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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

Ā	For the	2009 calendar yea	r, or tax year beginning	January 1	, 2009, and	ending De	cember 3	1 , 20	09		
В	3 Check if applicable Please						•	dification numb	_		
	Address	change use iR		N 08-00	719 Loc	AL 8	0-0	47212	. 7		
	Name ch	ange print of	•		et address) Roc	om/suite E _Tele	bijoue unu	ber			
×	Initial retu	A	P.O. Box 214		1	(60	06)92	8-965	}		
님	Terminate	Specifi	City or town, state or country, and	ZIP + 4			oup Exemp				
Н	Amended	t return instructions.	ASHLAND, KY	41105-0.	214		mber ▶	026	80		
=		ar perialing	nizations and 4947(a)(1) nonexen			G Accounting N					
	• Sec	non sur(c)(s) organ a c	ompleted Schedule A (Form 990	or 990-EZ).	iiust attacii	Other (specif			Colum		
_				<u> </u>		H Check ▶ ✓		onization is no			
							attach Schedule B (Form 990,				
	Websi				1) or	990-EZ, or 9		BOUIE B (FORM	990,		
_			only one) —				·	N #05.000			
K	Check		inization is not a section 509(a)(3) s						. А		
_			return is not required, but if the or				Siete retur	n			
		s 5b, 6b, and 7b, to li	ne 9 to determine gross receipts; if \$	\$500,000 or more, file Fo	m 990 instead of	Coa the inetri	- \$	or Dort I \			
L	Part I	· · · · · · · · · · · · · · · · · · ·	penses, and Changes in l		id Balances	See the instru		or Part I.)			
	1		jifts, grants, and similar amoun				1				
	2		e revenue including governmer	nt fees and contracts			2	1 - 1 / 0			
>	3	Membership du	es and assessments				3	101 12			
לת ונו	4	Investment inco	me				4	82	<u></u>		
7	5a	Gross amount fr	rom sale of assets other than i	nventory	. <u>5a</u>		- I				
7	b		ner basis and seles expenses		. 5b		1				
4 _	_ c	Gain or (loss) राष्ट्र	in sale of assets other than in	ventory (Subtract line	e 5b from line s	5a) <u>.</u>	5c				
Revenue	6	Special events and a	activities (complete applicable parts of	Schedule G). If any amour	it is from gaming, o	check here ► []	12				
Š	a	Gross revenue	net igclydigg 📢 💛	of contribution	ons , ,		1 4				
ě	:	reportedon line	13		. 6a						
	b	Less: direct_exp	enses other than Jundraising e	expenses	. 6b						
	C	Net income on	OSS) (on special events and a	ctivities (Subtract lin	e 6b from line	6a)	6c				
	7a		eventory, less returns and allow		. 7a		4				
	Ь	Less: cost of go	ods sold		. 7b		استا				
	C	Gross profit or (loss) from sales of inventory (S	Subtract line 7b from	line 7a)		7c				
	8	Other revenue ()	8	3021			
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6c, 7c,	, and 8		▶	9	1042	25		
	10		lar amounts paid (attach sched				10				
	11	,					11				
O.	12	Salaries, other of	compensation, and employee t	penefits			12	2447	17		
Š	13		es and other payments to indep				13	2400	>		
Expenses	14		t, utilities, and maintenance				14	85	6		
Щ	15		ations, postage, and shipping				15				
	16		(describe DONATIONS TAX		E'S DINNER)	16	14 68	80		
	17	Total expenses	Add lines 10 through 16 .			<u></u> ▶	17	42 413	3		
	40	Excess or (defic	it) for the year (Subtract line 17	7 from line 9)			18	6/8	11		
Net Assets	19		und balances at beginning of				3				
Š	[]	end-of-year figu	ire reported on prior year's reti	urn)			19	O			
7	20	Other changes i	in net assets or fund balances	(attach explanation)			20				
Ž	21		ind balances at end of year. Co			•	21	6181	7		
	art II	Balance She	eets. If Total assets on line 25	, column (B) are \$1,2	50,000 or mor	e, file Form 990	instead		-EZ.		
		(See the instructions for Part II.) (A) Beginning of						(B) End of ye			
2	2 C	ash, savings, and	investments	•		0	22	61,8	7//		
		and and buildings				0	23	+			
					0	24					
		Total assets				25		77			
	10 T	Total liabilities (describe ▶)					26				
	. I						27		77		

