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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury

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

Inter	nal Rever	nue Service	The organizat	ion may have	to use a copy of this	return to satis	fy state repo	orting requi	rements.	Inspec	tion	
Α	For the	2011 cale	ndar year, or tax yea	ar beginning	November 1	, 2011, a	and ending	Octo	ber 31	, 20 12		
В	Check if	applicable	C Name of organization	Appalachia	n Underground Cor	rosion Short (Course		D Employe	er identification n	umber	
	Address	change	Doing Business As							23 7379089		
	Name cl	-	Number and street (o	rPO box if ma	ıl ıs not delivered to stre	et address)	Room/suite		E Telephor	ne number		
$\overline{\Box}$	Initial ref	-	PO Box 6070							304-293-4307		
$\overline{\Box}$	Termina		City or town, state or	country, and ZI	P + 4		'					
\Box			Morgantown, WV 20	5506					G Gross re	ceints \$	169,166	
\exists		tion pending	F Name and address of		r Danielle Petrak			H(a) is this		for affiliates? Yes		
	Дриса	non pending	Same as C Above	p						cluded? Yes		
_	T		501(c)(3)	☐ 501(a) () ◀ (insert no) [74047(0)(1) 07	527			list (see instruction		
÷	Website	mpt status	w.aucsc.com	☐ 501(c) () (Insert no) L	4947(a)(1) or	527	4	o exemption		N/A	
<u>к</u>			Corporation Trus	t Associat	ion	I Va	ar of formation			of legal domicile	WV-	
_	art I	Summ		C ASSOCIAT	ion other >	1 - 1 - 1	ar or rommation	1 1330	IVI State	or legal domicile		
	_		escribe the organiza	ation's muco	on or most signific	ant activities:	tochnica	l oducatio	n provide	as a throo day	COURCE	
	1	•			_	ani activities.			ii - providi	es a unee-day	Louise	
8		each May	on the causes and	prevention o	or corrosion	•••••						
ă	ļ											
Activities & Governance	_											
õ	2		is box ▶☐ if the o	-					1 1	its net assets.		
অ	3		of voting members	_	• • •	•				 	26	
es	4		of independent vot	_			-				0	
Ϋ́	5	Total nur	nber of individuals	employed in	ı calendar year 201	1 (Part V, line	e 2a) .		5		0	
Ę	6	Total nur	nber of volunteers	(estimate ıf r	necessary)				6		110	
	7a		elated business rev						7a		0	
	b	Net unre	ated business taxa	ble income	from Form 990 ,,	Inp 34 19.00			7b		0	
	İ						:U I	Prior Y	ear	Current Y	ear	
d)	8	Contribu	tions and grants (P	0		0						
Revenue	9	(Part) (III lua (Part) (III lu							136,164		158,950	
eve	10	Investme	nt income (Part VII	I, column (A)), lines 3, 9 and 70	וט איי אין	3: 10		11,752		10,216	
æ	11	Other rev	venue (Part VIII, col	umn (A), line	s 5, 6d 8c.l9c.10	c. and_1_1.e)		•	0		0	
	12		enue-add lines 8 tl				rle (12)		147,916		169,166	
	13		nd similar amounts				* 		7,000		0	
	14		paid to or for mem				🗀		0		0	
	15		other compensation				5-10)		0		0	
Ş	16a		onal fundraising fee						0		0	
Expenses	b		draising expenses	•	• •	•	· ·				 ;	
ă	17		penses (Part IX, co						126,186		136,291	
	18		penses (rait ix, co penses. Add lines 1			-	· · · · · ·		133,186		136,291	
	19		less expenses. Su	•	•				14,730		32,875	
		nevenue	less expenses. Su	Diract line 1	b irom inte 12 .	· · · · ·		ginning of Ci	<u>_</u>	End of Yo		
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 16)					J	541,871		579,696	
ASS Bals	21		oilities (Part X, line 2				· · ⊢		041,071		070,000	
Net S	22						–		541,871		579,696	
	art II		ts or fund balances ture Block	s. Subtract ii	ne z i nom me zo	· · · ·	•		341,071		373,030	
											4 11 -2 -4	
			iry, I declare that I have lete Declaration of prep							ny knowledge an	d belief, it is	
			11/10	O(1 - O)	+1-10				10116	1.5		
e:		1	MALIUL I	IL Ple	Man			<u> </u>	12/11	11 2		
Sign Senature of officer Danielle, M. Petrak							16					
			or print name and title		D		ls:			lore:	-	
Pa	iid	Print/Ty	pe preparer's name		Preparer's signature		Date	,	Check [
Preparer									self-emp	ployed		
	se On	1	name >					Fin	n's EIN ▶			
		Firm's a	address ►		 	.	<u> </u>	Ph	one no			
Ms	w the II	RS discus	s this return with th	ie preparer s	shown above? (see	instructions)					s 🗆 No	

For Paperwork Reduction Act Notice, see the separate instructions.

