### COMMITTEE ON NATURAL RESOURCES 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight hearing on *"American Energy Jobs: Opportunities for Women and Minorities."* April 8, 2014

For Individuals:

1. Name:

- 2. Address:
- 3. Email Address:
- 4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

- 1. Name: Emily Arthun
- 2. Name of Organization(s) You are Representing at the Hearing: Cloud Peak Energy and Women's Mining Coalition
- 3. Business Address: [Information Redacted for Privacy]
- 4. Business Email Address: [Information Redacted for Privacy]
- 5. Business Phone Number: [Information Redacted for Privacy]

# For all Witnesses

Name/Organization: <u>Emily Arthun / Cloud Peak Energy and Women's Mining Coalition</u> Title/Date of Hearing: <u>Oversight hearing on "American Energy Jobs: Opportunities for Women and</u> <u>Minorities." / April 8, 2014</u>

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

## See attached Bio

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

## See attached Bio

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

### See attached Bio

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

#### None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

#### None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

#### None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

# Witnesses Representing Organizations

Name/Organization: <u>Emily Arthun / Cloud Peak Energy and Women's Mining Coalition</u> Title/Date of Hearing: <u>Oversight hearing on "American Energy Jobs: Opportunities for Women and</u> <u>Minorities." / April 8, 2014</u>

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

None

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Attached

## **Biography**

Emily Arthun is a native Montanan who has relocated to Gillette Wyoming to pursue career opportunities at Cloud Peak Energy. Emily was raised on a working cattle ranch in northeastern Montana. Emily competed in rodeo for 3 years in High School. She went on to compete for Northwest College in Powell Wyoming while receiving an Associates of Science in Accounting. Emily transferred to Montana State University – Bozeman where she continued to Rodeo and completed a Bachelors of Science in Business Management. After college Emily moved to Fort Worth Texas and worked for a marketing and licensing company promoting Bucking Bulls the most famous being "Bodacious". She moved back to Montana in 2000 married.

Emily went to work for Stillwater Mining Company in July 2001. During her time there she worked in the central recruiting office, at the corporate office and as a Human Resource Representative at both the Nye and East Boulder Mines. Emily participated on the 2005 East Boulder and 2007 Nye negotiating teams. Emily briefly worked for FMC located in Green River Wyoming. In March 2009 she went to work for Cloud Peak Energy formerly Rio Tinto Energy America as a Human Resource Generalist. Emily currently is the Director, Talent Management managing recruiting and organizational development.

