Form 990-BL

(Revised October 1981) Department of the Treasury Internal Revenue Service

Information and Initial Excise Tax Return for Black Lung Benefit Trusts and Certain Related Persons

(Under section 501(c)(21) of the Internal Revenue Code)

OMB No. 1545-0049

For ca	lenda	ar year 19 , or fiscal year beginning , 19	, and	ending				. 19		
Name of trust				Employer identification number (see instructions						
Name of other person filing return (see instructions)					Social security number (see instructions)					
Addres	s of fi	ller (number and street)		If application pending, check here . ▶						
City or	town	State and ZIP code					heck here .	. ▶		
				FMV of ass of operator'						
	i filed ust (i	d by (see General Instruction A and Specific Instruction B, check box that app Open for public inspec- ion—other than Part IV) Trustee (Not open for public inspection) Disqualif		SON (Not on	en fo	r public				
Par	t I	Analysis of Revenue and Expenses (see instructions)								
	1	Contributions received				1				
	2	Investment income:			•	2				
		(a) Interest on certain securities of the U.S., and State and local government	ents .			2(a)				
		(b) Interest on time or demand deposits in a bank, or insured credit union			ion					
nue		501(c)(21)(B)(ii)(III))	(descri	ned iii sect	.1011	2(b)				
Revenue		(c) Gross amount received from sale of assets		• • •	•	2(0)				
~		Minus cost or other basis and sales expenses	-							
		Net gain or (loss)	٠ ٠١ـ			2(c)				
					•	2(d)				
	3	(d) Other income (attach schedule)				3				
				<u> </u>		4		· · · · · · · · · · · · · · · · · · ·		
	4	Contributions to the Federal Black Lung Disability Trust Fund			•	5				
	5	Premiums for insurance to cover liabilities described in section 501(c)(21)(A	۹)(۱) .		•	I—				
ses	0	Other payments to or for benefit of eligible coal miners or beneficiaries			•	6				
Expenses		Compensation of trustees				7	·			
ង		Other salaries and wages				8				
		Administrative expenses not included on lines 7 and 8 (attach schedule)				9		· · · · · · · · · · · · · · · · · · ·		
		Other (attach schedule)			•	10				
		Total expenses (add lines 4 through 10)	• •	• • •		11				
	12	Excess of revenue over expenses (subtract line 11 from line 3)	· · ·	· · · ·	<u> </u>	12				
Part		Balance Sheets		Beginning	ofy	ear	End o	of year		
	13	Cash	13							
	14	Savings and interest bearing accounts	14							
ets	15	Investments in approved securities	15							
Asset	16	Office supplies and equipment	16							
	17	Other (attach schedule)	17							
	18		18				-			
اء ي	19	Liabilities (see instructions)	19							
Liabilities and Net Worth		la de la companya de	20							
abi			-							
Ξž	21	Total liabilities and net worth (add lines 19 and 20)	21							
The boo Located		in care of Telephone numbe	er 🕨 ()						
		Under penalties of perjury, I declare that I have examined this return, including accom-	npanying	g schedules a	and st	atemer	its, and to th	e best of my		
Please		knowledge and belief, it is true, correct, and complete. Declaration of preparer (other the has any knowledge.	nan taxp	ayer) is base	d on	all info	rmation of wh	nich preparer		
Sign										
Here		Signature of person filing return Da	ate	Title		-				
		Preparer's			Date					
Paid	.	signature								
Prepare		Firm's name (or			<u> </u>					
Use On	y	yours, if self-employed) and address	-	ZIP co	de 🕨			·		