69

Form **990** (2011)

Cat No 11282Y

Form 99	0 (2011) Page 2
Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	technical education - provides a three-day course each May on the causes and prevention of corrosion
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	/Code: \/Funescap (110.363 including grants of (\/Pavania ()
4a	(Code) (Expenses \$ 119,362 including grants of \$) (Revenue \$) Conference, Convention, and Meetings - logistical set-up, food, shuttle bus service, and management
	Conference, Convention, and Meetings - logistical set-up, 1000, Shuttle bus service, and management
4b	(Code.) (Expenses \$ 16,618 including grants of \$) (Revenue \$)
	Printing and Publications - series of textbooks, publicity flyers, advertisements, brochures, and conference materials
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
74	(Expenses \$ 311 including grants of \$) (Revenue \$)
40	Total program service expenses 126 201

Form 99	0 (2011)			Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
40	complete Schedule D, Part IV	9		/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		/
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		1
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		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 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	14b		✓
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV .</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		✓
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	1
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		1
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		1
20 a	, ,	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V 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		✓
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		-
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓_
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	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 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>√</u> ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>√</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		<u>·</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
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		√
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>√</u>
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		✓
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		1
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	√	
		For	, ggn	(2011)

art				
	Check if Schedule O contains a response to any question in this Part V		Yes	No No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		105	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10_	-	
24				
	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		.,-
3a		3b		<u> </u>
b 10	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	SD	-	
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	-4a	-	1
h	If "Yes," enter the name of the foreign country: ▶	70		<u> </u>
Ь	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	-	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
c	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		✓
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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	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	<u>-</u> -		
	organization, have excess business holdings at any time during the year?	8_		✓
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		V
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	✓
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
_ b		1		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a b	Gross income from members or shareholders			
U	against amounts due or received from them)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ì	
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	†	<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	i		}
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
a	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	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			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	7
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 	<u> </u>
_				

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.
Section	on A. Governing Body and Management			N
	C. I. the number of other nearly as the nearly back to the death of the territory.		Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	4 5 6		√ √ -
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body?	8a	,	
a b 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 ue Co	ode.)	✓
	The billion (The coolien & requests information about penetro net required by the internative re-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 body before filling the form?	11a	✓_	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		/
14 15	Did the organization have a written document retention and destruction policy?	14		✓ ,
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	- 16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.00		·
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	

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

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

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

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

☐ Check this box if neither the organization nor	any related	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee
	(C)									
(A)	(B)	/do o	at ah	Pos		than c		(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week	office	r and		rect	or/trust		compensation from	compensation from related	amount of other
	(describe	Ind or c	Inst	Officer	Ke)	Hıg	Former	the	organizations	compensation
	hours for	ividu	it ut	cer	em (hest ploy	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organizations	Jal t	ona		Key employee	e co		(VV-2/1099-WISC)		and related
	in Schedule	Individual trustee or director	Institutional trustee		8	nper				organizations
	O)	ě	stee			Highest compensated employee				
						<u>ā</u>	 			
(1) David E. Krause; Advisor,										
4548 Greenfield Rd., Bethlehem, PA 18017	5			✓				0	0	0
(2) Jerry Holton, Chairman, 11225 State Rt. 90,										
Locke, NY 13092	5			✓	<u> </u>		_	0	0	
(3) Danielle Petrak; Secretary/Treasurer				١,				_		_
PO Box 6070, Morgantown, WV 26506	20		ļ	✓			<u> </u>	0	0	0
_(4)										
(5)										
(6)										
(7)	-									
(8)				_						
(9)										
(10)				-						-
(11)										
(12)										
(13)	-									
(14)	-									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C)													
	(A)	(B)	(do n	at ch		ition more	than o	ne	(D)	(E)		(F)	
	Name and title	Average	box, ι	un!es	s pe	rson	ıs both	an	Reportable	Reportable		Estim		
		hours per week		ranc		rect	or/trust	tee)	compensation compensation related		m	amou		
		(describe	Individual trustee or director	Inst	Officer	Х Өу	Higi	Former	the	organizations		compen		า
		hours for related	lrec	Institutional trustee	čer	em	hest	ne	organization (W-2/1099-MISC)	(w-2/1099-MiSC	⁾	from		
		organizations	or al	ona		employee	e 60		(44-2/1099-141130)			organiz and re		
		ın Schedule	ust	ş		/ee	npeı					organız	atrons	;
		O)	8	stee			Highest compensated employee							
			ļ				8	_	ļ					
(15)														
								_			-			
(16)					İ									
								<u> </u>						
(17)		}						1						
(1.0)											_			
(18)				'	1									
(4.0)											+			
(19)														
(20)								-						
(20)														
(21)					-			-	 					
35.17	•				İ									
(22)					-	-		 						
3777											1			
(23)								<u> </u>	 	·				
S==:/														
(24)														
32								1						
(25)										-				
								<u></u>						
1b	Sub-total							▶	0		0			0
С	Total from continuation sheets to Part	VII, Section	n A		٠			▶	0		0			0
d					·			<u> </u>	0	l	0			0
2	Total number of individuals (including but			ose	e list	ted :	above	e) w	ho received m	ore than \$100,	000 of			
	reportable compensation from the organ	zation ► 0												
_													Yes	No
3	Did the organization list any former of													, -
	employee on line 1a? If "Yes," complete										- L	3		<u> </u>
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	•						S,	complete Scr	leaule J for s	sucn			1
-	Did any person listed on line 1a receive of								related organi	 zation or indivi	qual [4		 -
5	for services rendered to the organization											5	-	
Soction	on B. Independent Contractors		, O						oden percen		•	<u> </u>	I	<u> </u>
1	Complete this table for your five highest	companeat	ed in	den	end	ent	contr	act	ore that receive	ad more than	100.0	nn of		
•	compensation from the organization. Rep												n's ta	ax
	year.								,		3			
	(A)							1	(B)			(C)		
	Name and business add	lress							Description of s	ervices	Co	mpensa	tion	
	 -							ļ						
								1						
		-												
2	Total number of independent contractor							o tł	nose listed ab	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgai	nıza	tion	<u> </u>		0					

Part	VIII	Statement of Revenue		•		
	_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a				
our our	b	Membership dues 1b	<u> </u>			
s, G	С	Fundraising events 1c				
Sift lar,	d	Related organizations 1d	5			
js, (е	determinent grante (serminente)				
tior s S	f	All other contributions, gifts, grants,				
혈粪			<u> </u>			
Contributions, Gifts, Grants and Other Similar Amounts	g		<u> </u>			
	h	Total. Add lines 1a–1f	0			
une	_	Business Code	l			
eve	_2a	Professional Development Trainin 611430	158,950	158,950		
Program Service Revenue	b		 	· · · · · ·		
ž	C		 			
S	d					
Jan	e	All other program service revenue .				
ဦ	g	Total. Add lines 2a–2f	158,950			
-	3	Investment income (including dividends, interest,	100,000			
		and other similar amounts)	10,216	10,216	o	0
	4	Income from investment of tax-exempt bond proceeds ▶	0	0		0
	5	Royalties	0	0		0
		(i) Real (ii) Personal	1			
	6a	Gross rents				
	b	Less: rental expenses				,
	С	Rental income or (loss)				-
	d	Net rental income or (loss) ▶	0	0	0	0
	7a	Gross amount from sales of (i) Securities (ii) Other	4			
		assets other than inventory	-	ı		
	b	Less' cost or other basis and sales expenses .		1		
	_	Gain or (loss)	-			,
	c d	Net gain or (loss)	اه ا	0	- 0	0
	.	14ct gailt of (1033)			<u>~</u>	
e	8a	Gross income from fundraising				
evenue		events (not including \$				
Re		of contributions reported on line 1c)				
er		See Part IV, line 18 a				
Other R	b	Less: direct expenses b				
	С	Net income or (loss) from fundraising events	0		0	0
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a	_			
		Less: direct expenses b Net income or (loss) from gaming activities >	- _:	_	-	_
	100	Gross sales of inventory, less	0	0	0	0
	IVa					
	L	Less: cost of goods sold b	- !			
	b	Net income or (loss) from sales of inventory ▶	- o	0	₀	·
		Miscellaneous Revenue Business Code	<u> </u>			
	11a		┥ :		o	0
	b				0	0
	c				0	0
	d	All other revenue			0	0
	е	Total. Add lines 11a-11d	0			
	12	Total revenue. See instructions ▶	169,166	169,166	0	0

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).	

