COMMITTEE ON NATURAL RESOURCES

Disclosure Form

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

Subcommittee on Energy and Mineral Resources Oversight Hearing on the

"Effect of the President's FY 2013 Budget and Legislative Proposals for the Office of Surface Mining on Private Sector Job Creation, Domestic Energy Production, State Programs and Deficit Reduction." March 6, 2012

For Individuals:
1. Name: Madeline Roanhorse
2. Address: [Information redacted for privacy]
3. Email Address: [Information redacted for privacy]
4. Phone Number: [Information redacted for privacy]
* * * * *
For Witnesses Representing Organizations:
1. Name: Madeline Roanhorse
2. Name of Organization(s) You are Representing at the Hearing: National Association of Abandoned Mine Land Programs.
3. Business Address: PO Box 1875, Window Rock, AZ 86515
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy}

Name/Organization: Madeline Roanhorse / National Association of Abandoned Mine Land Programs.

Title/Date of Hearing: Oversight Hearing on the "Effect of the President's FY 2013 Budget and Legislative Proposals for the Office of Surface Mining on Private Sector Job Creation, Domestic Energy Production, State Programs and Deficit Reduction." March 6, 2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

20 years of experiences in AML reclamation work and BS Degree.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

NA

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Work related experience in AML reclamation efforts.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

NA

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

NA

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

NA

Name/Organization: Madeline Roanhorse / National Association of Abandoned Mine Land Programs.

Title/Date of Hearing: Oversight Hearing on the "Effect of the President's FY 2013 Budget and Legislative Proposals for the Office of Surface Mining on Private Sector Job Creation, Domestic Energy Production, State Programs and Deficit Reduction." March 6, 2012

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President of Association of AML Programs.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s)

NA

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

NA

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

NA

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Will provide in separate email

Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

Open to Public Inspection

		The second secon	, or tax year beginning	January 1	, 2008, and en	iding D	ecemeb	er 31	, 20 08
R		applicable: Please use IRS	C Name of organization			D	Employe	r ider	ntification number
H	Address	lahel or	National Association o	f Abandoned Mine	Land Programs		83		0310654
Z	Name ch Initial ret	print of	Number and street (or P.O.	box, if mail is not delive	red to street address)	Room/suite E	Telephon	ne nu	mber
Τ̈́	Terminat	21.	122 West 25th St			3/W	(301)		689-1460
	Amende	d return Specific Instruc-	City or town, state or country	ry, and ZIP + 4	•	F	Group Ex	kemp	tion
	Applicati	on pending tions.	Cheyenne, Wyoming 8	2002-1223		1	Number		>
	• Sect	ion 501(c)(3) organiz	ations and 4947(a)(1) none	cempt charitable tru	sts must attach	G Accounti	ing metho	d:	☑ Cash ☐ Accrual
			npleted Schedule A (Form :			Other (sp			
			10-51 (10-51-50-50-50-50-50-50-50-50-50-50-50-50-50-					ho o	rganization is not
ı	Websi	te: ► http://www.	.onenet.net/~naamlp/						edule B (Form 990,
J	Organi	zation type (check or	nly one)- 🛭 501(c) (6) ◀	(insert no.) 1 494	7(a)(1) or 527		or 990-PF		adio B (i oitii ooo,
			on is not a section 509(a)(3) si						n \$35 000 A roburn in
**	not req	uired, but if the organi	ization chooses to file a return	n, be sure to file a cor	mplete return	pis are normal	ly not mor	re una	ın \$25,000. A return is
			ne 9 to determine gross receip			ead of Form 99	00-F7 N	\$	17,343
	art I		nses, and Changes in						
	1		s, grants, and similar amou				1		17,074
	2		revenue including governr				2		0
	3		and assessments				3		0
	4	Investment incom					4	3	269
	5a		m sale of assets other that						
	b	Less: cost or other	er basis and sales expens	es	<u>[5b]</u>		188		
ø	C	Gain or (loss) from	sale of assets other than in	ventory (Subtract lin	e 5b from line 5a) (attach schedu	ile) . 5	c L	0
Revenue	6	Special events and active	vities (complete applicable parts o	f Schedule G). If any amo	ount is from gaming, ch	neck here 🕨 [
š	а	Gross revenue (no	ot including \$	of contril	outions				
Re		reported on line 1)		6a		38		
	b	Less: direct exper	nses other than fundraisin	g expenses	6b				
	С		ss) from special events ar			ne 6a)	60	c	0
	7a	Gross sales of inv	rentory, less returns and a	Illowances	7a	*1 COC 823 33	125	1	
	b	Less: cost of good					3/6		
	c	400 American	ss) from sales of inventor			-	70		0
	8	Other revenue (de		, (eastrast iii.e) s			8	_	0
22010	9		dd lines 1, 2, 3, 4, 5c, 6c,	7c, and 8			. > 9		17,343
	10		r amounts paid (attach sc				- C	-	4,974
	11		r for members				11		0
S	12		mpensation, and employe				• •		0
use	13		and other payments to inc		tors		13	-	0
Expenses	14		utilities, and maintenance				14		0
Ж	15		ons, postage, and shipping		* * * * * *	* * * * *	15		152
	16	Other expenses (d	lescribe Expenses fo	r Conference & m.	eetings Awards		16		18,717
	17		Add lines 10 through 16				/	_	23,843
, <u> </u>	18							_	(6,500)
Net Assets			for the year (Subtract line					8	(0,500)
SS	19	Net assets or fun	d balances at beginning	of year (from line	27, column (A)) (r	must agree v	vith 10		40.004
۲	-00	end-of-year figure	reported on prior year's	return)			. 19	_	42,201
2 2	20 21	Other changes in i	net assets or fund balance	es (attach explanat	tion)				0
		Relance Shoets	balances at end of year.	Combine lines 18	nrough 20		▶ 21		35,701
ure	art II		. If Total assets on line 25		z,ouu,uuu or mor			ad o	
			ee the instructions for Par	and the second of the second o		(A) Beginnir	<u> </u>		(B) End of year
	Cash	n, savings, and inve	estments				42,201	_	35,701
23	Land	l and buildings .						23	0
	Othe	r assets (describe I	-)			24	0
25	Tota	l assets					42,201		35,701
26	Tota	I liabilities (describe	e >		i			26	0
27	Net a	assets or fund bal	ances (line 27 of column	(B) must agree wit	h line 21)		42,201	27	35,701

TOTH 550-EZ (2006)					Page Z
Part III Statement of Program Service Accom	plishments (See the inst	ructions for Part	III.)		Expenses
What is the organization's primary exempt purpose? _	NAME AND PROPERTY OF THE PROPE			(Red	uired for 501(c)(3)
Describe what was achieved in carrying out the organiz	ation's exempt purposes Ir	a clear and cond	ise manner	and	(4) organizations 4947(a)(1) trusts;
describe the services provided, the number of persons be	nefited, or other relevant info	ormation for each r	rogram title.		onal for others.)
					announ entre properties (
28					
(Grants \$) If this amount incl	<u>udes foreign grants, check</u>	here	. ▶ ⊔	28a	
29					
(Grants \$) If this amount incl				29a	
30					
(Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ 🗆	30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount incli	udes foreign grants, check	here	. ▶ 🗆	31a	-: 205007
32 Total program service expenses (add lines 28a th	rough 31a)		>	32	
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	tructio	ons for Part IV.)
	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compen		account and other allowances
Loretta E. Pineda	ACCES OF THE THE TAX ACCORDANCE OF THE TAX ACCESS OF THE TAX ACCORDANCE OF THE TAX ACCESS OF THE TAX A	enter -o,	deterred compen	Sation	Other allowances
1313 Sherman St. , Room 215, Denver, CO 80203	President to 10/29/09; 2	0		اه	0
	hrs a week	<u>_</u>			U
Stephen A. Herbert	President from			_	
RR#2, Box 129, Jasonville, IN 47438	10/29/09; 5 hrs a week	0		0	0
Stephen A. Herbert	Vice President until				
RR#2, Box 129, Jasonville, IN 47438	10/29/09; 2 hrs per	0		0	0
Michael Patrick Garner	Vice President from			1	
160 South Water St., Frostburg, MD 21532	10/29/09; 1 hr per week	0		0	0
Michael Patrick Garner					
160 South Water St., Frostburg, MD 21532	Sec-Treasurer until	0		0	0
	10/29/09: 1 hr a week			- 0	<u> </u>
	Sec-Treasurer from	0		0	0
P. O. Box 1875, Window Rock, AZ 86515	10/29/09; 1 hr a week	U		- 0	0
				s .	
		4			
			12		
		,			
				\rightarrow	
				1	
				- 1	
			4.00		· · · · · · · · · · · · · · · · · · ·

Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			
		100.0	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	e annual	1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			BOY.
	Did the organization file Form 1120-POL for this year?	37b		✓
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		1
39	Land Control of the C			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40b	HER HITCH	ANDRES
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	2.66	✓
41	List the states with which a copy of this return is filed. ► Arizona, Maryland, Indiana	·		
42a	The books are in care of ▶ Madeline Roanhorse Located at ▶ P. O. Box 1875, Window Rock, Arizona ZIP + 4 ▶) 87 8651	1-759 15	93
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	Ī	Yes	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	165	./
	account)?	420	新遊戲	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	Did the experientian maintain and decay addiced foods 0.15 W/V 11.5 x 2000	200	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Past	1
45	Form 990-EZ	的秘密	NAT.	機火
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	0.000000	1

Part	VI Section 501(c)(3) organizations only and complete the tables for lines 50 a		organizations mu	ust answer quest	ions 40		<u> </u>
46	Did the organization engage in direct or indirect p	political campaign activitie	s on behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complete S				46		√
	Did the organization engage in lobbying activities				47		✓
	s the organization operating a school as describe				48		✓
	Did the organization make any transfers to an exe				49a		✓
	f "Yes," was the related organization(s) a section				49b		
50 (Complete this table for the five highest compensate ach received more than \$100,000 of compensate	ated employees (other that ion from the organization.	n officers, directo If there is none, o	rs, trustees and key enter "None."	y emplo	yees) י	who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acco	Expense ount and allowance	ĺ
None							
							200
Total r	number of other employees paid over \$100,000 -						
	Complete this table for the five highest compensation from the organization. If there is no (a) Name and address of each independent contractor p	ne, enter "None."		rpe of service		or	
None					(4, 55		
						Aldony or	
Total r	number of other independent contractors each re	ceiving over \$100,000	. ▶				
Sign	Under penalties of perjury, I declare that have examinand belief, it is true, correct, and complete. Declaration			statements, and to the traction of which prepare	pest of m r has any	y knowle / knowle	edge dge.
Here	Signature of officer Steve Herbert, President	12 18 V		Date			
	Type or print name and title.						
Paid	Preparer's	Date	Check if self-	Preparer's Identifying	Number (S	ee instruct	tions)
Prepar	er's signature		employed •	1			
Use Or	Firm's name (or yours if self-employed), address, and ZIP + 4			Phone no. ► ()			
May th	e IRS discuss this return with the preparer show	n above? See instructions		none no. P ()	☐ Ye	s 🗌 I	No

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)

Inspection

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

Open to Public

OMB No. 1545-0047

Α	For the	e 2009 calendar year, or tax year beginning and endi	ing			
В	Check if applicabl	Use IRS NATIONAL ASSOCIATION OF ABANDONED MINE	Ξ	D Employer ide	ntific	ation number
	Addre chang	e print or LAND PROGRAMS				
	Name chang			83	-03	10654
	Initial return		m/suite	E Telephone nu		
	Termir	Instruc- IZZ WESI ZOIN SI		(3	01)	689-1460
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$		61,368.
	Application	CHETENNE, WI 62002-1223		H(a) Is this a gro	up ret	
	pendir	F Name and address of principal officer:MICHAEL PATRICK GARNI	ΞR	for affiliates	?	Yes X No
		160 SOUTH WATER ST, FROSTBURG, MD 21532		H(b) Are all affiliat	es inclu	ıded? Yes No
1	Tax-ex	empt status: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527		If "No," atta	ch a li	st. (see instructions)
J	Websit	te: > WWW.NAAMLP.NET		H(c) Group exen	_	
		organization: Corporation Trust X Association Other ► Summary	L Year	of formation: 199	5 M	State of legal domicile; WY
-	1	Briefly describe the organization's mission or most significant activities: TO PROV	VIDE	A FORUM	TO	ADDRESS
Activities & Governance		CURRENT ISSUES, DISCUSS COMMON PROBLEMS, AT				
rna		Check this box if the organization discontinued its operations or disposed				
ove		Number of voting members of the governing body (Part VI, line 1a)		3	0	
Ö		Number of independent voting members of the governing body (Part VI, line 1b)		4	0	
80		Total number of employees (Part V, line 2a)		5	0	
/itie	6	Total number of volunteers (estimate if necessary)	6	0		
cti		Total gross unrelated business revenue from Part VIII, column (C), line 12			7a	202.
<		Net unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Year		Current Year
n)	8	Contributions and grants (Part VIII, line 1h)		17,07	4.	1,450.
Revenue	6.0	Program service revenue (Part VIII, line 2g)			7.1	
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26	9.	202.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			22,780.	
	V 200	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,34	3.	24,432.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,97		3,000.
	1000	Benefits paid to or for members (Part IX, column (A), line 4)	W			
v)	1.00	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			7.5	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
be	b	Total fundraising expenses (Part IX, column (D), line 25) 36,936				
Ã	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		18,86	9.	51,276.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,84		54,276.
		Revenue less expenses. Subtract line 18 from line 12		-6,50		-29,844.
10 c			Ве	ginning of Current \		End of Year
els	20	Total assets (Part X, line 16)		35,70	1.	41,505.
Net Assets or	21	Total liabilities (Part X, line 26)				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		35,70	11.	41,505.
	art II	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other typan officer) is based on all information of which preparer has any kn	tements, a	and to the best of my kn	owledge	e and belief, it is true, correct,
		and complete, becaration of prepare (office than officer) is based on an information of which prepare has any kin	iowieuge.		,	7
Sig	ın	Michael P. Cama		5/	13	12010
He	re	Signature of officer		Date /	1	
		MICHAEL PATRICK GARNER, PRESIDENT				
		Type or print name and title				
Dei	4	Preparer's Date	Che		Preparer see inst	's identifying number ructions)
Pai	and the fact	signature 05/05/2	10 em			
	parer's	Firm's name (or yours if ROBERTS & COMPANY, P.C.		EIN ►		
use	Only	self-employed). 1206 BUSINESS LOOP 70 WEST, SUITE	В			S.EZT (S.EZTARI)
		address, and ZIP + 4 COLUMBIA, MO 65202		Phone no.	► (5	73) 441-2299
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No
9320	001 02-0	14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separa	ate inst	tructions.		Form 990 (2009)

