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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

| Ā | For th | e 2009 ca | lendar | year, (| or tax year | beginning | | 1-1 | , 2009, a | nd en | ding | 10 | 2-3 | 31 | , 20 09 | |
|---------------------------|--|---|--|-------------------------|--|--------------------------------|--------------------------------|--------------------------------------|--|-------------------|--|----------------------------|-----------------|--|--|--------------|
| | Charle of a | applicable | Please | C Nam | ne of organiza | tion I I w i | ted 1 | nine Wo | rkevs | · # | 199 | 109 | | | yer identification numb | er |
| | | change | use IRS | Doin | ng Business A | | | 7.11.0 | · /C-W-S | <u> </u> | | - | 1. | 5.5 | 05/773 | 30 |
| | Address Name cl | | label or print or | Numi | ber and street (c | or PO box if n | nail is not del | vered to street a | ddress) | Room | /suite | | E | Telepho | one number | _ |
| | | | type See | | (01 | _ | gueH | , | | | | | \perp | 304 | 592-0280 | 6 |
| _ | Initial ret | | Specific | City | or town, state | e or country. | and ZIP + | <u> </u> | | <u> </u> | | | † <u> </u> | | 970 0400 | _ |
| | Terminat | 1 | Instruc- tions | , | 51 | innst | an. U | iV z | 2643 | 3/ | | | l _G | Gross re | eceipts \$ | |
| | | ed return | F Nam | ne and a | address of pri | | | | | | | | | | | |
| ш. | Applicatio | on pending | | | F | | | | | | | 1 '' | - | • | n for affiliates? Yes Included? Yes | - |
| _ | Tax-exe | empt status | <u> </u> | 501(c) (|) ∢ (insert | no.) | 947(a)(1) or | 527 | | | | 1 | | | Included Lives Li | 140 |
| j | Websi | | | 70 1(0/ 1 | 7 4 (1110011 | 107 - | <u> </u> | | · , | | | H(c) Group | | | · | |
| | | | Corpo | oration [| ☐ Trust ☐ As | sociation | Other ▶ | | L Year | r of forn | nation | 11107 0.002 | _ | ' | f legal domicile | |
| | art I | Summ | | | | | | | - | • | | | .1 | | ##- | _ |
| | 1 | Profly do | coribo | tho or | raanization | 'e missior | or most | | activities | . // | m | 114 | Z | 100 | 19909 | _ |
| | 1 Briefly describe the organization's mission or most significant activities. UMWA Local 990 represents 430-active + 300 retired miners 97 | | | | | | | | | | | | c + | | | |
| õ | - | | Loveridge Mine Farruicw, WU. | | | | | | | | | | | | -7 | - |
| nar | - | | -acertage thine Farvacew, wo | | | | | | | | | | | | | |
| Ver | 2 | Chock thic | boy > | | ne organizatio | n discontinu | ed its oner: | ations or dispo | sed of more | than 2 | 25% of | its net ass | sets | | | |
| Ğ | 1 | | | | | | | (Part VI, lin | | | | | | 3 | 430 | |
| οğ. | | | | | | | | verning boo | | | | | • | 4 | , ₋ | _ |
| ıtie. | | | | | oyees (Par | | | · · · | | | | | • | 5 | 430 | |
| Activities & Governance | | | | | nteers (estii | | - | | | • • | | | • | 6 | | |
| • | | | | | | | | /III column | (C) line | 12 | | | • | 7a | _ | |
| | | Total gross unrelated business revenue from Part VIII, column (C), line 12 | | | | | | | | | Ċ | 7b | | | | |
| | | | | | | | | • | | | | Pnor Y | 'ear | | Current Year | |
| _ | 8 (| Contribut | ions an | nd ara | ınt s (Part_V | III. line 1h | ı) (ı | | | | . [| | | | | |
| Revenue | 9 | Program | service | e rever | nue (Par | H.C. 636 | VED | | | | <u>. </u> | | | | | |
| eve | 10 i | Investme | Program service revenue (Par VIII) (Par VIII | | | | | | | | | | | | | |
| œ | 11 (| Other revenue (Part VIII Golumn (A), lines 5, 6d, 8c (9c, 10c, and 11e) Total revenue – add lines Bihrough in imust equal Part VIII, column (A), line 12) | | | | | | | | | | | 1 | -119 | | |
| | 12 | Total reve | nue-a | ıdd line | es Sinrolly | Ni 1 (must | į̇̃ėβų́aj Pa | iQ∕ill, colun | nn (A), line | e 12) | | | | | * 144,5 | 64. |
| | 13 (| Grants ar | nd simil | ılar am | nounis paic | <u>l_(P</u> art IX, | column | k lines 1- | 3) | | | | | | | |
| | | | rants and similar amounts paid (Part IX, column (A) lines 1-3) | | | | | | | | | | | | | |
| ses | 15 | Salaries, c | ther co | ompen | sation, emp | novee ben | etits (Part | X. column | (A), lines 5 | 5–10) | | | | | <u> </u> | |
| Expenses | | | s, other compensation, employee benefits (Part IX) (column (A), lines 5–10) sional fundraising fees (Part-IX, column (A), line-1-1e) | | | | | | | | | | | | | |
| ă | b. | Total fund | draising | exper | nses (Part I) | X, column | (D), line 2 | 5) ▶ | | | | | | | | |
| | 17 | Other exp | undraising expenses (Part IX, column (D), line 25) ► | | | | | | | | | | | | | |
| | 18 | | | | | | | | | . 🖳 | | | | | | |
| | | Revenue I | less exp | penses | s. Subtract | line 18 fro | m line 12 | | | | | | | | | |
| S or | | | | | | | | | | | Beg | inning of C | urrer | nt Year | End of Year | |
| Net Assets Fund Balanc | 20 | Total ass | ets (Pa | art X, li | ıne 16) . | | | | | | . [\$1 | 144 | <u>45</u> | 649 | 100 007 | - |
| A P | 21 | | | | , line 26) | | | | | | | | <u> </u> | | 124,872 | <u>-</u> |
| | | | | | lances Su | btract line | 21 from | line 20 . | . <u>, .</u> . | | | | | | + 14,692 | _= |
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| | | Type | or print | name a | nd title | | | | | | Chasi | | 1= | | | |
| | | Preparer's | | | | | | | Date | | Check self- | | | parer's :: : instruct | dentifying number tions) | |
| Paid | d | signature | • | | | | | | | | emplo | yed ► L | | | • | |
| | parer's | | | | | | | | Д | | | 1 | <u> </u> | | <u> </u> | |
| | Only | Firm's nai | ployed), | | | | | | | | | EIN | | | | _ |
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| | | | | | | | | ove? (see | | | | | • | | . Yes N | |
| For | Privac | cy Act and | d Paper | rwork ! | Reduction A | Act Notice | , see the | separate ins | tructions. | | | Cat No 1 | 1282 | Υ | Form 990 (20) | 09) |

