430.
Pa	rt XII Financia	al Statements and Reporting			
	Check if S	chedule O contains a response to any question in this Part XII		<u>.</u>	
	•				Yes No
1	Accounting meth	od used to prepare the Form 990 X Cash Accrual Other			
	If the organizatio	n changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organiz	ation's financial statements compiled or reviewed by an independent accountant?		2a	X
b	Were the organiz	ation's financial statements audited by an independent accountant?		2b	X
С	If "Yes" to line 2a	a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compi	ation of its financial statements and selection of an independent accountant?		2c	
	If the organizatio	n changed either its oversight process or selection process during the tax year, explain in Scho	edule O.		
d	If "Yes" to line 2a	or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	1	
	separate basis, c	onsolidated basis, or both:			
	Separate b	asis Consolidated basis Both consolidated and separate basis			
За	As a result of a fe	ederal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit		
	Act and OMB Cir			За	X
b	If "Yes," did the	organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt		

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

2011

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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 "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations Complete Part III			
Nar	me of organization MICHAEI	LATE BENEDUM CH	APTER OF TI	HE Emp	loyer identification number
	AMERICA	AN ASSOC. OF PROP	LANDMEN	ļ	55-0696837
Pa	art I-A Complete if the or	ganization is exempt und	ler section 501(c	e) or is a section 527 o	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours	ization's direct and indirect politic	cal campaign activities		
Pa	art I-B Complete if the or	ganization is exempt und	ler section 501(c	:)(3).	
1	Enter the amount of any excise tax			▶ \$	
2	Enter the amount of any excise tax	cincurred by organization manag	ers under section 495	_	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?	,	Yes No
	a Was a correction made?		·		Yes No
b	o If "Yes," describe in Part IV	·			
Pa	art I-C Complete if the or	ganization is exempt und	ler section 501(c), except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt fun	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to of	her organizations for	section 527	
	exempt function activities			▶\$	
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here a	and on Form 1120-PO	L,	
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?		•	└ Yes └ No
5	Enter the names, addresses and e		•	_	
	made payments For each organization				
	contributions received that were p	• •	•	= :	te segregated fund or a
	political action committee (PAC) If	additional space is needed, prov	ride information in Pai	rt IV.	
	(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-
		·			
		4			

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

MICHAEL LATE BENEDUM CHAPTER OF THE Schedule C (Form 990 or 990 EZ) 2011 AMERICAN ASSOC. OF PROF. LANDMEN 55-0696837 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) if the filing organization checked box A and "limited control" provisions apply. B Check ▶ (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) . Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 \$1,000,000. Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes_ reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expe	nditures During 4-Yea	ar Averaging Period	r · · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
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					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 AMERICAN ASSOC. OF PROF. LANDMEN 55-0696837 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(b))

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(8	1)	(t)
of the lobbying activity	Yes	No	Amo	ount
1 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 a Volunteers?		:		
b Paid staff or management (include compensation in expenses reported on lines 1c through	gh 1i)?			
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
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	s?		.	
i Other activities?				
j Total Add lines 1c through 1i	-			
2a 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 45	912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(4)	(5)		
Part III-A Complete if the organization is exempt under section 501(c) 501(c)(6).	(4), section 501(c)	(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3 Did the organization agree to carry over lobbying and political expenditures from the prio	r year?	(5) 27 22	otion	X
Part III-B Complete if the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are a answered "Yes."	nswered "No" OR	(5), or se (b) Part	III-A, lin	e 3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount	nts of political			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162	2(e) dues	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion				
	obying and political			
does the organization agree to carryover to the reasonable estimate of nondeductible lob		4		
does the organization agree to carryover to the reasonable estimate of nondeductible lob expenditure next year?				
	·	5		

Schedule I (Form 990) (2011) **ջ** ⊠ Employer identification number 55-0696837 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. (d) Amount of 13 900 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table MICHAEL LATE BENEDUM CHAPTER OF THE AMERICAN ASSOC. OF PROF. LANDMEN (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table 55-0643304 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? WEST VIRGINIA UNIVERSITY HOSPITALS 1 (a) Name and address of organization or government 1 MEDICAL CENTER DRIVE MORGANTOWN WV 26506 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part Part

Schedule 1 (Form 990) (2011)

55-0696837 (Form 990) (2011) AMERICAN ASSOC. OF PROF. LANDMEN Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				,	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the informatio	n required in Part I,	line 2, and any other	additional information.	

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Schedule I (Form 990) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to 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.

2011
Open to Public Inspection

Internal Revenue Service MICHAEL LATE BENEDUM CHAPTER OF THE **Employer identification number** Name of the organization 55-0696837 AMERICAN ASSOC. OF PROF. LANDMEN FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 1. FOSTERING FELLOWSHIP AMONG MEMBERS 2. PROVIDING EDUCATIONAL ACTIVITIES 3. INSPIRING PROFESSIONALISM AMONG MEMBERSHIP 4. PROMOTING POSITIVE IMAGE OF THE MINERAL INDUSTRY FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 4. PROMOTING POSITIVE IMAGE OF THE MINERAL INDUSTRY FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER AND PRESIDENT REVIEW FORM 990 AND ITS ATTACHED SCHEDULES FOR REASONABLENESS BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST