Form 990-BL

(Rev. January 1994) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0049 Expires 1-31-97

Under section 501(c)(21) of the Internal Revenue Code. See separate instructions.

For cale	endar	year 19 , or fiscal year beginning , 19	,	and ending		, 19
Name of	trust			Employer ide	entification nun	nber of trust
Name of	other	person filing return		Social secur	ity or E.I. no. o	f other filer
Number,	stree	t, and room or suite no. (If a P.O. box, see instructions)			pending, check anged, check h	
City or to	own, s	tate and ZIP code		FMV of asset	s at beginning tax year.	
Return fi	led by	(check box that applies): Trust (Open for public inspection—other that Disqualified person (Not open for public inspection)		. —	(Not open for p	oublic inspection)
Part I	ļ	analysis of Revenue and Expenses				
nue	1 2 a b	Contributions received	unio	n (described in		
Revenue	c d 3	Gross amount received from sale of assets				
Expenses	4 5 6 7 8 9 10 11	Contributions to the Federal Black Lung Disability Trust Fund Premiums for insurance to cover liabilities described in section 501(c)(21)(A)(i)(IV)	501(c ers, o nedula	(21)(A)(i)(I) and 	5	
Part I]	Balance Sheets		Beginning of	year	End of year
Assets	13 14 15 16 17 18	Cash	13 14 15 16 17 18			
Liabilities and Net Assets	19 20 21	Liabilities (see instructions)	19 20 21			
	ks are	in care of ▶ Telephone nu)	I	
Pleas Sign Here		Under penalties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is be	ased on	all information of wh		
Paid		Signature of person filing return Preparer's signature	Date	Title D	ate	
Prepare Use On	er's Iy	Firm's name (or yours, if self-employed) and address			IP code	

Cat. No. 10315Y

	990-BL (I	Rev. 1-94)					Pa	igc
Par	t III	Questionnaire				Ye	es	No
22		you made any changes not previously reported to the er similar instrument?		ervice in your g	overning instrun	ment,		
		s," attach a conformed copy of the changes.						
23		on self-dealing (section 4951):						
а	_	g the year did the trust (either directly or indirectly): ngage in the sale, exchange, or leasing of property		oorson?				
		orrow or lend money or otherwise extend credit to						
		urnish goods, services, or facilities to (or accept the						
		ay compensation to, or pay or reimburse expenses						
		ansfer any income or assets to, or for use by or fo						
	b If the answer is "Yes" to any of questions 23a(1) through 23a(5), were all of the acts in which you engaged excepted acts as described in the instructions?							
24	If the answer is "No" to question 23b, complete Schedule A (Form 990-BL), Part I, Section A. Taxes on taxable expenditures (section 4952): During the year did you pay, or incur a liability to pay, any amount							
	(3) pre their s Black the co	y purpose other than for payment of: (1) black luderniums for insurance covering liabilities for black lessouses, and dependents, (5) permitted investmentung Disability Fund or to the general fund of the pall mine operator who contributed them?	ung benefits, (4) per its of trust funds, (6 U.S. Treasury, or (7)	rmitted benefit b) transfer of f) return of exc	ts for retired minum funds to the Featers contribution	ners, deral		
			Dort I Coction D)				
25		•			enorted on Sche	edule		
25	Have y	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42	2 taxes being re	eported on Sche	edule		
25	Have y A, For If "Yes the fai	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42 of the corrective ac It of the correction	2 taxes being re ction taken and	d, if applicable, e	 enter		
	Have y A, For If "Yes the fai For an	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42 of the corrective ac It of the correction tions).	2 taxes being re ction taken and	d, if applicable, e	 enter		
	Have y A, For If "Yes the fai For an	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42 of the corrective ac It of the correction tions).	2 taxes being re ction taken and	d, if applicable, e	 enter	satio paid,	,
	Have y A, For If "Yes the fai For an	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42	2 taxes being received to taken and \$\) (c) (c) Contributions to employee	(d) Expense account, other	enter (e) Compen	satio paid,	,
	Have y A, For If "Yes the fai For an	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42	2 taxes being received to taken and \$\) (c) (c) Contributions to employee	(d) Expense account, other	enter (e) Compen	satio paid,	,
	Have y A, For If "Yes the fai For an	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42	2 taxes being received to taken and \$\) (c) (c) Contributions to employee	(d) Expense account, other	enter (e) Compen	satio paid,	,
226	Have y A, For If "Yes the fai For an	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42	2 taxes being received to taken and \$\) (c) (c) Contributions to employee	(d) Expense account, other	enter (e) Compen	satio paid,	,
	Have y A, For If "Yes the fai For an	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42	2 taxes being received to taken and \$\) (c) (c) Contributions to employee	(d) Expense account, other	enter (e) Compen	satio paid,	,
26	Have y A, For If "Yes the fai For an Officer	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42	2 taxes being received to taken and \$\) (c) (c) Contributions to employee	(d) Expense account, other	enter (e) Compen	satio paid,	,
26	Have y A, For If "Yes the fai For an Officer	you taken corrective action for any transaction that rem 990-BL?	esulted in Chapter 42	2 taxes being received a control of taken and contr	(d) Expense account, other allowances	enter (e) Compen	satio paid,	,
26	Have y A, For If "Yes the fai For an Officei	you taken corrective action for any transaction that resum 990-BL? So," attach a detailed documentation and description in market value of any property recovered as a resum y uncorrected acts, attach explanation (see instructors, directors, trustees and their compensation, if ar (a) Name and Address	esulted in Chapter 42	2 taxes being received a control of taken and	(d) Expense account, other allowances ction)	enter (e) Compen	satio paid,	,