| Par | Statement of Program Service Accomplishments | | | | | | | | | | | |
|-----|---|---------------------------------------|--|--|--|--|--|--|--|--|--|--|
| 1 | Briefly describe the organization's mission: UMWA Local # 9909 represents 430 + 300 r Miners at Loveridge Mine, Fairview, WU. | etired | | | | | | | | | | |
| | miners at Loueridge MVne, Fairview, WU | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | | Yes 🗌 No | | | | | | | | | | |
| _ | If "Yes," describe these new services on Schedule O. | | | | | | | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes 🗌 No | | | | | | | | | | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported. | expenses f grants and | | | | | | | | | | |
| 4a | (Code) (Expenses \$including grants of \$) (Revenue \$ | | | | | | | | | | | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | | | | | | | | | | | |
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| 4c | (Code) (Expenses \$including grants of \$) (Revenue \$) |) | | | | | | | | | | |
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| 4d | Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | | | | | |
| 4e | Total program service expenses ▶ | | | | | | | | | | | |

| Pa | rt IV Checklist of Required Schedules | | | |
|-----|--|-----|----------|-------------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | <u></u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | / |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5_ | | ~ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u></u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u></u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | <u></u> |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <i></i> |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | <u>-</u> | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | | | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| • | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | , | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | 12 | | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | . | | حرا |
| 13 | is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | <u></u> |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | \dashv | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | <u></u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. | 15 | | _ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | _ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | _ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | V |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 | | / |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | 1 | <u></u> |

| Fal | Checklist of Required Schedules (Continued) | | | |
|--------|---|------------|-----|------------|
| | D 111 | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | ν |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | \(\sigma\) |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | V |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | V |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | 1 | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | V |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | V |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | V |
| 31 | -Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | س-ا |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | / |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | V |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | <u>/</u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | V |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | | 1 |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