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	Part III	Questionnaire					Yes	No
22	Have any	changes not previously reported to the Internal Revenue	Service been made in	vour governin	g instrument or of	her	///////	<u>///////</u>
	22 Have any changes not previously reported to the Internal Revenue Service been made in your governing instrumer instrument of similar import?						9///////	90000
	If "Yes," attach a conformed copy of the changes.							
23	Self-dealing (section 4951):							
	(a) Have you engaged in any of the following acts during the year either directly or indirectly, with one or more dis							
persons (see instructions for definition)—								
	(1) 5	Sale, exchange, or leasing of property?						
	(2) Borrowing or lending of money or other extension of credit?							
	(5) Transfer to, or use by or for the benefit of, a disqualified person of any part of your income or assets?							
	(b) If an	y of questions 23(a)(1) through 23(a)(5) is answered "\	es," were all of the	acts in which y	ou engaged excep	ted		
		described in the instructions?				.		/////// //
		is "No," complete Schedule A (Form 990–BL), Part I, Sec	tion A.					
24		taxable expenditures (section 4952):						
	During the year did you pay, or incur a liability to pay any amount for any purpose other than for payment of: (1) black lung benefits, (2) administrative expenses of the trust, (3) premiums for insurance covering liabilities for black lung benefits, (4) permitted investments of trust funds, (5) transfer of funds to the Federal Black Lung Disability Fund or to the general fund of the U.S. Treasury, or (6) return of excess contributions to the coal mine operator who contributed them?						Willin.	Ullili. Taaa a
25		complete Schedule A (Form 990–BL), Part I, Section B.						
23		ective action been taken with respect to any transaction wl	•	ter 42 taxes bei	ng reported on Sch	ed-	'////////	111111111
	•	rm 990–BL)?			Caphle sute the F	•	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	<u> </u>
		alue of any property recovered as a result of the correction						
		planation (see instructions)).	лі 📂 ф	(101	any uncorrected ac	cts,		
26		directors, trustees and their compensation, if any, for the	tax year:					
		Name and Address	Title and time devoted to position	Contributions to employee benefit plans	Expense ac- count, other allowances	Comp	ensati	on
Tot	al	<u> </u>	<u></u>	· · · · ·	>			
	art IV	Statement With Respect to Contributors, etc. (N	ot open for public	inspection)				
1 F	Persons wh	no contributed \$5,000 or more in the taxable year: (if more	space is needed, atta		***			
		Name		Add	ress			
		,						
2 [Ouring the	period covered by this return did the trust receive any cor	ı tributions in excess (of the maximur	n allowable deduct	ion	Yes	No
		ntributor under section 192?	<u> </u>	<u></u>	· · · · ·	. ,		

SCHEDULE A (Form 990-BL)

(Revised October 1981) Department of the Treasury Internal Revenue Service

Computation of Initial Excise Taxes on Black Lung Benefit Trusts and Certain Related Persons

(Under sections 4951 and 4952 of the Internal Revenue Code)

OMB No. 1545-0049

NOT Open for Public Inspection

For calendar year Name of trust/per	ar 19 , or fiscal yearson filing return (see instru		, 19 , an		, 19 . nployer identification number or social curity number of filer (see instructions)		
Name of related section 501(c)(21) trust (if applicable)					,		
Return filed by (see instructions, check b	ox that applies):	rson				
Part I In	itial Taxes on Self-dea	aling (Section 49	51) and Taxable Expenditures ((Section 49	952)		
	SECT	TION A.—Acts of Se	elf-dealing and Tax Computation (Se	ection 4951)			
a. Act number	b. Date of act		c. Description	of act			
1							
3							
4							
d. Name	es of disqualified persons lia	ble for tax	e. Names	of trustees lia	able for tax		
f. Amou	nt involved in act	g. Initial 1	ax on self-dealing disqualified person (10% of column f)		h. Tax on trustee (if applicable) (2½% of column f)		
Total							
	SECTION	ON B.—Taxable Ex	penditures and Computation of Tax	(Section 49	952)		
a. Item number	b. Amount	c. Date paid or incurred	d. Name and address of recipient		e. Description of expenditure and purposes for which made		
1	*						
$\begin{bmatrix} 2 & \cdot & \cdot & \cdot \\ \mathbf{z} \end{bmatrix}$							
4							
f. Names of trustees liable for tax			g. Tax imposed on trust (10% of column b)		h. Tax imposed on trustee (if applicable) (2½% of column b)		
			•••••				
Total							
Part II Su	ımmary of Taxes						
1 Enter section	4951 tax on disqualified	person (Part I, Sec	tion A, column g)				
2 Enter section	4951 tax on trustee (Pa	art I, Section A, col	umn h)				
3 Enter section	4952 tax on trust (Part	I, Section B, colum	n g)				
4 Enter section	4952 tax on trustee (Pa	art I, Section B, col	umn h)				
5 Tax due (see	instructions). Pay in 1	ull with return. (N	Make check or money order payat	ble to	-		