			Short Form			OMB No. 1545-1150
	0	90-EZ	Return of Organization Exempt From Incor	ne T	ax	
F	orm 🚽	JJU-EL	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			2012
			<ul> <li>(except black lung benefit trust or private foundation)</li> <li>Sponsoring organizations of donor advised funds, organizations that operate one or m</li> </ul>		nital facilities	
			and certain controlling organizations as defined in section 512(b)(13) must file Form 99	0 (see In	structions).	Open to Public
n	anadma	nt of the Trees mu	All other organizations with gross receipts less than \$200,000 and total assets les at the end of the year may use this form.	s than \$5	500,000	Inspection
lo In	epartinei Iternal Re	nt of the Treasury evenue Service	The organization may have to use a copy of this return to satisfy state reporting	require	ments.	
Ā	For th	ne 2012 calenda	ar year, or tax year beginning , 2012, and end			, 20 12
В	Check i	f applicable:	C Name of organization	1	D Employer k	ientification number
	Addres	ss change	Women's Mining Coalition		(	38-0318606
Ē	Name	change	Number and street (or P.O. box, if mall is not delivered to street address) Room/s	uite I	E Telephone r	umber
Ļ	initial n		P.O. Box 10101		7	75-856-5700
F	Termin	ated ad return	City or town, state or country, and ZIP + 4	Ŧ	F Group Exe	mption
Ē			Reno, NV 89510		Number	•
G	Accou	Inting Method:	Cash Accrual Other (specify) >	H CI	heck 🕨 🗹	if the organization is not
ł	Webs	site: 🕨 www.s	Nmc-usa.org	re	quired to att	ach Schedule B
J	Tax-ex	empt status (che	ck only one) - 501(c)(3) 🔽 501(c) ( 4 ) ◄ (insert no.) 🗌 4947(a)(1) or 🗌 52	7 (F	orm 990, 99	0-EZ, or 990-PF).
ĸ	Check	▶ 🗹 if the	organization is not a section 509(a)(3) supporting organization or a section 527 organization 527 or	nization	and its gros	s receipts are normally
	not m		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcar			
			ses to file a return, be sure to file a complete return.			
L	Add lin	es 5b, 6c, and 7t	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets (F	Part II,	
	line 25,		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	40589.35
	Part I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see	the in	structions	; for Part I)
•			the organization used Schedule O to respond to any question in this P			<u> [/]</u>
-	1		ns, gifts, grants, and similar amounts received		. 1	35390.00
	2	Program se	rvice revenue including government fees and contracts		. 2	0
	3	Membershij	p dues and assessments		. 3	5153.31
	4	Investment	Income		. 4	46.04
	5a	Gross amou	unt from sale of assets other than inventory 5a		0	
	b	Less: cost c	or other basis and sales expenses		0	
	c	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a) .		. 5c	0
	6	-	t fundralsing events			
	a		me from gaming (attach Schedule G if greater than			
Revenue		• •	6a 6a		0	
Ver	b		ne from fundraising events (not including <u>\$0</u> of contribu	utions		
Ъе	1		ising events reported on line t) (attach Schedule G if the		and the second	
			gross Income and contributions exceeds \$15,000) 6b	-	0	
	C	Less: direct	expenses from gaming and fundraising events 6c		0	
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtra	act	
	ľ	line 6c)		• •	6d	0
	7a	Gross sales	of inventory, less returns and allowances		0	
	b	Less: cost o			<u> </u>	
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)			0
	8		ue (describe in Schedule O)			0
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			40589.35
	10		similar amounts paid (list in Schedule O)			0
	11		1 to or for members			0
Se	12		er compensation, and employee benefits		and the second sec	0
Expenses	13		fees and other payments to independent contractors		. 13	22872.50
ğ	14		rent, utilities, and maintenance		. 14	0
Ш	15		lications, postage, and shipping		. 15	779.86
	16		ses (describe in Schedule O)			12502.72
	17	Total expense	ses. Add llnes 10 through 16	)	▶ 17	36155.08
ß	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)		. 18	4434.27
Se	19		r fund balances at beginning of year (from line 27, column (A)) (must ag			
S		•	igure reported on prior year's return)			54549.84
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O)			0
_	21	Net assets or	fund balances at end of year. Combine lines 18 through 20	<u></u> J	21	58984.11
For	Paperv	vork Reduction	Act Notice, see the separate instructions. Cat. No. 106421			Form 990-EZ (2012)

