(Rev. April 1991)

Department of the Treasury

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

(See separate instructions.)

OMB No. 1545-0049 Expires 2-28-94

(Under section 501(c)(21) of the Internal Revenue Code) Internal Revenue Service 19 , and ending or fiscal year beginning For calendar year 19 (See General Instruction A and the Specific Instructions for completing the heading.) Employer identification number of trust Name of trust Social security or E.I. no. of other filer Name of other person filing return Address of filer (number, street, room, or P.O. box number) If application pending, check here. If address changed, check here. City or town, state and ZIP code FMV of assets at beginning of operator's tax year. Return filed by (check box that applies): Trust (Open for public inspection-☐ Trustee ☐ Disqualified person Analysis of Revenue and Expenses (see instructions) Part I 1 1 Contributions received 2 Investment income: 2a a Interest on certain securities of the U.S., state, and local governments Interest on time or demand deposits in a bank or insured credit union (described in section 2b c Gross amount received from sale of assets Minus cost or other basis and sales expenses. 2c Net gain or (loss) 2d **d** Other income (attach schedule) 3 3 Total revenue (add lines 1 through 2d) 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)(i) 6 6 Other payments to or for benefit of eligible coal miners or beneficiaries 7 **7** Compensation of trustees . . . 8 8 Other salaries and wages 9 9 Administrative expenses not included on lines 7 and 8 (attach schedule) 10 10 Other expenses (attach schedule) 11 11 Total expenses (add lines 4 through 10) 12 Excess of revenue over expenses (subtract line 11 from line 3) 12 End of year Part II **Balance Sheets** Beginning of year 13 14 14 Savings and interest-bearing accounts 15 15 Investments in approved securities 16 16 Office supplies and equipment 17 17 Other assets (attach schedule) 18 18 Total assets (add lines 13 through 17) 19 19 Liabilities (see instructions) 20 20 Net assets . 21 Total liabilities and net assets (add lines 19 and 20) _ Telephone number ▶ (The books are in care of I Located at ▶ 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 Please belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Signature of person filing return Title Date Preparer's Paid signature Preparer's Firm's name (or Use Only yours, if self-employed)

and address

ZIP code

Form 9	990-BL (Rev. 4-91)					Pa	ge 2			
Par	t III Questionnaire					Yes	No			
22 ⊦	lave any changes not previously reported to the Internal Rev	enue Service been ma	ade in your go	verning instrument	, or					
	ther similar instrument?					,,,,,,,,,,,	,,,,,,,,,,			
	"Yes," attach a conformed copy of the changes.									
	Self-dealing (section 4951):									
ć	Have you engaged in any of the following acts during	the year either direc	ctly or indirect	tly, with one or m	ore					
	disqualified persons (see instructions for definition)—				1					
	(1) Sale, exchange, or leasing of property?									
	(2) Borrowing or lending of money or other extension of c(3) Furnishing of goods, services, or facilities?				1					
	(4) Payment of compensation (or payment or reimbursen									
	(5) Transfer to, or use by or for the benefit of, a disqualifie	· · · · · · · · · · · · · · · · · · ·								
t										
		1								
c	: If 23b is "No," complete Schedule A (Form 990-BL), Part I,									
	Taxes on taxable expenditures (section 4952):									
D lu	uring the year did you pay, or incur a liability to pay, any am ing benefits, (2) administrative expenses of the trust, (3) p	ount for any purpose premiums for insuran	other than for	payment of: (1) black to	ack					
b	enefits, (4) permitted investments of trust funds, (5) transfer (of funds to the Federa	I Black Lung D	isability Fund or to	the					
	eneral fund of the U.S. Treasury, or (6) return of excess contril		ne operator wh	o contributed them	·? .					
	"Yes," complete Schedule A (Form 990-BL), Part I, Section E as corrective action been taken with respect to any transact		Chantar 12 to	was baing ranartad						
	chedule A (Form 990-BL)?		•	ixes being reported	OII	<i>'''''</i>	<i> </i>			
	"Yes," attach a detailed documentation and description of t			onlicable enter the	fair					
m	narket value of any property recovered as a result of the correc	tion ► \$	aken ana, n ap	pheable, effect the	'''					
(F	For any uncorrected acts, attach explanation (see instructions)).)								
26 0	fficers, directors, trustees and their compensation, if any, for	the tax year:		T						
	(a) Name and Address	(b) Title and time devoted to position	(c) Contributions to employee benefit plans	(d) Expense account, other allowances	Comp (If no	(e) ensatio ot paid, er zero)	,			
F otal				>						
Part	Statement With Respect to Contributors, etc. ((Not open for publi	c inspection)						
1 P	ersons who contributed \$5,000 or more in the taxable year (if	more space is needed	l, attach sched	ule):						
	Name		Add	ress						
			, ,							
	uring the period covered by this return did the trust received aduction for the contributor under section 192?	e any contributions in	n excess of the	e maximum allowa	ble _	Yes	No			

SCHEDULE A (Form 990-BL)

(Rev. April 1991)
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 2-28-94

NOT Open for Public Inspection

	calendar year 19		ear beginning	, 19	, and end		, 19	
Name of trust/person filing return (see instructions)					Employer iden security numb	itification number or socia er of filer (see		
Name of	related section 50	1(c)(21) trust (if app	dicable)			instructions)	(
vaine oi	related section 50	I(C)(ZI) trust (II app	nicable)					
Return f	iled by (see instruct	ions, check box that	applies):					
☐ Trust	☐ Trustee	☐ Disqualifie	d person					
Part I	Initial Taxes	on Self-dealing	(Section 4951) a	ınd Taxable Expenditu	ures (Sectio	on 4952)		
		SECTION	A.—Acts of Self-de	ealing and Tax Computa	tion (Section	n 4951)		
(a) Act (b) Date of act (c) Description of act								
2								
3								
4								
	(d) Names of di	squalified persons liab	ole for tax	(e) Names of trustees liable for tax				
	(f) Amount involv	ed in act	(g) Initial to	ax on self-dealing disqualified p	person	(h) Tax on trustee (if applicable)		
				(10% of column (f))		()	2½% of column (f))	
		:						
				.				
							- Adams	
Total		<u> </u>						
		SECTION E	3.—Taxable Expend	ditures and Tax Comput	ation (Section	on 4952)		
(a) Item number	(b) Amount	(c) Date paid (d) Name		nd address of recipient		(e) Description of expenditure and purposes for which made		
						F		
2								
3								
4	·							
		(f) Names of t	rustees liable for tax		(g) Tax in (10% o	nposed on trust f column (b))	(h) Tax imposed on trustee (if applicable)	
					,		(2½% of column (b))	
T-4-1								
「otal . Part II						·		
aitii	Summary 0	Taxes						
1 Ente	er section 4951 to	ay on disqualified	nerson (Part I Sect	ion A, column (g))		1		
Little	51 360tion 4551 te	ax on disquanned	person (ranti, oect	ion A, column (g))				
2 Ente	er section 4951 ta	ax on trustee (Par	t I, Section A, colum	n (h))		. 2		
3 Ente	er section 4952 to	ax on trust (Part I,	Section B, column ((g))		. 3		
4 F		.	ti Castian David	(I-N)		4		
				n(h)) ke check or money orde				
	ernal Revenue Se		iotain, mar	to shook or money orde		5		