Check if Schedule O contains a response to any question in this Part IX. Do not include amounts reprorted on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. I Grants and other assistance to governments and organizations in the United States See Part IV, line 21	
Sh. 9b, and 10b of Part VIII. Claim expenses	<u>. </u>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
organizations in the United States See Part IV, line 21 2 Grants and other assistance to individuals in the United States See Part IV, line 22 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 Compensation not current officers, directors, irrustees, and key employees Compensation not included above, to disqualified persons (sa defined under section 4958(f(1)) and persons described in section 4958(f(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(B) and 403(b) employer contributions) 9 Other employee benefits 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u>; </u>
2 Grants and other assistance to individuals in the United States See Part IV, line 22 0 0 0 0 3 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
the United States See Part IV, line 22	1
the United States See Part IV, line 22	
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 17 Investment management fees 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
United States. See Part IV, lines 15 and 16. 4 Benefits paut to or for members 0 0 0 Compensation of current officers, directors, trustees, and key employees 0 0 0 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(h(13)) and persons described in section 4958(h(13)) 0 0 0 0 0 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1
Benefits paid to or for members 0	1
Compensation of current officers, directors, trustees, and key employees	
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(f)(1)) and persons described in section 4958(f)(3)(B) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
persons described in section 4958(c)(3)(B)	
7 Other salaries and wages	0
Rension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	
Section 401(k) and 403(b) employer contributions 0	<u>u</u>
9 Other employee benefits	
10	0
11 Fees for services (non-employees) a Management	0
Tees for services (non-employees)	0
a Management	
b Legal	n
c Accounting 0 0 0 0 d Lobbying 0 0 0 0 e Professional fundraising services See Part IV, line 17 0 0 0 0 f Investment management fees 0 0 0 0 0 0 g Other 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
d Lobbying	
e Professional fundraising services See Part IV, line 17 f Investment management fees	
f Investment management fees 0 0 0 g Other 0 0 0 0 12 Advertising and promotion 16,618 16,618 0 13 Office expenses 0 0 0 14 Information technology 0 0 0 15 Royalties 0 0 0 16 Occupancy 0 0 0 16 Occupancy 0 0 0 17 Travel 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 119,362 119,362 0 0 20 Interest 0 0 0 0 0 21 Payments to affiliates 0 0 0 0 0 22 Depreciation, depletion, and amortization 0 0 0<	
g Other 0 0 0 12 Advertising and promotion 16,618 16,618 0 13 Office expenses 0 0 0 14 Information technology 0 0 0 15 Royalties 0 0 0 0 16 Occupancy 0 0 0 0 17 Travel 0 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 119,362 119,362 0 20 Interest 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 0 23 Insurance 311 311 311 0 24 Other expenses. Itemize expenses not covered 0 0 0	0
12 Advertising and promotion 16,618 16,618 0 13 Office expenses 0 0 0 14 Information technology 0 0 0 15 Royalties 0 0 0 16 Occupancy 0 0 0 16 Occupancy 0 0 0 17 Travel 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 119,362 119,362 0 20 Interest 0 0 0 20 Interest 0 0 0 21 Payments to affiliates 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 23 Insurance 311 311 311 0 24 Other expenses. Itemize expenses not covered 0 0 0	0
13 Office expenses 0 0 0 14 Information technology 0 0 0 15 Royalties 0 0 0 16 Occupancy 0 0 0 17 Travel 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 119,362 119,362 0 20 Interest 0 0 0 21 Payments to affiliates 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 23 Insurance 311 311 0 24 Other expenses. Itemize expenses not covered 0 0 0	0
13 Office expenses 0 0 0 14 Information technology 0 0 0 15 Royalties 0 0 0 16 Occupancy 0 0 0 17 Travel 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 119,362 119,362 0 20 Interest 0 0 0 21 Payments to affiliates 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 23 Insurance 311 311 0 24 Other expenses. Itemize expenses not covered 0 0 0	0
14 Information technology 0 0 0 15 Royalties 0 0 0 16 Occupancy 0 0 0 17 Travel 0 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 119,362 119,362 0 20 Interest 0 0 0 21 Payments to affiliates 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 23 Insurance 311 311 0 24 Other expenses. Itemize expenses not covered 0 0 0	
15 Royalties	
16 Occupancy	0
17 Travel	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 119,362 119,362 0 20 Interest 0 0 0 21 Payments to affiliates 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 23 Insurance 311 311 0 24 Other expenses. Itemize expenses not covered 0 0 0	0
for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings 119,362 119,362 0 20 Interest 0 0 0 21 Payments to affiliates 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 23 Insurance 311 311 0 24 Other expenses. Itemize expenses not covered 0 0 0	0
19 Conferences, conventions, and meetings 119,362 0 20 Interest	
20 Interest	0
21 Payments to affiliates	0
21 Payments to affiliates	
22 Depreciation, depletion, and amortization 0 0 0 23 Insurance	0
23 Insurance	
24 Other expenses. Itemize expenses not covered	 0
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.)	
a	
b	
All other expenses	
e All other expenses Total functional expenses. Add lines 1 through 24e 136,291 136,291 0	
	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)	