Forn	n 990-EZ (2012)					Page 2
Pa	art II Balance Sheets (see the instru	ctions for Part II)		······································		
	Check if the organization used So	chedule O to respond to	any question in this	s Part II		[]
				(A) Beginning of year	1	(B) End of year
22	Cash, savings, and Investments			54549.84	22	58984.1
23					23	(
24	Other assets (describe in Schedule O)			0	24	
25	Total assets			54549.84	25	58984.1
26	Total Ilabilities (describe in Schedule O)				26	(
27	Net assets or fund balances (line 27 of	column (B) must agree w	ith line 21)	54549.84	27	58904.11
Pa	t III Statement of Program Service	Accomplishments (see	the instructions for		[	 Expenses
	Check if the organization used So	hedule O to respond to	any question in this	sPart III 🔒 🗌 🗌	/Ben	uired for section
Wha	t is the organization's primary exempt purp				501(	c)(3) and 501(c)(4)
	cribe the organization's program service ac			program services		nizations and section
as n	neasured by expenses. In a clear and cor	cise manner, describe t	he services provide	d. the number of		'(a)(1) trusts; optional thers.)
	ons benefited, and other relevant informatio			.,	10, 0	uiciaij
	Washington D.C. Travel. 52 Members met wil	·····	em about effects of c	urrent and		1
20	pending legislation on the mining industry	The distance of the docate of		anentana		
	pending legislation on the mining mousely					
	(Oranta ¢	mount includes foreign g	rapta oback bora		28a	7057.96
~~					208	7057.85
29	Attendance at mining conventions to recruit r	nembers and solicit donali	ons.			
	(Grants \$ ) If this a	mount includes foreign gi	rants, check here .	<u>··· ▶ □  </u>	29a	5434.87
30	**				i	
		mount Includes foreign gr	ants, check here .	<u></u> ▶Ц[	30a	
31	Other program services (describe in Schedu			1		
		mount includes foreign gr			31a	
32	Total program service expenses (add line				32	12502.72
Part	IV List of Officers, Directors, Trustees, a	nd Key Employees List eac	h one even if not com	pensated (see the inst	tructi	ons for Part IV)
	Check if the organization used Sch	edule O to respond to a	iny question in this	Part IV . <u></u>		· · · <u>· []</u>
,	N	(b) Average	(c) Reportable	(d) Health benefits		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and		sumated amount of her compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		·····
athy	Suda				1	
	, Riverpoint Blvd. #300, Spokane, WA 99202	President, 2 hrs.	0	0		0
	a Burget					
		Winn Dror 1 hr	0	0		0
	ast South Temple, 12th Floor, SLC, UT 84111	Vice-Pres., 1 hr.		V	f	ý
	Vaughn				ļ	-
	oose Creek Rd., North Tazewell, VA 24630	Secretary, 0.5 hrs	0	0	-	0
	e Prenn					
<u>10 S.</u>	Rock Blvd., Reno, NV 89502	Treasurer	0	0		0
erah	Burdette					
00 Cc	prporate Centre Dr., Scott Depot, WV 25560	Director, 0.5 hrs.	0	0		0
uth C	arraher			,		
70 Ca	ughlin Crossing, #100, Reno, NV 89519	Director, 0.5 hrs.	0	0		0
ebra	Struhsacker					
	ig Bend Lane, Reno, NV 89509	Director, 0.5 hrs.	0	0		0
	ansing					
	. 58th Street, Milwaukee, WI 53208	Director, 0.5 hrs.	0	0		0
						<u>_</u>
	******			ľ		
		1				

Form 9	990-EZ (2012)			Page 3
Par	tV Other Information (Note the Schedule A and personal benefit contract statement requiremen instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ts in t s Parl	he V	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in the	51 41	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? if "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a		35a		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		$\checkmark$
37a b	Did the organization file Form 1120-POL for this year?	37b		<ul> <li>✓</li> </ul>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<i>∼</i>
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1	12	5
b	Gross receipts, Included on line 9, for public use of club facilities	彩	2	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
Ъ	Section 4911 P, section 4912 P, section 4900 P, section 4000 P, section 4000P, section 4000P, section 4000P, s	40b	З.	∰] ✓
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		sels Nation	
	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	<u> </u>	
	List the states with which a copy of this return is filed  None			
	The organization of books are in date of the	75-856 895		*****
b	Located at > 210 S. Rock Blvd., Reno, NV 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 account)?			No ✓
	If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u>/</u>
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	res i	
(	completed instead of Form 990-EZ	44a	19	
C	completed instead of Form 990-EZ	्रि 44b	<u>S</u>	部日 ✔
d l e	f "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d	<u>4 5) (</u> ,	✓ 301
56 E	Did the organization receive any payment from or engage in any transaction with a controlled entity within the nearing of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a 14 15b		

Form 990-EZ (2012)

Form 9	990-EZ	(2012)						r	Page 4
46		I the organization engage, directly or candidates for public office? If "Yes,"					ition 👔	Yes	
Davi		Section 501(c)(3) organization				• • • •	. 46		<u> </u>
Part	VI.	All section 501(c)(3) organization		estions 47-49b and	52, and o	complete th	ne tables :	for line	es
		50 and 51							_
		Check if the organization used S	chedule O to respond	to any question in t	this Part V	1	• • •		
			14 MP			معافر معادرته	+	Yes	No
47	yea	the organization engage in lobbying r? If "Yes," complete Schedule C, Pa	art II			• • • •	. 47		
48		e organization a school as described							
49a		the organization make any transfers						<b> </b>	
b	lf "Y	es," was the related organization a s	section 527 organization	on?		· · · ·	. <b>49b</b>		t kov
50		nplete this table for the organization' ployees) who each received more that	s rive highest comper in \$100.000 of comper	sated employees (ou	nization if	there is non	e enter "N	lone."	лкеу
	Cinp	boyeday who eden received more that	1	1		th benefits,			
	(8	a) Name and title of each employee paid more than \$100,000	(b) Average hours per week	(c) Reportable compensation		s to employee	(e) Estimate other corr	d amou	nt of
		paid more dan aroo,000	devoted to position	(Forms W-2/1099-MISC)		ensation	ouner com	ponsav	
-									
			1						
				· · · · ·					
			4		1				
							·····		
			-						
		annakananakanananananananan di di makada kananananan asasasanan kananan di saga ka							·
1	Com	I number of other employees paid ov plete this table for the organization 000 of compensation from the orga	's flve highest compe	nsated independent	contractor	s who each	received	more	than
1	Com \$100		's flve highest compe anization. If there is no	nsated independent			received Compensatio		than
1	Com \$100	plete this table for the organization 0,000 of compensation from the organization	's flve highest compe anization. If there is no	nsated independent ne, enter "None."					than
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1 (a) M	Com \$100 Vame a	plete this table for the organization 0,000 of compensation from the organization and address of each independent contractor pa	's five highest compe anization. If there is no hid more than \$100,000	nsated Independent ne, enter "None." (b) Type of servi					
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Form **990-EZ** (2012)