	990 (2009)	II Statement of Program Service Accomplishments lefty describe the organization's mission: O PROVIDE A FORUM TO ADDRESS CURRENT ISSUES, DISCUSS COMMON PERIOD SHARE NEW TECHNOLOGIES REGARDING THE RECLAMATION OF ABANDON ANDS. If the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-E2? If yes, "describe these new services on Schedule O. If the organization cease conducting, or make significant changes in how it conducts, any program services? If yes, "describe these changes on Schedule O. Sesties the sempt purpose achievements for each of the organization's three largest program services by expenses. In the scribe the sempt purpose achievements for each of the organization's three largest program services by expenses. In the scribe the sempt purpose achievements for each of the organization's three largest program services by expenses. In the scribe the exempt purpose achievements for each of the organization's three largest program services by expenses. In the scribe the exempt purpose achievements for each of the organization's three largest program services by expenses. In the scribe the exempt purpose achievements for each of the organization's three largest program services by expenses. In the scribe these changes on Schedule O. Scribe these changes or Schedule O. Scribe these changes on Schedule O.		10654 Page 2		
1	Briefly describe	the organization's mission: DE A FORUM TO	ADDRESS (CURRENT ISSUES,		
2	the prior Form 9	90 or 990-EZ?				Yes X No
3	Did the organiza	tion cease conducting, or ma	ake significant ch	anges in how it conducts, any p	program services?	Yes X No
4	Describe the exe Section 501(c)(3	empt purpose achievements i) and 501(c)(4) organizations	for each of the o	7(a)(1) trusts are required to rep	ort the amount of grants and	
4a	(Code:) (Expenses \$	3,000.	including grants of \$) (Revenue \$	3,000.)
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program s	services. (Describe in Schedu	le O.) g grants of \$) (Revenue	s ,	
40		service expenses >\$) (Nevenue	*	

Form 990 (2009) LAND PROGRAMS
Part IV Checklist of Required Schedules

						Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," 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 opublic office? If "Yes," complete Schedule C, Part I				3		х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Sche				4			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	notice	and		5		х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	the righ	nt to			-		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete S	chedu	le D, F	Part I	6		X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				4 4		1	
	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, 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 pr	ovide				1	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule				9		X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-end If "Yes," complete Schedule D, Part V			******	10		х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			177				
	as applicable		,,,,,,,,		11	X		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Part VI.	e Sche	edule l	Ο,		i i		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	of its to	otal					
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	of its t	otal					
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Part X, line 16? If "Yes," complete Schedule D, Part IX.	report	ed in					
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X, line 25	art X.						
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	addres	ses					
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," co	mplete					1.0	
	Schedule D, Parts XI, XII, and XIII.				12		X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	No X				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	6161111111	are are need		13		X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrais and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report of the United States?	.,			15		х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance located outside the United States? If "Yes," complete Schedule F, Part III				16		X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services or column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	Part I	X,		17		х	
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? It complete Schedule G, Part III	"Yes,"			19		х	
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H				20		X	

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Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	441		X
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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	22		X
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	
	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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		x
28	Schedule L, Part III 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):	ZI		21
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 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		х
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
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 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	х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

-	Otatements regularing other me things and tax complianes	7			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				1	
	U.S. Information Returns. Enter -0- if not applicable	1a		0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	able 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		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	e instru	ictions)		1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by	this return?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		*****************	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	ассол	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					
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 trans					X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg					
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the org	janization 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 contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r good	s 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?					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a				1	1
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required					
h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting of	rganiz	ations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have ex					
	at any time during the year?			. 8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		************	. 9a	1	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?			. 9b	1	
10	Section 501(c)(7) organizations. Enter:	or .	6			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041	1?	122	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Sec	tion A. Governing Body and Management						
		ti sa	T	اه		Yes	No
	Enter the number of voting members of the governing body	1a		0			
b	Enter the number of voting members that are independent	1b		0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1 1			-
	officer, director, trustee, or key employee?	******			2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
				STATE AND AND ADDRESS.	3		X
4	나는 사람들이 가득하다 하나 있다면 하다 그 사람들이 가득하다면 하다면 하는데				4		X
5					5		X
6				********	6		X
7a							
	governing body?		************		7a		X
b	요즘 그리고 1960년 1980년 1980년 전 전 전 전 1980년			********	7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durir	ig the year				
	by the following:						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				d8	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	achec	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		-1.811,	- ekvekeler	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Reven	ue Code.)				
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
				-	10b		
11							
11A	다 보는 마른 아들은 하는 경에 있는 아이들은 아이에서 안 되는 이렇게 하는데 사람들이 되는데 아들이 되었다. 그런 아이들이 아들이 아들이 되었다.	- 2				X	
							X
	그리트를 잃었다. 그리트를 하는데 되었다. 그는 그는 그는 그는 그들은 그들은 그리트를 가득하는 그리트를 하는데 그렇게 되었다. 그리트를 하는데 그리트를 하는데 그리트를 하는데 그리트를 하는데 그리트를 하는데 그리트를 하는데 그렇게 되었다.						
	P. 1. 0				12b		
C		"Yes.	" describe	5349446345			
-					12c		
13					13		X
14					14		X
15				KARLES KALL	14		
10	[[일반] [[]] [[]		таоропаст				
	HERRY CONSON (CONSON LEGISLAND CONSON LEGISLA CONSON CONSON CONSON LEGISLA CONSON CONSON CONSON CONSON CONSON C				15a		х
							X
D		******	*************	*********	15b		21
16-		ment	with a				
ioa	AND 100 100 100 100 100 100 100 100 100 10				16a		X
è					104		23
D	지원 기업에 가장되었어 다음 집에 대투로 하나에 살아가 되는데 얼마나 되는데 되었다. 그렇게 살아서 그 경영이 살아지는 아니었다는데 맛있다는데 맛이 살아서 그렇지 때문에 되었다. 그리고 모든			1011			
					406		
500	of officers, directors or trustees, or key employees to a management company or other person? Did the organization have any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization have members or stockholders? 2 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 3 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 3 The governing body? 3 Each committee with authority to act on behalf of the governing body? 3 Each committee with authority to act on behalf of the governing body? 3 Each committee with authority to act on behalf of the governing body? 4 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If "Yes," provide the names and addresses in Schedule O Cition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 3 Does the organization have local chapters, branches, or affiliates? 5 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 4 Does the organization have a written conflict of interest policy? If "Yo," go to line 13 5 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 5 Does the organization have a written conflict of interest policy? If "Yo," go to line 13 5 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 5 Does the organization have a written owner and the organization of the deliberation and decision? 5 The organ		16b		-		
7					-		-
17	[HAN HANDERSON HANDER	T /C 0	((a)(0)a b 1	2,2,(25.6)	£		-
18	물로 하다 그렇게 보면 있다면 하면 할 때 이렇게 나가 하면서 요즘에 내려가 있다면 하는데 하는데 하는데 하는데 되었다면 하다 하는데	(20,	(c)(3)s only)	avallable '	IOL		
200		200				20.00	
19		confli	ot of interest	policy, an	d fina	ncial	
			Constitution 2		A . 6		
20	사람(사람) 그리다 그는 그렇게 그렇게 가는 이 아름이 되는 사람이 되는 아이들이 아니다니다. 이 아이들이 아이들이 아이들이 아니다니다. 이 아이들이 나를 하는 것이다.	nd re	cords of the	organizat	ion:		
	502 E. 9TH STREET, DES MOINES, IA 50319						

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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. Use Schedule J-2 if additional space is needed.

