Form **990-BL**

(Rev. June 2005)

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. See separate instructions.

OMB No. 1545-0049

| For cal | endar | year , or fiscal year beginning , | , and ending , | | | | | | |
|---|----------|--|---------------------|---|---------------------------------|--------------------|--|--|--|
| Name of trust | | | | Employer identification number of trust | | | | | |
| Name o | f othe | person filing return | | Social securit | rity or E.I. no. of other filer | | | | |
| Number | , stree | t, and room or suite no. (If a P.O. box, see instructions.) | | | pending, check here . | | | | |
| City or town, state and ZIP code FMV of asset | | | | | | | | | |
| of operator's | | | | | | | | | |
| Heturn t | ilea b | r (check box that applies): Trust (Open for public inspection—other that Disqualified person (Not open for public ins | | | Not open for | public inspection) | | | |
| Part | / | Analysis of Revenue and Expenses | | | | | | | |
| | 1 | Contributions received | | | 1 | | | | |
| | 2 a | Investment income: Interest on certain securities of the U.S., state, and local governr | 2a | | | | | | |
| <u>e</u> | b | | | | | | | | |
| Revenue | | section 501(c)(21)(D)(ii)(III)) | • | 2b | | | | | |
| ₽ Be | C | Gross amount received from sale of assets | . | | _ | | | | |
| _ | | Less cost or other basis and sales expenses | . L | | 2c | | | | |
| | d | | | | 2d | | | | |
| | 3 | Total revenue (add lines 1 through 2d) | | | 3 | | | | |
| | 4 | Contributions to the Federal Black Lung Disability Trust Fund . | | | 4 | | | | |
| | 5 | Premiums for insurance to cover liabilities described in section | , , , , , , , , , , | 5 | | | | | |
| S | 6 | 501(c)(21)(A)(i)(IV) | 6 | | | | | | |
| Expenses | 7 | Compensation of trustees | 7 | | | | | | |
| хре | 8 | Other salaries and wages | 8 | | | | | | |
| Ш | 9 | Administrative expenses not included on lines 7 and 8 (attach sc | 9 | | | | | | |
| | 10 11 | Other expenses (attach schedule) | | 10 | | | | | |
| | 12 | Excess of revenue over expenses (subtract line 11 from line 3) | | 12 | | | | | |
| Part I | | Balance Sheets | | Beginning of ye | ear | End of year | | | |
| | 13 | Cash | 13 | | | | | | |
| ts | 14 | Savings and interest-bearing accounts | 14 | | | | | | |
| Asse | 15 | Investments in approved securities | 15 | | | | | | |
| Š | 16 17 | Office supplies and equipment | 16 17 | | | | | | |
| | 18 | Total assets (add lines 13 through 17) | 18 | | | | | | |
| es | 19 | Liabilities (see instructions) | 19 | | | | | | |
| bilities and Assets | 20 | Net assets | 20 | | | | | | |
| Liabilities and Net Assets | 21 | Total liabilities and net assets (add lines 19 and 20) ▶ | 21 | | | | | | |
| The boo | | in care of ▶ Telephone no | umber | \ () | | | | | |
| Pleas Sign | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | |
| Here | | Signature of person filing return | | | | | | | |
| Paid | | Preparer's signature | te | | | | | | |
| Prepare Use Or | ıly | Firm's name (or yours, if self-employed) | | | | | | | |
| | | and address | | ZIF | code | | | | |

