## Form 990-BL

(Rev. August 1988) Department of the Treasury Internal Revenue Service

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

rtain Related Persons OMB No. 1545-0049 Expires 6-30-91

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

		r year 19 , or fiscal year beginning , 19	, and	ending			, 19	
Name of	trust			Employer id	dentific	cation numbe	er (see instructi	ons)
Name of	othe	r person filing return (see instructions)		Social secu	urity n	umber (see i	nstructions)	
Address	of file	er (number and street)		If application	on pen	ding, check l	here ▶	
				If address of	hange	ed, check her	re ▶	
City or to	wn,	state and ZIP code		FMV of ass of operator	ets at 's tax y	beginning year . ►		
Return fi	ed b	y (see General Instruction A and Specific Instruction B, check box that applies) in for public inspection— other than Part IV)  Trustee  (Not open for public inspection)	: Disqualifie	ed person (Not	t open for inspectio	public m)		
Part I		Analysis of Revenue and Expenses (see instructions)		<u>'</u>	•			
	1	Contributions received			]	1		
		! Investment income:						
		a Interest on certain securities of the U.S., state, and local government	nents .			2a		
ဍ		<b>b</b> Interest on time or demand deposits in a bank or insured credit ur		ibed in sectio	on			
Revenue		501(c)(21)(B)(ii)(III))				2b		,,,,,,,,,
e		c Gross amount received from sale of assets						
œ		Minus cost or other basis and sales expenses						
		Net gain or (loss)				2c		
		d Other income (attach schedule)				2d		
	3	Total revenue (add lines 1 through 2d)		<u> </u>	<b>•</b>	3		
İ		Contributions to the Federal Black Lung Disability Trust Fund				5		
,,		Premiums for insurance to cover liabilities described in section 501(c				6		
Expenses		Other payments to or for benefit of eligible coal miners or beneficiaries				7		
le		Compensation of trustees				8		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Other salaries and wages			• •	9		
_		Administrative expenses not included on lines 7 and 8 (attach schedu			٠ ٠	10	.=	
	10	Other (attach schedule)			• •	11		
		Excess of revenue over expenses (subtract line 11 from line 3)			<u> </u>	12		
Part II		Balance Sheets		Beginning	of year	,	End of year	
	12	Cash	13					
	-	Savings and interest bearing accounts	14					
sets		investments in approved securities	15					
Ass		6 Office supplies and equipment	16					
_		Other (attach schedule)	. 17					
	18	Total assets (add lines 13 through 17)	▶ 18					
Liabilities and Net Worth	19	Liabilities (see instructions)	. 19		****			
¥g≝	20	Net worth or capital account	. 20					
et a								
		Total liabilities and net worth (add lines 19 and 20)	<b>2</b> 1					
The book Located a		e in care of ▶Telephone nu						
Please	,	Under penalties of perjury, I declare that I have examined this return, including accompar belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is ba	nying schedule ased on all info	es and statemen ormation of whic	ts, and th prepa	to the best of i arer has any kr	my knowledge ar nowledge.	ıd
Sign						•	-	
Here		Signature of person filing return	D-4-					
			Date	Title	Doto			
Paid Prepare	r's	Preparer's signature			Date			
Use Onl		Firm's name (or yours, if self-employed)						
	-	and address			ZIP o	code		

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Part III Questionnaire					Yes	No	
22 Have any changes not previously reported to the Internal Re	venue Service been m	ade in your go	verning instrume	nt, or			
other instrument of similar import?					/////////		
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 disqualified persons (see instructions for definition)—							
(=) =====,==============================							
(2) Borrowing or lending of money or other extension of credit?							
(3) Furnishing of goods, services, or facilities?							
(4) Payment of compensation (or payment or reimbursement of expenses)?							
2 Harry of discussion 200(2) in order 100 harrows and 100 harr							
described in the instructions?							
<ul> <li>c If 23b is "No," complete Schedule A (Form 990-BL), Part I, Section A.</li> <li>24 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 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?         If "Yes," complete Schedule A (Form 990-BL), Part I, Section B.     </li> </ul>							
25 Has corrective action been taken with respect to any transa		n Chapter 42 ta	axes being repor	ted on			
Schedule A (Form 990-BL)?							
If "Yes," attach a detailed documentation and description of			oplicable, enter t	ne tair			
market value of any property recovered as a result of the corre (for any uncorrected acts, attach explanation (see instruction)							
26 Officers, directors, trustees and their compensation, if any, for					(((((((((((((((((((((((((((((((((((((((		
	Title and time	Contributions	Expense account,				
Name and Address	devoted to position	to employee benefit plans	other allowances	Compe	ensatio	n 	
	-						
	_						
	-						
	-						
	-						
Total							
Part IV Statement With Respect to Contributors, et	c. (Not open for pul	olic inspectio	n)		1		
1 Persons who contributed \$5,000 or more in the taxable year (	if more space is neede	d, attach sched	lule):				
Name Address							
					_		
			## #I - I - I - I - I - I - I - I - I -				
2 During the period covered by this return did the trust rece deduction for the contributor under section 192?	ive any contributions	in excess of th	e maximum allo	wable	Yes	No	

## SCHEDULE A (Form 990-BL)

(Rev. August 1988)
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 Expires 6-30-91

> NOT Open for Public Inspection

For the calenda		ear beginning	, 19	, and end	ing , 19		
	rson filing return (see instruc				Employer identification number or socia security number of filer (see instructions)		
Name of related s	ection 501(c)(21) trust (if ap	plicable)			,		
Return filed by (se	ee instructions, check box tha	t applies):					
☐ Trust	☐ Trustee	☐ Disqualified perso	n				
Part I Init	ial Taxes on Self-deali	ng (Section 4951)	and Taxable Expendi	tures (Sect	tion 4952)		
	SECTION	A.—Acts of Self-de	ealing and Tax Computa	tion (Sectio	n 4951)		
(a) Act number	(b) Date of act		(c) De	scription of act			
ι							
2							
3							
<u> </u>							
(b)	lames of disqualified persons lia	ble for tax	(e) Names of trustees liable for tax				
(f) Amount involved in act (g) Initial to			ax on self-dealing disqualified p (10% of column (f))	person	(h) Tax on trustee (if applicable) (2½% of column (f))		
•							
	He e						
Гotal							
-	SECTION B	Taxable Expendi	tures and Computation	of Tay (Sect	ion 4952)		
(a) Item	020110112	(c) Date paid			(e) Description of expenditure and		
number	(b) Amount	or incurred	(d) Name and address	of recipient	purposes for which made		
<i>.</i> .							
	<del>2.7</del>						
	(f) Names of trustees liable for	tax	(g) Tax imposed o (10% of column	n trust (b))	(h) Tax imposed on trustee (if applicable) (2½% of column (b))		
Гotal							
	nmary of Taxes						
L Enter section	n 4951 tax on disqualified	person (Part I, Section	on A, column (g))				
2 Enter section	n 4951 tax on trustee (Par	t I, Section A, columr	ı (h))				
B Enter section	n 4952 tax on trust (Part I	, Section B, column (g	g))				
Enter section	n 4952 tax on trustee (Par	t I, Section B, columr	n (h))				
Tax due (se	e instructions). Pay in forenue Service.".	ull with return. Mak	ce check or money orde	er payable t	o		

For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990-BL.