Department of the Treasury nternal Revenue Service	nation for responses to specific questions r to provide any additional information. h to Form 990 or 990-EZ.	on Open to Pub Inspection
Name of the organization	 E	Employer identification number
Nomen's Mining Coalition		88-0318606
Form 990 EZ Line 16, Olhe		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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I Website:       www.mc.usa.org       required to attach Schedule B         J Tax:exempt attates (drack only one) is the classication is not a section 506(e)(3 upporting organization or a section 507 required to attach Schedule B       (form 990, 990-E2, or 990-F7).         K Check ► [2]       If the organization is not a section 506(e)(3 upporting organization or a section 507 organization and its gross receipts are normally in the organization chooses to fib are 10 fla a complete return.         L Add lines £b, £c, and 7b, to line 9 to determine gross receipts are use 10 fla a complete return.       L Add lines £b, £c, and 7b, to line 9 to determine gross receipts are sponged to arry question in this Part I.         C Add lines £b, £c, and 7b, to line 9 to determine gross receipts are sponged to arry question in this Part I.       .       .         I Contributions, gifts, grants, and similar amounts received .       .       1       22228.00         2 Program service revenue including government fees and contracts       2       0         3 Gross amount from sale of assets other than Inventory       5a       0       .         6 Gain or (oss) from sale of assets other than Inventory (Subtract line 5b from line 5a)       .       5c       0         6 Gross income from fundraising events (not Including §       0 of contributions from fundraising events (not Including §       0 of contributions for Part I.)       .         6 Gross income from gaming and fundraising events (add lines 6a and 6b and subtract fod contributions from fundraisi		Applica	uoni penuing		
J       Tax-exempt status (stack only one) = ] 501(c)(3)       [2 501(c)(4) + ] (a the organization is not a section 505(0)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form \$90-Ez r form \$90 return is not required tough Form \$90-N (No-postacrd) may be required (see instructions). But if the organization cases to file a return, be sure to file a complete return.       1. Add lines (b, c, and 7b, to lines to determine gross receipts are \$200,000 or more, or if total assets (Part I).         I Add lines (b, c, and 7b, to lines to determine gross receipts are account or any question in this Part I).	G				
K       Check ▶       [2]       if the organization is not a section 506(b)(3) supporting organization or a section 527 organization and its gross necelipts are normally not more than 550,000. A Form 980-F2 or Form 980 return is not required though Form 980-N (c-positicard) may be required (see instructions). But if the organization choices to till a complete return.         L       Add files 5b, 6c, and 7b, to line 8 to determine gross recelipts. If gross necelipts are 520,000 or more, ori it total assets (Part II. line 25, column (B) belowy are 500,000 or more, ori it total assets (Part II. line 25, column (B) belowy are 500,000 or more, ori it total assets (Part II. line 25, column (B) belowy are 500,000 or more, ori it total assets (Part II. line 25, column (B) belowy are 500,000 or more, ori it total assets (Part II. line 25, column (B) belowy are 500,000 or more, ori it total assets (Part II. line 25, column (B) belowy are 500,000 or more, ori it total assets (Part II. line 25, column (B) belowy are 500,000 or more, ori it total assets (Part II. line 25, column (B) belowy are 500,000 or more, ori it total assets (Part II. line 25, column (B) below are 500,000 or more, ori it total assets (Part II. line 25, column (B) below are 500,000 or more, ori it total assets (B at III. line 25, column (B) below are 500,000 or more, ori it total assets (B at III. line 25, column (B) below are 500,000 or more, ori it total assets (B at III. line 25, column (B) below are 500,000 or more, ori it total assets (B at III. line 25, column (B) below are 500,000 or more, ori it total assets (B at III. line 10, line 1	1				
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Check if the organization used Schedule C to respond to any question in this Part I	L	the org Add lin Ine 25,	ore than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be ganization chooses to file a return, be sure to file a complete return. as 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	required	(see Instructions). But if 34631.28
1       Contributions, gifts, grants, and similar amounts received.       1       32228.00         2       Program service revenue including government fees and contracts       2       0         3       Membership dues and assessments       3       22351.89         4       Investment income       4       51.89         5a       Gross amount from sale of assets other than inventory       5a       0         5b       0       5b       0         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c       0         6       Gaming and fundraising events       5a       0       5c       0         a       Gross income from gaming (attach Schedule G if greater than stip quevents reported on line 1) (attach Schedule G if the sum of such gross income and contributions axceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events       6d       0         d       Net income or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         d       Less: cost of goods sold       7a       0       7a         d       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         d       Gross sales of inventory, less returns and a		'art I			
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sum of such gross income and contributions exceeds \$15,000) .       6b       0         c       Less: direct expenses from gaming and fundralsing events .       6c       0         d       Net income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c) .       6d       0         7a       Gross sales of inventory, less returns and allowances .       7a       0       0         b       Less: cost of goods sold .       7a       0       0         c       Gross patitor (loss) from sales of inventory (Subtract line 7b from line 7a) .       7c       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       34631.28         10       Grants and similar amounts paid (list In Schedule 0) .       10       0         11       Benefits paid to or for members .       11       0         12       Salaries, other compensation, and employee benefits .       13       20737.50         13       Professional fees and other payments to independent contractors .       14       0         15       440.54       16       13624.98         17       Total expenses. Add lines 10 through 16       15       440.54         16       Other expenses (describe in Schedule O) .       16       13624.98         17 <td< td=""><td>ant</td><td>a</td><td></td><td></td><td></td></td<>	ant	a			
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c       Less: direct expenses from gaming and fundralsing events       6c       0         d       Net income or (loss) from gaming and fundralsing events (add llnes 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       7c       0         b       Less: cost of goods sold       7b       0       0       0       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0       0         g       Total revenue (describe in Schedule 0)       7c       0       0       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       34631.28       9       34631.28         10       Grants and similar amounts paid (list in Schedule O)       10       0       0       0         11       Benefits paid to or for members       111       0       0       0       0         12       Salaries, other compensation, and employee benefits       13       20737.50       14       0       114       0         13       Printing, publications, postage, and shiping       15       440.54       16       13624.98         17       Total expenses. (describe in Schedule O)       16 <td>Яе</td> <td></td> <td></td> <td>1.1.1.1.1.1</td> <td></td>	Яе			1.1.1.1.1.1	