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
ľ	2	Savings and temporary cash investments	541,871	2	579,696
Ì	3	Pledges and grants receivable, net	0	3	0
į	4	Accounts receivable, net	0	4	0
•	5	Receivables from current and former officers, directors, trustees, key	·		•
		employees, and highest compensated employees. Complete Part II of Schedule L	o	5	. 0
s	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)	o	6	
Assets	7	Notes and loans receivable, net	0	7	0
Asi	8	Inventories for sale or use	0	8	0
1	9	Prepaid expenses and deferred charges	0	-	0
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D			<u></u>
	b	Less: accumulated depreciation 10b	-	10c	0
	11	Investments—publicly traded securities	0	11	0
- 1	12	Investments—publicly traded securities		12	0
- 1	13	Investments—program-related. See Part IV, line 11	0		0
- 1	14	Intangible assets	0	_	0
- 1	15	Other assets. See Part IV, line 11		15	0
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	541,871	16	579,696
	10 17	Accounts payable and accrued expenses		17	070,000
	18	Grants payable	0	18	0
1	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	20 21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
	22	Payables to current and former officers, directors, trustees, key			
# I		employees, highest compensated employees, and disqualified persons.			
jat		Complete Part II of Schedule L	0		0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
- 1	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0	0.5	0
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
<u>8</u>		lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	541,871	$\overline{}$	579,696
8a	28	Temporarily restricted net assets	0	28	0
밀	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ا ب ا	30	Capital stock or trust principal, or current funds		30	
Sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž۱	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	541,871	33	579,696
	34	Total liabilities and net assets/fund balances	541,871	34	579,696

Form 99	90 (2011)			Pa	ige 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16	9,166
2	Total expenses (must equal Part IX, column (A), line 25)	2		13	6,291
3	Revenue less expenses. Subtract line 2 from line 1	3		3	2,875
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		54	1,871
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		57	9,696
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>		
1	Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		Yes	No
	Schedule O.				-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b	ļ	✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	plain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearsued on a separate basis, consolidated basis, or both:	ar were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				<u> </u>
	required addit of addits, explain why in concedic o and decembe any steps taken to andergo each			m 99 0	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

20 1 1

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name	lame of the organization Employer identification number										
	Appalachian Underground Corrosion Short Course 23 7379089										
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)										
1 2 3 4	A church, con A school desc A hospital or a	vention of churc ribed in section a cooperative ho	hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza	churches ch Sched ation desc	s describe ule E.) cribed in :	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).		iii). Ente	r the
•	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.										
5 	section 170(b)(1)(A)(iv). (Complete Part II)							escribed in			
6 7	An organization An American An American An American An American Anna Anna Anna Anna Anna Anna Anna A	on that normally ection 170(b)(1)	nment or government: receives a substantia (A)(vi). (Complete Par	al part of t II.)	its suppo	ort from a			nit or from	the ger	neral public
8 9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives. (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	an 33 ¹ / ₃ % ions—sul lated bus	6 of its subject to desires ta	upport fro certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than 33	31/3% of its
10 11	An organization purposes of costs 509(a)(3). Che	on organized ar one or more pub ock the box that	I operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th nizations supportin	ne benefi describe ng organiz	t of, to p d in sect zation an	perform ion 509(a d comple	the funct a)(1) or se	ions of, o ection 509 1e throug	9(a)(2). S jh 11h.	ee section
е		indation manage	Type II c that the organization ers and other than one	is not co		lirectly or	ındırectl		or more		ed persons
f	organization, o	check this box .								e III sup 	porting
g	Since August following pers		he organization accep	pted any	gift or co	ontributio	n from a	iny of the)		
			ndirectly controls, eithody of the supported of			her with	persons	describe	d in (ii) an	ıd 11g(i)	Yes No
	(ii) A famıly m	ember of a pers	on described in (i) abo	ove?						11g(ii)	
			a person described in							11g(ııı	
						mount of					
			,	Yes	No	Yes	No	Yes	No		
(A)						-					
(B)											·
(C)											
(D)											
(E)	<u> </u>										
			I	1	1	ŀ	1	1	1 . 7		