Cat No. 106421

Form 990-EZ (2009)



				· · · - · · - · · - · · · · · · · ·		
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)	ļ	Expenses
What	is the organization's primary exempt purpose?	Collective Bargaining				ured for section
		ganization's exempt purposes. In a clear and concise)(3) and 501(c)(4)
manr	er, describe the services provided, the number of	of persons benefited, and other relevant information for				izations and section a)(1) trusts; optional
each	program title.				for ot	
20	Local Union enforced collective bargaining agreeme	nt to better working condition	as of the Local Uni	on and		· · · · · · · · · · · · · · · · · · ·
20	provide representation to its members.	to better trottering contention				
	provide representation to its members.					
	(Grants \$) If this amount	includes foreign grants, che	eck here	<u> </u>	28a	
29						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	29a	
30						
	(Create #) If this amount	includes foreign grants, che			30a	
			eck nere	· <u> </u>	SUA	
31	- m.c. p g m c. (المما	
		includes foreign grants, che			31a	
	Total program service expenses (add lines 28a t				32	Alama fan De A B ()
Part	IV List of Officers, Directors, Trustees, and Key					
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit	ns to plans &	(e) Expense account and
	(2) 112110 210 2001	devoted to position	enter -0)	deferred comper	sation	other allowances
BA	ET QUEEN	PRESIDENT				
210	32 BEAR CREEK RD . CATLETTSBURG KYILLA	PARTTIME	3,701			160
DΑ	VID E. MARTIN	VICE PRESIDENT				
	OI PIGEON ROOST RUSH, KY 41168	PART TIME	1447			320
	ORGE C. HEUPEL	FINANCIAL SECRETARY				-
	13 OAK HUL DR. ASHLAND, KY 41102	PART TIME	3,012			631
	HARD S. SMITH	TREASURER		<u> </u>		
			1,771			0
00	BIN. HWY GRAYSON, KY 41143	PART TIME				
Ko'	Y C. CLAAR	RECORDING SECRETARY	2,539			206
<u> [8]</u>	5 CANNONSBURG RD. ASHLAND, KY 41102	PARTTIME	~,,-	ļ		706
. P.A.	11D EDMAND	TRUSTEE	541			_
37	44 BIRNAMWOODST ASHLAND, KY41102	PART TIME				
	CHAEL B, FIZER	TRUSTEE	6111			_
130	WALNUT ST. KENOVA, WV 25530	PART TIME	541			
ER	IK B. PACK	TRUSTEE	6111			
53	GARDEN PARK DRIVE HUNTINGTON, WV 25705	PART TIME	541			O
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Form 99	00-EZ (2009)		F	age 3
Part	V Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		7 7	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b 38a	5.425.0 C. 1.12	\ \ \
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b c	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
•	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	354	40	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	7. kg		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	**************************************	✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ► Telephone no. ► ZIP + 4 ►			
ь	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶		,	SA.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	· .	X 12	
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>√</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here			▶ ⊔
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	✓
45 ———	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	EZ	✓

r ai t v	501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	itable trusts mus	t answer questio	ns 46	110n 5–49l)
	Did the organization engage in direct or indirec					Yes	No
	candidates for public office? If "Yes," complete				46 47		
	id the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
	s the organization a school as described in section		-		48		_
	Did the organization make any transfers to an ex		-		49a 49b		
	If "Yes," was the related organization a section 527 organization?						
	employees) who each received more than \$100,						
•		(b) Title and average	(c) Compensation	(d) Contributions to	(e)	Expen	se
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		allowa	
		-					
		1					
f ·	Total number of other employees paid over \$10	<u> </u>	1				
	(a) Name and address of each independent contractor	r paid more than \$100,000	(b) Typ	pe of service	(c) Cor	npensa	ition
ď	Total number of other independent contractors	each receiving over \$100,0	00▶				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompan n of preparer (other than officer) is b	rying schedules and sta based on all information	tements, and to the bes of which preparer has a	t of my any kno	knowle	edge e.
Sign Here	The Afficiant Control of the Control						
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	ber (Se	instruc	tions)
Use Onl	1 Firm's name (or L		EIN Ph	one no 🕨			
May the	IRS discuss this return with the preparer show	n above? See instructions		▶ □	Yes		Yo (2009)