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

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

(A) Name and Title	(B) Average hours	(c		Pos		n t app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MICHAEL PATRICK GARNER PRESIDENT	10.00			x				0.	0.	0.
MADELINE ROANHORSE VICE PRESIDENT	3.00			x				0.	0.	0.
TODD COFFELT SECRETARY-TREASURER	5.00			x				0.	0.	0.
*										

	(A) Name and title	(B) Average	L		Posi	itior			(D) Reportable	(E) Reportable		(F) Estima	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated Go employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	()	amoun othe compens from t organiza and rela organiza	r ation ne ation ated
	,												
1b	Total						>		0.		0.		0
2	Total number of individuals (including be compensation from the organization		hose	liste	ed at	VOC	e) wh	o re	ceived more than \$100	,000 in reportable			
											Г	Yes	No
3	Did the organization list any former officine 1a? If "Yes," complete Schedule J f.											3	Х
4	For any individual listed on line 1a, is the and related organizations greater than \$									the organization		4	X
5	Did any person listed on line 1a receive									ces rendered to	24.1	4	A
C	the organization? If "Yes," complete Sci	nedule J for such	pers	son ,	dies			2,6				5	X
1	Complete this table for your five highest	compensated in	dep	ende	ent c	ont	racto	rs th	nat received more than	\$100,000 of comp	ensa	ation from	
	the organization. NONE							1	(D)			(0)	
	(A) Name and busin	ess address							(B) Description of s	ervices	C	(C) ompensati	on
2	Total number of independent contracto \$100.000 in compensation from the org		not li	mite	d to		se lis	sted	above) who received m	ore than		-orm 990	

Form 990 (2009) 83-0310654 Page 9 LAND PROGRAMS Part VIII Statement of Revenue (D) Revenue (A) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts Federated campaigns 1a Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,450. g Noncash contributions included in lines 1a-1f: \$ 1,450 h Total. Add lines 1a-1f -**Business Code** Program Service Revenue f All other program service revenue Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and 202. 202. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (ii) Personal (i) Real 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 59,716. Part IV, line 18 _____a b Less: direct expenses b 36,936. 22,780. 22,780. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold ______b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 22,780. 0. Total revenue. See instructions. 24,432. 202.

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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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	4.50			
	the U.S. See Part IV, line 22	3,000.	3,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	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 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				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	3,639.		3,639.	
13	Office expenses	895.		895.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	4,087.		4,087.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,407.		5,407.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	ANNUAL CONFERENCE EXPEN	36,937.		1.	36,936
b	MISC ENTERNOL ENTERNOL	236.		236.	1
C	DUES AND SUBSCRIPTIONS	75.		75.	
d	BOLD 1112 BODDONILI 110115			1.71	
		54.276	3.000-	14.340-	36,936
Contract of	Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	02/2/00	5,000	==,0.20.	20,300
	educational campaign and fundraising solicitation				Farm 000 (0000
e f 25 26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	54,276.	3,000.	14,340.	

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Form 990 (2009)

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,442.	1	17,246
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0.0000000000000000000000000000000000000	3	
	4	Accounts receivable, net	Control of the Contro	4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L	* A TOTAL OF THE PARTY OF THE P	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
0	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	201111111111111111111111111111111111111	8	
Ê	9	Prepaid expenses and deferred charges		9	
	.3	Land, buildings, and equipment: cost or other			
Ш		basis. Complete Part VI of Schedule D 10a			
	b			10c	
7 6	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	24,259
11	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)		16	41,505
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
11.	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
0	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
clabilities :	22	Payables to current and former officers, directors, trustees, key employ			
		highest compensated employees, and disqualified persons. Complete F	Part II		
j		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	7/2//2/2014	24	
9	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26	0
		Organizations that follow SFAS 117, check here		123	
0		lines 27 through 29, and lines 33 and 34.	3.4.2		
2	27	Unrestricted net assets	35,701.	27	41,505
9	28	Temporarily restricted net assets		28	
3	29	Permanently restricted net assets		29	
5		The state of the s	ind		
5		complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
200	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ξ	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances		33	41,505
- 115	34	Total liabilities and net assets/fund balances	25 524		41,505

Form 990 (2009) LAND PROGRAMS

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

83-0310654 Page 12

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

Form 990 (2009)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF ABANDONED MINE LAND PROGRAMS

Employer identification number 83-0310654

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an h	nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		
	A Company of the Company		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re		Manager and the second
0	year >	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		of
3	violations, and enforcement of the conservation easements		
	Staff and volunteer hours devoted to monitoring, inspecting		
6	Amount of expenses incurred in monitoring, inspecting, and		
7	Does each conservation easement reported on line 2(d) abo		
8			
	and section 170(h)(4)(B)(ii)?		
9			
	include, if applicable, the text of the footnote to the organiza	ation's linaricial statements that describe	es the organization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of	of Art Historical Treasures or	Other Similar Assets
Fa	Complete if the organization answered "Yes" to Form		Other Ollmar Addets.
	Complete if the organization answered Tes To Form	1990, Fart (V, mie d.	
	OF A D 440		halanas abast works of set historical
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		bublic service, provide, in Fart XIV, the text of
	the footnote to its financial statements that describes these		and the second control of the second control
b	- BERTHER HOLD - NOTE TO A TOTAL CONTROL OF THE TOTAL CONTROL OF THE STATE OF THE		
	or other similar assets held for public exhibition, education,	or research in furtherance of public serv	ice, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		cial gain, provide
	the following amounts required to be reported under SFAS		2 2
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Par	t III Organizations Maintaining C	ollections of A	t, Histo	rical Tr	easures, or Oth	ner :	Simila	r Asset	ts (conti	inued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following that are a	signi	ificant u	se of its	collection	n item	S
	(check all that apply):										
а	Public exhibition	d	Lo	oan or exc	hange programs						
b	Scholarly research	е		ther							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further t	he organization's ex	emp	t purpo	se in Part	XIV.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								9. or		
	reported an amount on Form 990, Pai				(4100)45/2/45 315 %		25000	2.55571-10	33.20		
1a	ls the organization an agent, trustee, custodi	an or other intermed	liary for co	ontribution	ns or other assets no	ot inc	luded				
ILL	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIV					******		in the state of th			
	ii 165, explain the arrangement iii are xiv	and complete incre	mo ming ta	5.0.					Amoun	t	
12	Deginning halange						1c		7 4110 411	-	
C	Beginning balance						1d				_
a	Additions during the year										
e	Distributions during the year						1e				
1	Ending balance								7.		Tail
2a	Did the organization include an amount on F		217				*******		Yes		No
	If "Yes," explain the arrangement in Part XIV.		rendelvela na	A LONG	000 Ded N/ Ess	40					_
Par	t V Endowment Funds. Complete i						Tri	1.5. 6. 5.1		OLLLUI.	E a a to
		(a) Current year	(b) Pri	or year	(c) Two years back	(d)	Inree y	ears back	(e) FOUI	years	раск
1a	Beginning of year balance					#-				-	
b	Contributions					4					
C	Net investment earnings, gains, and losses										
d	Grants or scholarships					4					
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
C		%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and administered fo	r the	organiz	ation			
	by:									Yes	No
	(i) unrelated organizations							61111611111	3a(i)	I Fee	
	(ii) related organizations										
h	If "Yes" to 3a(ii), are the related organizations	32,111,61,000,000,000,000,000,000,000,000,									
1	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building). Part X. line 10.		-				
	Description of investment	(a) Cost or c				Acci	umulate	d	(d) Boo	k valu	е.
	Description of investment	basis (investr	The second second		2,000,000,000,000,000,000,000,000		ciation	7	(4) 500		
10	Land		4	77.23		-11.5					
	Land	110	-								
	Buildings	10/				_		501			
	Leasehold improvements		-				-	-			-
	Equipment			_				-			
_	Other		V - 1	- (D) !'-	10/-11						0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	x, colum	n (B), line	1υ(C).) ,						U.