Total

Page 2

Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	, , , , , , , , , , , , , , , , , , , ,		,	<u>, , , , , , , , , , , , , , , , , , , </u>		
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).				* 1 387_4 × 71 - 54		
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		1	1	40.0040		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth			
	organization, check this box and stop he				· · · · ·		· · • U
	on C. Computation of Public Suppor			I a solumn (f)	. <u>-</u>	14	%
14 15	Public support percentage for 2011 (line of Public support percentage from 2010 Sci					15	
16a	331/3% support test—2011. If the organi box and stop here. The organization qua	zation did not lifies as a pub	check the box licly supported	on line 13, and l organization	d line 14 is 33¹	/3% or more, c	heck this . ► □
b	331/3% support test—2010. If the organ check this box and stop here. The organ	ization qualıfıe	es as a publicly	supported org	ganization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circ	-and-circumsta umstances" te	inces" test, che st The organiz	eck this box ar ation qualifies	nd stop here . E	Explain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part IV how the organization in supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test T	test, check th	nis box and st	op here. a publicly
18	Private foundation. If the organization dinstructions	d not check a	box on line 13	, 16a, 16b, 17a			

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	1 D I II O		7.0			··,	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees		1				
	received. (Do not include any "unusual grants ")	0	o	0	0	0	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the	121,684	117,920	138,266	136,164	158,950	672,984
•	organization's tax-exempt purpose	121,004	117,320	130,200	130,104	130,330	072,004
3	Gross receipts from activities that are not an	_	ا۔	ا ـ	ا	اء	•
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid					1	
	to or expended on its behalf	0	0	o	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the					l	
	organization without charge	o	o	o	o	o	0
6	Total. Add lines 1 through 5	121,684	117,920	138,266	136,164	158,950	672,984
7a	Amounts included on lines 1, 2, and 3		,	100,200		,	
, ,	received from disqualified persons .	o	o	o	o	o	0
		<u>_</u>			-	•	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		ì				
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from					a receive after comments	
	line 6)					r- (-)	672,984
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	121,684	117,920	138,266	136,164	158,950	672,984
10a	Gross income from interest, dividends,	1 - 1, - 1					
104	payments received on securities loans, rents,						
	royalties and income from similar sources .	11,057	13,102	13,254	11,752	10,216	59,381
	· ·	11,037	13,102	13,234	11,732	10,210	33,331
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses	_ [_	_	_		_
	acquired after June 30, 1975	0	0	U	0	0	
С	Add lines 10a and 10b	11,057	13,102	13,254	11,752	10,216	59,381
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	. 0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	o	0	o	0	o	0
13	Total support. (Add lines 9, 10c, 11,		_				
	and 12.)	132,741	131,022	151,520	147,916	169,166	732,365
14	First five years. If the Form 990 is for the						
1-4	organization, check this box and stop he	_					·· oo (o,(o,
				· · · · · <u>·</u>	· · · · · ·		· · · ·
	on C. Computation of Public Suppor			0 1 (0)		Tarl	00.0/
15	Public support percentage for 2011 (line to		-			15	92 %
16	Public support percentage from 2010 Scl			<u> </u>		16	90 %
	on D. Computation of Investment In					1-1-1	
17	Investment income percentage for 2011 (17	8 %
18	Investment income percentage from 2010					18	10 %
19a	331/3% support tests-2011. If the organ						
	17 is not more than 331/3%, check this box	and stop here.	The organizati	on qualifies as	a publicly supp	orted organizati	on . 🟲 📝
b	331/3% support tests-2010. If the organiz	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this						
00	Private foundation If the organization di		-	· ·		-	_

Part IV	Form 990 or 990-EZ) 2011 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page 4
raitiv	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

Appalachian Underground Corrosion Short Course	27 7379089					
Part III, Statement of Program Accomplishments - 4d. Other program services, Expenses \$311: Bond and Liability Insurance						
Part VI, Government, Management, and Disclosure - Description of process for review of Form 990, if a	any, in response to line 11b: prepared					
by organization's treasurer and reviewed by executive committee member with accounting/finance ed	ucation and experience					
Part VI, Government, Management, and Disclosure - Description of public disclosure of documents in	response to line 19:					
governing documents and financial statements available to public upon request						