| Check this box if the organization did not co | mpensate | any c | curre | ent | offi | cer, d | lirec | tor, or trustee. | | |
|---|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and Title | Average | Positi | on (d | | k all | that ap | | Reportable | Reportable | Estimated amount of |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| / Layman, Pat | | | | | | | | 7862. | | |
| / Summerfield, James | | | | | | | | 5929. | - | |
| J. Tipi, Nick | | | | | | | | 1080. | | |
| v Smith Samuel | | | | | | | | 6,203ª | | |
| v Payton, Mike | | | | | | | | 182 € | | |
| Brown, Dan | | | | | | | | 11,822. | | |
| Cochvan, Mark | | | | | | | | 4,117. | <u> </u> | - |
| / Phillips, Jeff | | | | | | | | 11,159. | | |
| Mayhew, Randy | • | | | | | | | 7,928. | | |
| Post, Walter | | | | | | | | 8,423. | | |
| - Edwards, Ed | | | | | | | | 4,661.0 | | |
| / Jones, David | | | | | | | | 9,267, | | |
| I Payne, Ernest | | | | | | | | 1683. | | |
| Moser, Mike | | | | | | | | 187. | _ | |
| / Smith, Gary | | | | | | | | 187. | | |
| V Todd, Jason | | | | | | | | 374.5 | | |

| Part | VII Section A. Officers, Directors, Tru | stees, Key | / Emp | loy | ees, | an | d Hig | hes | t Compensate | d Employees (c | ontinued) | |
|------------|---|-------------------|-----------------------------------|-------------------------------|----------|--------------|------------------------------|----------------|----------------------|---------------------------------|-------------------|--------------|
| | (A) | (B) (C) | | | | | | | (D) | (E) | (F | -) |
| | Name and title | Average | Positi | on (| checl | k all | that ap | | Reportable | Reportable | Estim | |
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| | | | dividual | È | Ę | Key employee | hest | er e | the organization | organizations (W-2/1099-MISC | comper from | |
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| | | | Individual trustee or director | Institutional trust | | èe | npe. | | | | and re organiz | |
| | | | 8 | é | | | Highest compensated employee | | | | J Grguniz | ations |
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| V E | Sray, Keith | | ' | | | | | | 358°. | | | |
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| 1 | Reese, Robert | | | | 1 | | | | 358.€ | | | |
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| V | Maxwell, Terry | | | | | | | | 368.€ | | | |
| ./< | hipley, Terry | | | | | | | _ | | | | |
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| ~ D | ougal, Darvell | | | | | | | | . 20 | | | |
| | 3"/ | | | | | | | | 357. | | | |
| ~ d | nannell, Wimmie | | | | | | | | | <u>-</u> ' | 1 | |
| | , | | | | | | | <u> </u> | 357. | | | |
| - C | nefren, Charles | | | | | | | | 1 27 90 | | | |
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| <u>/ W</u> | ilfong, Marian | | | | | | | | 184ª | | | |
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| V59 | vasta, Mike | | | | | ļ | | | 15.00 | | | |
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| 1b | Total | ! | | | | | _ | • | 86344 | | | |
| | Total number of individuals (including but r | not limited | to the | ose | liste | ed a | bove |) wh | | ore than \$100.0 |)00 in | |
| | reportable compensation from the organiza | | | | | | | , | | , | | |
| | | | | | | | | | | | Ye | s No |
| 3 | Did the organization list any former office | r. director | or tru | ıste | e. k | ev | emplo | ove | e, or highest c | ompensated | | |
| | employee on line 1a? If "Yes," complete Se | | | | - | - | • | | | | 3 | |
| 4 | For any individual listed on line 1a, is the s | sum of repo | ortable | e co | omp | ens | ation | and | d other compe | nsation from | | |
| | the organization and related organizations | | | | | | | | | | | |
| | ındıvıdual | | | | | | | | | | 4 | |
| 5 | Did any person listed on line 1a receive | or accrue | comp | ens | satio | on f | rom a | any | unrelated org | | _ | |
| | services rendered to the organization? If ") | res, comp | nete s | SCII | euu | ie J | 101 5 | ucn | person | <u> </u> | 5 | |
| - | tion B. Independent Contractors Complete this table for your five highest co | | d indi | 000 | ndo | nt c | ontra | cto | re that receive | d more than \$1 | 100 000 of | |
| | compensation from the organization. | mpensate | u iiiu | cpc | 1100 | 111 C | Jonna | CLO | 3 mai receive | a more man y | 100,000 01 | 1 |
| | (A) | | | | | | | | (B) | | (C) | |
| | Name and business add | Iress | | | | | | | Description of s | ervices | Compensat | tion |
| | | | | | | | | <u> </u> | | | | |
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| | | | | | | | | | | | | |
| | Total number of independent contractors (iii | | | | | to t | hose | liste | ed above) who | received | | |
| | more than \$100,000 in compensation from | the organ | ıızatıo | n ▶ | | | | | | | | |