Part VII Investments - Other Securities. See	MS Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation: f-year market value
nancial derivatives			
osely-held equity interests			
her			
ERTIFICATES OF DEPOSIT	24,259.	COST	
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	24,259.		
Part VIII Investments - Program Related. Se			od of valuation:
(a) Description of investment type	(b) Book value		of valuation. of-year market value

otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, line	15.		
(a)	Description		(b) Book value
	dE)		
10 1 00 1 00 1 00 00 Deat V and (D) line			attrices.
Part X Other Liabilities. See Form 990, Part X,	line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	(b) Amount	
	line 25.	(b) Amount	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 LAND PROGRAMS	131 20		83-03	310654 Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With	Revenue per F	leturn	
1	Total revenue, gains, and other support per audited financial statements			1	61,368.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities			1 1	
C	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d		oroumononum(ubr	2e	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Return	
1	Total expenses and losses per audited financial statements	*******************		1	54,275.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. v			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
C	Add lines 4a and 4b	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		diileiminaminin	5	
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l, lines 1a a	nd 4; Part IV, lines	1b and 2b	; Part V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
-					
-					
_					
-					

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

2009

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF ABANDONED MINE LAND PROGRAMS

Employer identification number 83-0310654

Schedule G (Form 990 or 990-EZ) 2009

Fundraising Activities. required to complete this part.	Complete if the organization ans	swered "\	'es" to	Form 990, Part IV,	line 17. Form 990-EZ	filers are not
 Indicate whether the organization raise a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or key employees listed in Form 990, Pa If "Yes," list the ten highest paid indivicompensated at least \$5,000 by the organization have a written or key employees listed in Form 990, Pa 	e Solic f Solic g Spec oral agreement with any individ rt VII) or entity in connection wit	itation of itation of cial fundra ual (includ h profess	non-g gover ising ling o onal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Activity lunar have cor cor cor cor cortrib		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				-		
		-1-				
		_				
otal		cit funds	or has	been notified it is ex	kempt from registrati	on or licensing.

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

Schedule G (Form 990 or 990-EZ) 2009 LAND PROGRAMS

3	3 -	0	3	1	0	6	5	4	Page 2
---	-----	---	---	---	---	---	---	---	--------

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
		CONFERENCES		NONE	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	1 Gross receipts	59,716.			59,716
2	2 Less: Charitable contributions				
3	3 Gross income (line 1 minus line 2)	59,716.			59,716
4	4 Cash prizes				
E	5 Noncash prizes				
6	6 Rent/facility costs				
7	7 Food and beverages				
8	8 Entertainment				
ç	9 Other direct expenses				36,936
1	10 Direct expense summary. Add lines 4 throi				(36,936
	11 Net income summary. Combine line 3. colunt III Gaming. Complete if the organization	on answered "Yes" to Form	990 Part IV line 19 or re	enorted more than	22,780
	\$15,000 on Form 990-EZ, line 6a.	7 Tanonorou 100 10 10 11	000,1 0.11, 1.10	portou moro anaci	
	# TO TO THE TOTAL PLANTS IN THE PARTY.	7.A BOSE	(b) Pull tabs/instant	() Other pro-	(d) Total gaming (ad
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (d
ď	1 Gross revenue	2			
2	2 Cash prizes				
	3 Noncash prizes	.,			
3	4 140/1040/1 p1/200				
	4 Rent/facility costs				
4					
4	4 Rent/facility costs		Yes%	Yes%	
2	4 Rent/facility costs		Yes% No	Yes %	
5	4 Rent/facility costs 5 Other direct expenses	Yes%		□ No	(
£ 6	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through	Yes% No ugh 5 in column (d)	No	No ▶	
£ 6	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through	Yes% No ugh 5 in column (d)	No	No ▶	(Yes N
£ 6 7 7 8	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state (s) in which the organization openses.	Yes % No ugh 5 in column (d) ie 1, column (d), and line 7 erates gaming activities:	No	No	
2 E	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throw 8 Net gaming income summary. Combine line Enter the state(s) in which the organization operate summary incomes to operate gaming	Yes % No ugh 5 in column (d) ie 1, column (d), and line 7 erates gaming activities:	No	No	
2 E	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state (s) in which the organization openses.	Yes % No ugh 5 in column (d) ie 1, column (d), and line 7 erates gaming activities:	No	No	
2 E	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throw 8 Net gaming income summary. Combine line Enter the state(s) in which the organization operate summary incomes to operate gaming	Yes % No ugh 5 in column (d) ie 1, column (d), and line 7 erates gaming activities:	No	No	
2 E E I I I I I I I I I I I I I I I I I	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state (s) in which the organization opense the organization licensed to operate gaming (f "No," explain:	Yes% No ugh 5 in column (d) e 1, column (d), and line 7 erates gaming activities: activities in each of these	No No	No	9a
E E E E E E E E E E E E E E E E E E E	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throw 8 Net gaming income summary. Combine line Enter the state(s) in which the organization operate summary incomes to operate gaming	Yes% No ugh 5 in column (d) e 1, column (d), and line 7 erates gaming activities: activities in each of these	No No	No	9a
5 E E I I I I V	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state (s) in which the organization opens the organization licensed to operate gaming If "No," explain: Were any of the organization's gaming licenses	Yes% No ugh 5 in column (d) e 1, column (d), and line 7 erates gaming activities: activities in each of these	No No	No	9a
2 E E I I I I I I I I I I I I I I I I I	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state (s) in which the organization opens the organization licensed to operate gaming If "No," explain: Were any of the organization's gaming licenses	Yes % No ugh 5 in column (d) te 1, column (d). and line 7 erates gaming activities: activities in each of these servoked, suspended or te	No No	No bear?	9a 10a

Schedule G (Form 990 or 990-EZ) 2009	L065		
and the second of the second o		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility h An outside facility 13a % 13b %	7	l I	0
D An outside radiiity	4/17		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Address ►			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party:			
Name >			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF ABANDONED MINE LAND PROGRAMS

Employer identification number 83-0310654

MILITA DE LO CARLES
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REGARDING THE RECLAMATION OF ABANDONED MINE LANDS.
REGARDING THE RECLAMATION OF ABANDONED MINE LANDS.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 WAS PROVIDED TO
THE ORGANIZATION BEFORE IT WAS FILED.
THE STATE OF THE S
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST.

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

A	For th	e 2010 calendar year, or tax year beginning and e	ending		
В	Check if applicate Addr	C Name of organization NATIONAL ASSOCIATION OF ABANDONED MINE		D Employer identific	eation number
=	Nam			02.0	240654
F	Initia		Section From		310654
Ē	Term	122 WEST 25TH ST	Room/suite	E Telephone number (301)689-1460
_	Amer	City or town, state or country, and ZIP + 4		G Gross receipts \$	158,912.
L	Appli tion pend	CHEIENNE, WY 82002-1223		H(a) Is this a group re	turn
		F Name and address of principal officer:MICHAEL PATRICK GAF	RNER	for affiliates?	Yes X No
-	_	160 SOUTH WATER ST, FROSTBURG, MD 2153	32	H(b) Are all affiliates incl	uded? Yes No
		tempt status: 501(c)(3)X 501(c)(6) ◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. (see instructions)
-		ite: WWW.NAAMLP.NET		H(c) Group exemption	number >
_	Form o	forganization: Corporation Trust X Association Other ► Summary	L Year	of formation: 1995 M	State of legal domicile: WY
0	1	Briefly describe the organization's mission or most significant activities: TO PF	OVIDE	A FORUM TO	ADDRESS
Activities & Governance		CURRENT ISSUES, DISCUSS COMMON PROBLEMS,	AND S	HARE NEW TE	CHNOLOGIES
in e	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	0	
20	4	Number of independent voting members of the governing body (Part VI, line 1b)	*************	4	0
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
Σ	6	Total number of volunteers (estimate if necessary)	6	0	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,077.
	b	Net unrelated business taxable income from Form 990-T, line 34	************	7b	0.
				Prior Year	Current Year
Revenue	8			1,450.	0.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		202.	1,077.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,780.	69,425.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		24,432.	70,502.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,000.	3,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b		0.		
ш	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		51,276.	9,330.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		54,276.	12,330.
	19	Revenue less expenses. Subtract line 18 from line 12		-29,844.	58,172.
Net Assets or Fund Balances			Вер	inning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)		41,505.	99,677.
et A	21	Total liabilities (Part X, line 26)		0.	0.
콛	22	Net assets or fund balances. Subtract line 21 from line 20		41,505.	99,677.
_	art II	Signature Block			
Und	ler pena	illies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer i	nas any knowledge.	
		Clareture of House		5/12/2011	
Sig		Signature of officer		Date /	
Her	e	MICHAEL PATRICK GARNER, PRESIDENT Type or print name and title			
Paid	i	Print/Type preparer's name Michael Coborts Preparer's signature Michael Coborts	1/1	ate Check Check from 5/10/11 self-employed	PTIN
Pre	parer	Firm's name ROBERTS & COMPANY, P.C.	10.	Firm's EIN	-
Use	Only	Firm's address 1206 BUSINESS LOOP 70 WEST, SUIT	ЕВ	The same of the sa	
		COLUMBIA, MO 65202	E 2	Phone no. (5	73) 441-2299
May	the IF	RS discuss this return with the preparer shown above? (see instructions)	*********	1	X Yes No
				***************	110