Pai	t IV Statement With Respect to Contributors, etc.	c. (Not open for public inspection)	
1	Persons who contributed \$5,000 or more in the taxable year	ar (if more space is needed, attach schedule):	
	Name	Address	
2	During the period covered by this return did the trust recallowable deduction for the contributor under section 192?		No

4952 of the Internal Revenue Code **NOT Open for Public Inspection** For the calendar year 19 or fiscal year beginning and ending Name of trust/person filing return (see instructions) Employer identification number or social security number of filer (see instructions) Name of related section 501(c)(21) trust (if applicable) Return filed by (see instructions, check box that applies): Trust Trustee Disqualified person Initial Taxes on Self-dealing (Section 4951) and Taxable Expenditures (Section 4952) SECTION A—Acts of Self-dealing and Tax Computation (Section 4951) (a) Act (b) Date of act (c) Description of act number 1 2 3 4 (d) Names of disqualified persons liable for tax (e) Names of trustees liable for tax (g) Initial tax on self-dealing disqualified person (h) Tax on trustee (if applicable) (f) Amount involved in act (10% of column (f)) (21/2% of column (f)) Total (add lines 1 through 4, columns (g) and (h)) . SECTION B—Taxable Expenditures and Tax Computation (Section 4952) (a) Item (c) Date paid (e) Description of expenditure and (b) Amount (d) Name and address of recipient number or incurred purposes for which made 1 2 3 (h) Tax imposed on (g) Tax imposed on trust (f) Names of trustees liable for tax trustee (if applicable) (10% of column (b)) (21/2% of column (b)) Total (Add lines 1 through 4, columns (g) and (h)) Summary of Taxes 1 Enter amount of section 4951 tax on disqualified person from Part I, Section A, column (g). 2 Enter amount of section 4951 tax on trustee from Part I, Section A, column (h) . 3 Enter amount of section 4952 tax on trust from Part I, Section B, column (g). 4 Enter amount of section 4952 tax on trustee from Part I, Section B, column (h) . 5

Schedule A—Initial Excise Taxes on Black Lung Benefit Trusts and Certain Related Persons Under sections 4951 and