Form 990-BL (Rev. 6-2005) Page 2 Part III Questionnaire Yes No Have you made any changes not previously reported to the Internal Revenue Service in your governing instrument, or other similar instrument? If "Yes," attach a conformed copy of the changes. Taxes on self-dealing (section 4951): a During the year did the trust (either directly or indirectly): (1) Engage in the sale, exchange, or leasing of property with a disqualified person? . . . (2) Borrow or lend money or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse expenses of, a disqualified person?. (5) Transfer any income or assets to, or for use by or for the benefit of, a disqualified person? b If the answer is "Yes" to any of questions 23a(1) through 23a(5), were all of the acts in which you engaged c If the answer is "No" to guestion 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 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 benefits for retired miners, their spouses, and dependents, (5) permitted investments of trust funds, (6) transfer of funds to the Federal Black Lung Disability Fund or to the general fund of the U.S. Treasury, or (7) return of excess contributions to the coal mine operator who contributed them?....... If the answer is "Yes," complete Schedule A, Form 990-BL, Part I, Section B. Have you taken corrective action for any transaction that resulted in Chapter 42 taxes being reported on Schedule A. Form 990-BL? If "Yes," attach a detailed documentation and description of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction. ▶ \$ For any uncorrected acts, attach explanation (see instructions). Officers, directors, trustees and their compensation, if any, for the tax year: Contributions Expense Compensation Title and time Name and Address to employee account, other (If not paid, devoted to position benefit plans enter zero.) allowances Total . . Part IV Statement With Respect to Contributors, etc. — (Not open for public inspection) Persons who contributed \$5,000 or more in the taxable year (if more space is needed, attach schedule): Name Address

During the period covered by this return did the trust receive any contributions in excess of the maximum

allowable deduction for the contributor under section 192?

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Yes No

Schedule A—Initial Excise Taxes on Black Lung Benefit Trusts and Certain Related Persons Under sections 4951 and 4952 of the Internal Revenue Code

| NOT OPEN FOR PUBLIC INSPECTION | | | | | | | | | | | |
|---|---|------------------------------|--|-------------------------|---------------|---|---|--|--|--|--|
| For th | e calendar year | , or fiscal year b | eginning | , , and e | ending | | , | | | | |
| | of trust/person filing of related section 50 | | yer identification number or security number of filer (see ctions) | | | | | | | | |
| Ivairie | or related section of | or(c)(21) trust (ii a | ррпсаые) | | | | | | | | |
| Return | n filed by (see instruc | Trustee | | | | | | | | | |
| Part | Part I Initial Taxes on Self-dealing (Section 4951) and Taxable Expenditures (Section 4952) | | | | | | | | | | |
| | | SECTION A | —Acts of Self-de | ealing and Tax Computa | tion (Section | on 4951) | | | | | |
| (a) Act number | (b) Date of act | | (c) Description of act | | | | | | | | |
| 1 2 3 | | - | | | | | | | | | |
| 4 | | | | | | | | | | | |
| (d) Names of disqualified persons liable for tax (e) Names of trustees li | | | | | | | liable for tax | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| (f) Amount involved in act | | | (g) Initial tax on self-dealing disqualified person (10% of column (f)) | | | (h) Tax on trustee (if applicable) (2 ½% of column (f)) | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | (add lines 1 throug | gh 4, | | | | | | | | | |
| colun | nns (g) and (h)). | ▶ | | | | 10.50 | | | | | |
| (-) H | | | — laxable Expend | litures and Tax Computa | | | | | | | |
| (a) Item number | (b) Amount | (c) Date paid or incurred | (d) Name ar | nd address of recipient | (€ | | n of expenditure and for which made | | | | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 4 | | | | | | | | | | | |
| | | (f) Names of tr | rustees liable for tax | | | oosed on trus column (b)) | st (h) Tax imposed on trustee (if applicable) (2 1/2 of column (b)) | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total Part | | | g) and (h)) | <u> </u> | | | | | | | |
| rar | Summary | OI Taxes | | | | | | | | | |
| 1 | Enter amount of s | n (g) 1 | 1 | | | | | | | | |
| 2 | Enter amount of s | 2 | 2 | | | | | | | | |
| 3 Enter amount of section 4952 tax on trust from Part I, Section B, column (g) | | | | | | | 3 | | | | |
| 4 | Enter amount of s | 4 | 1 | | | | | | | | |
| 5 | Total tax due (add | d lines 1 through | n 4) | | | | , | | | | |