NATIONAL ASSOCIATION OF ABANDONED MINE LAND PROGRAMS 83-0310654 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO PROVIDE A FORUM TO ADDRESS CURRENT ISSUES, DISCUSS COMMON PROBLEMS, AND SHARE NEW TECHNOLOGIES REGARDING THE RECLAMATION OF ABANDONED MINE LANDS. 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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: ______) (Expenses \$ _____3 , 000 . including grants of \$ _____) (Revenue \$ (Code: including grants of \$) (Expenses \$) (Revenue \$

4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	_				-10
	-				
4d	Other program s	ervices (Describe in Schedule O.)			

including grants of \$

4d

032002

(Expenses \$

) (Revenue \$

83-0310654 Part IV Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 c 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 X 110 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 X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12a 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...... X 12h Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV X 16 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 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 X 18 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 X 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010)

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Form 990 (2010) LAND PROGRAMS

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
00	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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	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		X
b	and the digarization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	i	
d	bid the organization act as at 1 on bentall or 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	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			x
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):	27		Δ
а	A current or former officer, director, trustee, or key ampleuse 2 /5 Vez			**
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
c	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	28b		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	-+	X
	If "Yes," complete Schedule N, Part I			37
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an artituding sells assets.	31		X 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		X
34	was the organization related to any tax-exempt or taxable entity?	33		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		
3/	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		X
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2010) LAND PROGRAMS

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
	2			*********	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1		87.	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able gaming	7		
	(gambling) winnings to prize winners?	apriling		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.					
1	filed for the calendar year ending with or within the year covered by this return	2a)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the	urns?	****************	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ns)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		******************************	За		X
b	if fes, has it filed a Form 990-1 for this year? If "No," provide an explanation in Schedule O			3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other	r autho	rity over, a			
L.	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
D	If "Yes," enter the name of the foreign country: ▶					
E-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ints.			
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 trans	action'	?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		*************	5c	1 1	
6a	boes the organization have annual gross receipts that are normally greater than \$100,000, and did	the ora	anization colinit			
	any contributions that were not tax deductible?		***************************************	6a		X
D	res, did the organization include with every solicitation an express statement that such contribu	itions o	r nifte			
7	were not tax deductible? Organizations that may receive deductible.		***************************************	6b	1	
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 se	ervices (provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	********		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas req	uired			
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	at?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	tract?	*********************	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	199 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fi	le a Form 1098-C?	7h		
٥	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D)id the s	upporting	14		
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	t any tim	e during the year?	8		
,	Sponsoring organizations maintaining donor advised funds.					
h	Did the organization make any taxable distributions under section 4966?		***************************************	9a		
0	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		********************	9b		
		1 1				
b	Initiation fees and capital contributions included on Part VIII, line 12	10a				
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		+1		
		1 - 1				
h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a			1	
	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b				
b	f "Yes " enter the amount of tax-exempt interest received as account of the interest received as a country of the interest received	1		12a		
3	f "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b		Fi		
a	s the organization licensed to issue qualified health place in most the					
	s the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O,	*********	entimentum,	13a		
b i	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	1 1				
c F	inter the amount of reserves on hand	13b				
la [Did the organization receive any payments for indoor tanning services during the tax year?	13c		D. 4		
b I	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	. ~		14a		X_
	Schedule 1996 to 1996	e O		14b		-

Form 990 (2010)

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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.

			-		
40	Cotor the words of the state of		Yes	No	
b	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members is landed in line to the landed in landed in line to the landed in line to the landed in line to the	0			
2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, truston, or key ampleyed hours for its plant in the line 1a.	0			
	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		x	
3	the organization delegate control over management duties customarily performed by or under the direct supervision	17.00			
	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 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Does the organization have members or stockholders?	6		X	
	governing body?	72		х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		21	
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 reached at the	100	21		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a		X	
b	if "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?	10b			
1a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c			
3	Does the organization have a written whistleblower policy?	13		Х	
4	Does the organization have a written document retention and destruction policy?	14		X	
5	Did the process for determining compensation of the following persons include a review and approval by independent	1.7		21	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a		X	
D	Other officers or key employees of the organization	15b		X	
	if "tes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		v	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		X	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
	ion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed AZ, MD, IA				
В	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.	for			
	Own website Another's website X Upon request				
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd finar	ncial		
3	statements available to the public.				
)	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza ${ t TODD}$	tion: 🕨		_	

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LUIII	ココロ	120101	

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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 organ (A) Name and Title	(B) Average hours per	(C) Position (check all that apply)				1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
MICHAEL PATRICK GARNER PRESIDENT	15.00			x				0			
MADELINE ROANHORSE	15.00			Δ	-			0.	0.	0	
VICE PRESIDENT	1.00			x				0.	0.	0.	
TODD COFFELT				15							
SECRETARY-TREASURER	10.00			X				0.	0.	0	

(A) Name and title	(B) Average hours per	(c	hecl	Pos			ıly)	(D) Reportable compensation	(E) Reportable compensation	3.0		ted			
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	onal trust	Officer	Key employee	Highest compensated employee	Highest compensated employee	Former	Former	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		othe compens from t organiza and rela organiza	er sation he ation ated
1b Sub-total						D		0.	0			0.			
Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A					A A	o rec	0.	0			0.			
compensation from the organization 3 Did the organization list any former office	er, director or trus	stee	, key	em	ploy	ee,	or hig	ghest compensated em	nplovee on		Yes	No			
line 1a? If "Yes," complete Schedule J fo For any individual listed on line 1a, is the and related organizations greater than \$1	r such individual sum of reportable	 e cc	mpe	nsa	 tion	and	othe	er compensation from t	he organization	3		X			
Did any person listed on line 1a receive of rendered to the organization? If "Yes," co Section B. Independent Contractors	r accrue compen	sati	on fr	om :	any	unre	late	d organization or individ	dual for services	5		х			
Complete this table for your five highest the organization. NONE	compensated ind	lepe	nder	nt co	ontra	acto	rs th	at received more than \$	\$100,000 of comper	satio	n from				
(A) Name and busines	ss address							(B) Description of se	ervices		(C) pensatio	n			
							1								
						-	1					-			
Total number of independent contractors	(including but no	ot lin	nited	to t	hose	e list	ed a	bove) who received mo	are than						
\$100,000 in compensation from the organ	nization >			4	0				7.5 51341		, aan //				

| Part VIII | Statement of Revenue | PROGRAMS | Part VIII | Statement | PROGRAMS | PROGR

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					(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	1		1a					310, 01314
gra		b Membership dues						
Hs,	1	c Fundraising events	1c					
igi			1d					
ons		e Government grants (contribut	tions) 1e					
outi ner		f All other contributions, gifts, gran	its, and					
trik		similar amounts not included abo						
Contributions, gifts, grants and other similar amounts		Moncash contributions included in lines	1a-1f: \$					
		h Total, Add lines 1a-1f						
ø	2 :	a		Business Code				
vic								
Sel		b						
ame		d						
Program Service Revenue		9		0.1				
à.	f	All other program service reve	nue					
		Total. Add lines 2a-2f		D				
	3	Investment income (including	dividends, int	erest, and				
		other similar amounts)		D	1,077.		1,077.	
	4	Income from investment of tax	c-exempt bone	d proceeds			2,017.	
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Trivel terretering						
	b	*******						
	C					1		
	7 a							
	1 a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
- 1	~	and sales expenses				1		
	c	Gain or (loss)					1	
		Net gain or (loss)						
ne	8 a	Gross income from fundraising	events (not					
nue		including \$					91	
Other Reven		contributions reported on line	Ic). See					
er		Part IV, line 18		a 157,835.				
g		Less: direct expenses	************	ь 88,410.			8	
		Net income or (loss) from fundr		<u>,</u>	69,425.			69,425.
	9 a	Gross income from gaming act						02/123.
		Part IV, line 19		a				
	b	Less: direct expenses		b				
Ш	C 40 c	Net income or (loss) from gamir	ng activities					
-1	10 a	Gross sales of inventory, less re						
1	h	and allowances Less: cost of goods sold		3			1	
	G	Net income or (loss) from sales	of inventory					
		Miscellaneous Revenue	or inventory	Business Code				
1	11 a			Business Code				
	ь							
	C							
	d	All other revenue	Children and					
	е	Total. Add lines 11a-11d	***************************************	D				
	2	Total revenue. See instructions			70,502.	0.	1,077.	69,425.
2009 -21-1						0.		form 990 (2010)

83-0310654 Page 10

Form 990 (2010) LAND PROGRAMS
Part IX Statement of Functional Expenses

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

Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	3,000.	3,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. 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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
)	Payroll taxes				
1	Fees for services (non-employees):				
a	Management				
b	Legal				
С	Accounting	375.		375.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion	3,055.		3,055.	
3	Office expenses	41.		41.	
-	Information technology				
,	Royalties				
	Occupancy				
	Travel	2,624.		2,624.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	2,310.		2,310.	
	Interest				
	Payments to affiliates				
2	Depreciation, depletion, and amortization				
	Insurance				
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 241. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	MISCELLANEOUS	900.		900.	
b	DUES AND SUBSCRIPTIONS	25.		25.	
C					
d					
e					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	12,330.	3,000.	9,330.	(
	Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			2,0001	

Form 990 (2010)
Part X | Balance Sheet LAND PROGRAMS

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		17,246.		74,686
	2	Savings and temporary cash investments			2	. = 1 = 0
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, d	irectors, trustees, key			
		employees, and highest compensated employe	es. Complete Part II			
					5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec				
		employees' beneficiary organizations (see instru			6	
Assets	7	Notes and loans receivable, net			7	~
ASS	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b				10c	
	11	Investments - publicly traded securities		11	·	
	12	Investments - other securities. See Part IV, line	24,259.	12	24,991	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	41,505.	16	99,677
-	17	Accounts payable and accrued expenses		17		
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		£	20	
2	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Ĭ	22	Payables to current and former officers, directo				
Liabilities		highest compensated employees, and disqualif	ied persons. Complete Part II			
3		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	N
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0
		Organizations that follow SFAS 117, check he	ere X and complete		170	
CO CO		lines 27 through 29, and lines 33 and 34.				
het Assets of Fund balances	27	Unrestricted net assets		41,505.	27	99,677
alo	28	Temporarily restricted net assets			28	
2	29			1	29	
5		Organizations that do not follow SFAS 117, c				
5	1 - 5	complete lines 30 through 34,				
3	30	Capital stock or trust principal, or current funds			30	
2	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
	33	Total net assets or fund balances		41,505.	33	99,677
	34	Total liabilities and net assets/fund balances		41,505.	34	99,677

_	1990 (2010) LAND PROGRAMS	83-0310	654	Pa	ge 12		
ra	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	70) E	0.2		
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,502 12,330				
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	•						
5	Other changes in net assets or fund balances (explain in Schedule O)						
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (R))	6	90	5	77.		
Pa	rt XII Financial Statements and Reporting	0	- 33	, 0	11.		
	Check if Schedule O contains a response to any question in this Part XII	and Committee Africa					
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?	*******************	2b		X		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			-22		
	review, or compilation of its financial statements and selection of an independent accountant?	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O	2c		-		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	non a		1			
	separate basis, consolidated basis, or both:	3 011 0	11 9				
	Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	iale Audit					
	Act and OMB Circular A-133?	gie Addit	2-		v		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	3a	-+	X		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	iou audit	01	- 1			

Form **990** (2010)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF ABANDONED MINE LAND PROGRAMS

Employer identification number 83-0310654

Pa	organizations Maintaining Donor Advised	Funds or Other Similar Funds of	r Acco	ounts. Complete if the
-	organization answered "Yes" to Form 990, Part IV, line		B 2 7	
1	Total number at and of year	(a) Donor advised funds	(b) F	unds and other accounts
2	Total number at end of year			
3	Aggregate contributions to (during year)			
4	Aggregate grants from (during year) Aggregate value at end of year			
5	Did the organization informal departs and			
•	Did the organization inform all donors and donor advisors in w	nting that the assets held in donor advised	funds	
6	are the organization's property, subject to the organization's e	xclusive legal control?		Yes N
	Did the organization inform all grantees, donors, and donor ad for charitable purposes and not for the benefit of the donor or	visors in writing that grant funds can be us	ed only	
Pa	rt II Conservation Easements. Complete if the orga	mization anguaged "Voo" to Form 000 De-	N. P.	Yes N
1	Purpose(s) of conservation easements held by the organization	n (chark all that apply)	IV, line	Γ,.
	Preservation of land for public use (e.g., recreation or ed			
	Protection of natural habitat			
	Preservation of open space	Preservation of a certified	historic	c structure
2		d copponistion and tile the first		
	Complete lines 2a through 2d if the organization held a qualifie day of the tax year.	d conservation contribution in the form of a	conser	vation easement on the last
	and the same year.			I MAN AND RELIABILITY
а	Total number of conservation easements			Held at the End of the Tax Ye
b	Total acreage restricted by conservation easements		2a	
c	Number of conservation easements on a certified historic struc	sture included in (a)	2b	
	Number of conservation easements included in (c) acquired aff	ter 8/17/06 and not an a historic at a st	2c	
	listed in the National Register	ter of 17700, and not on a historic structure		
3	listed in the National Register Number of conservation easements modified, transferred, release	sed extinguished or terminated by the	2d	and of Christian State
	year >	ased, extriguished, or terminated by the or	ganizatio	on during the tax
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it h	inide?		
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation eacomouts during		Yes N
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during the	g trie ye	ar -
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b/	year -	\$
	and section 170(h)(4)(B)(ii)?	oationy the requirements of section 170(1)(2	·)(¤)(i)	
9	In Part XIV, describe how the organization reports conservation	essements in its revenue and expense at		Yes LN
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	tement,	and balance sheet, and
	conservation easements			
Par	t III Organizations Maintaining Collections of A	Art. Historical Treasures, or Othe	r Simi	lar Assats
	Complete if the organization answered "Yes" to Form 99	00, Part IV, line 8.	· Omin	iui Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC		and bal	anno about weeks of out
	historical treasures, or other similar assets held for public exhib	ition education or research in furtherance	of public	ance sneet works of art,
	the text of the footnote to its financial statements that describe	s these items	or public	service, provide, in Part XIV
b	If the organization elected, as permitted under SFAS 116 (ASC		lholose	a alaaan ka ah
	treasures, or other similar assets held for public exhibition, educ	cation or research in furtherance of public	Dalanc	e sneet works of art, historica
	relating to these items:	satisfit, of resourch in fartherance of public :	service,	provide the following amount
	(i) Revenues included in Form 990, Part VIII, line 1			•
	(ii) Assets included in Form 990, Part X	***************************************		Φ
2	If the organization received or held works of art, historical treasu	ires or other similar appets for financial and		Φ
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to those thems.	i, provid	ie
а	Revenues included in Form 990, Part VIII, line 1	y 100 000) relating to these items:		¢.
b	Assets included in Form 990, Part X			\$
	The state of the s	Land the second		25

	edule D (Form 990) 2010 LAND P	ROGRAMS				-	83-03	31065	54	Page
-	art III Organizations Maintaining	Collections of A	Art, Historical	Treasures,	or Oth	er Simil	ar Ass	ets (cor	tinua	di
3	Using the organization's acquisition, acces	sion, and other recor	ds, check any of the	ne following tha	at are a	significant i	use of its	collecti	on ite	ms
	(check all that apply): Public exhibition		A 1000							
£				xchange progr						
k		9	e Other							
	gondrations									
4	Provide a description of the organization's	collections and expla	in how they furthe	r the organizat	ion's exe	empt purpo	se in Pa	rt XIV.		
5	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or oth	er simila	ar assets		3/1		
D-	to be sold to raise funds rather than to be n	naintained as part of	the organization's	collection?		********		Yes		\square N
-	reported an amount on Form 990, P.	ngements. Comp	lete if the organiza	tion answered	"Yes" to	Form 990	, Part IV,	line 9, o	r	
1a	Is the organization an agent, trustee, custo		diany for contributi	000 ov athau a		6.15				
	on Form 990, Part X?	aidir of other filterine	diary for contribution	ons or other as	sets no	rinciuded	-	٦		_
b	If "Yes," explain the arrangement in Part XI\	/ and complete the f	allowing table.		*********		,,,,,,,	Yes	1	_ N
	are All	and complete the h	Dilowing table.					40.00	_	
C	Beginning balance							Amour	nt	
d	Beginning balance	************************	*********************	*****************	**********	1c	-			
е	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********************	************************	(2000)		1d		_		_
f		**********************	******************	***************************************		1e				
2a	Ending balance Did the organization include an amount on F	Form 000 Part V line	. 010	**************	*********	1f		78. 3		
b	If "Yes," explain the arrangement in Part XIV	/	1411	**************	***********		L	_ Yes		_ N
Pa	rt V Endowment Funds. Complete	if the organization ar	aswered "Vec" to E	form 990 Part	N/ line i	10				
		(a) Current year	(b) Prior year					Lander.		
1a	Beginning of year balance	(a) carrent year	(b) Filor year	(c) Two year	S DACK	(a) Three ye	ears back	(e) F0U	r years	bac
b	Contributions									
c	Net investment earnings, gains, and losses				-					
d	Grants or scholarships			-						_
e	Other expenditures for facilities			-				-		
7	and programs									
f	Administrative expenses			-						
g	End of year balance			+						
2	Provide the estimated percentage of the year	r and balance held -								
a	Board designated or quasi-endowment									
b	Permanent endowment		_%							
		% %								
			Note that the state of							
oa	Are there endowment funds not in the posse by:	ession of the organiza	ation that are held	and administer	ed for the	ne organiza	ation			
									Yes	No
	**	************************	************************	*****************		***********		3a(i)		
h	(ii) related organizations	Barat		****************				3a(ii)		
4	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	300	
_	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm	organization's endo	wment funds.							
-	Description of investment									
	bescription of investment	(a) Cost or of basis (investm		t or other (other)	0.7 9 70 000	cumulated		(d) Bool	k valu	е
1a	Land		y Dasis	forner)	dep	reciation		-		
	Buildings						-			
c	Leasehold improvements	· ·				-	-			
	Equipment									
	Other				-					
		**	X, column (B), line				1			

Schedule D (Form 990) 2010

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote. In Part XIV. provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 1932053.

(9) (10) (11)

	edule D (Form 990) 2010 LAND PROGRAMS ort XI Reconciliation of Change in Net Assets from Form	990 to Audited F	inancial Sta	83-03	10654 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	D. A. C.	1	atements	70,502
2	Total expenses (Form 990, Part IX, column (A), line 25)	Total expenses (Form 990, Part IX, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1				12,330. 58,172.
4	Net unrealized gains (losses) on investments		4		30,112
5	Donated services and use of facilities	***************************************	5		
6	Investment expenses		6		
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	rotal adjustments (net). Add lines 4 through 8	ANNA STATE OF THE	9		
10 Do	Excess or (deficit) for the year per audited financial statements. Combine lin	De 3 and D	40		58,172.
1	rt XII Reconciliation of Revenue per Audited Financial Sta	atements With F	Revenue per	Return	
2	Total revenue, gains, and other support per audited financial statements		••••••••••	. 1	
a	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1			
b	Net unrealized gains on investments	2a			
15	Donated services and use of facilities	2b			
d	Recoveries of prior year grants	2c			
		2d			
e	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			. 3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b			
5	Add lines 4a and 4b			. 4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. † XIII Reconciliation of Expenses per Audited Financial St	otomonto Mith. I		. 5	
1	Total expenses and losses per audited financial statements	atements with i	expenses pe	er Return	
2	Total expenses and losses per audited financial statements		*************	. 1	
a	Donated services and use of facilities	To I			
b	Donated services and use of facilities	2a		_	
C	Prior year adjustments Other losses	2b		_	
d	Other losses Other (Describe in Part XIV.)	2c			
100	Other (Describe in Part XIV.)	2d			
3	Add lines 2a through 2d Subtract line 2e from line 1	***********************	****************	. 2e	
4	Subtract line 2e from line 1	*************************		. 3	
a	Investment expenses not included on Form 200, Day VIII Star 71	11			
b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)				
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	***************************************		4c	
ar	t XIV Supplemental Information	5)		. 5	
line	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	Part III, lines 1a and complete this part t	4; Part IV, lines o provide any a	1b and 2b; P	art V, line 4; Part
line	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	complete this part t	o provide any a	dditional info	mation.
_					

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization NATIONAL ASSOCIATION OF ABANDONED MINE Employer identification number LAND PROGRAMS 83-0310654 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? _ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (i) Name and address of individual (iv) Gross receipts (vi) Amount paid to (or retained by) (ii) Activity or entity (fundraiser) to (or retained by) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2010 LAND PROGRAMS 83-0310654 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through CONFERENCES col. (c)) (event type) (event type) (total number) Revenue Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ. line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? No b If "Yes," explain:

19

Schedule G (Form 990 or 990-EZ) 2010

032082 01-13-11

Sch	edule G (Form 990 or 990-EZ) 2010 LAND PROGRAMS		310	654	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	L No
	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	amara (9
	An outside facility		13b		9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	viene viena)		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization	ount			
	of gaming revenue retained by the third party > \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation > \$				
	Description of services provided >				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the			
	organization's own exempt activities during the tax year ▶ \$	2.5			
Pai	t IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col	umns (iii)	and (v	/), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional int	formation	(see i	instruc	tions).
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SCHEDULE O

(Form 990 or 990-EZ)

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.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF ABANDONED MINE LAND PROGRAMS

Employer identification number 83-0310654

HAND FROGRAMS 05-0510054
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REGARDING THE RECLAMATION OF ABANDONED MINE LANDS.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 WAS PROVIDED
THE ORGANIZATION BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILAB
TO THE PUBLIC UPON REQUEST.