d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0       0         b       Less: cost of goods sold       7a       0       0       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule 0)       8       0       0       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       34631.28         10       Grants and similar amounts paid (list in Schedule 0)       10       0         11       Benefits paid to or for members       12       0         12       Salarles, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       20737.50         14       Occupancy, rent, utilities, and maintenance       14       0         15       Frinting, publications, postage, and shipping       15       1440.54         16       Other expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9) <td< td=""><td></td><td></td><td></td><td>0</td><td></td></td<>				0	
Ine 6c)       6d       0         7a       Gross sales of inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7b       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       Other revenue (describe in Schedule 0)       8       0         9       Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       34631.28         10       Grants and similar amounts paid (list in Schedule 0)       10       0         11       Benefits paid to or for members       10       0         12       Salarles, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       20737.50         14       Occupancy, rent, utilities, and maintenance       14       0         15       4440.54       16       13624.98         16       Other expenses (describe in Schedule 0)       17       34803.02         17       Total expenses, Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fun		C L		비송	
7a       Gross sales of Inventory, less returns and allowances       7a       0         b       Less: cost of goods sold       7c       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       0       0       0       0       0         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       34631.28         10       Grants and similar amounts paid (list in Schedule 0)       10       0         11       0       0       0       0         12       Salarles, other compensation, and employee benefits       11       0         13       Professional fees and other payments to independent contractors       13       20737.50         14       Occupancy, rent, utilities, and maintenance       14       0         15       440.54       16       13624.98         16       Other expenses (describe in Schedule O)       16       13624.98         17       Total expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       17       34803.02         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year flgure		a			Λ
b       Less: cost of goods sold       7b       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       0         8       0       7c       0         9       34631.28         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       0       10       0         12       Salaries, other compensation, and employee benefits       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       20737.50         14       0       15       440.54         16       0       15       440.54         16       0       16       13624.98         17       734803.02       17       734803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       0       0       0       0       20       0       0		7a	· · ·		
cGross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)7c08Other revenue (describe in Schedule O)809Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8910Grants and similar amounts paid (list in Schedule O)1011Benefits paid to or for members1012Salaries, other compensation, and employee benefits1113Professional fees and other payments to independent contractors1314Occupancy, rent, utilities, and maintenance1415Printing, publications, postage, and shipping1516Other expenses (describe in Schedule O)1617Total expenses. Add lines 10 through 161818Excess or (deficit) for the year (Subtract line 17 from line 9)1819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1920Other changes in net assets or fund balances (explain in Schedule O)2021Net assets or fund balances at end of year. Combine lines 18 through 2021			Less: cost of goods sold	ō ?	
9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       >       9       34631.28         10       Grants and similar amounts paid (list in Schedule O)       10       0         11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       20737.50         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       440.54         16       Other expenses (describe in Schedule O)       16       13624.98         17       Total expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Other changes in net assets or fund balances at end of year. Combine lines 18 through 20       21       54549.84		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		0
10       Grants and similar amounts paid (list in Schedule O)       10       0         11       Benefits paid to or for members       11       0         12       Salarles, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       20737.50         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       440.54         16       Other expenses (describe in Schedule O)       16       13624.98         17       Total expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Other assets or fund balances at end of year. Combine lines 18 through 20       21       54549.84		8		8	0
11       Benefits paid to or for members       11       0         12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       20737.50         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       440.54         16       Other expenses (describe in Schedule O)       16       13624.98         17       Total expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Other assets or fund balances at end of year. Combine lines 18 through 20       21       54549.84		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	34631.28
12       Salaries, other compensation, and employee benefits       12       0         13       Professional fees and other payments to independent contractors       13       20737.50         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       440.54         16       Other expenses (describe in Schedule O)       16       13624.98         17       Total expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Other assets or fund balances at end of year. Combine lines 18 through 20       21       54549.84	ĺ				
13       Professional fees and other payments to independent contractors       13       20737.50         14       Occupancy, rent, utilities, and maintenance       14       0         15       Printing, publications, postage, and shipping       15       440.54         16       Other expenses (describe in Schedule O)       16       13624.98         17       Total expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       S4549.84	_				
16       Other expenses (describe in Schedule O)       16       13624.98         17       Total expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       54549.84	ses				
16       Other expenses (describe in Schedule O)       16       13624.98         17       Total expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       S4549.84	Jen e				
16       Other expenses (describe in Schedule O)       16       13624.98         17       Total expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       S4549.84	ΔÍ				
17       Total expenses. Add lines 10 through 16       17       34803.02         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       Other changes in net assets or fund balances (explain in Schedule O)       20       0         21       Net assets or fund balances at end of year. Combine lines 18 through 20       21       54549.84				·	
18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       (171.74)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)       19       54721.58         20       Other changes in net assets or fund balances at end of year. Combine lines 18 through 20       20       0         21       S4549.84					······································
21 Net assets of fund balances at end of year. Combine lines 18 through 20	n	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		(171.74)
21 Net assets of fund balances at end of year. Combine lines 18 through 20	set	19		62	
21 Net assets of fund balances at end of year. Combine lines 18 through 20	As			19	
21 Net assets of fund balances at end of year. Combine lines 18 through 20	Net				

Forn	n 990-EZ (20						Page
P	art II 🛛 I	Balance Sheets. (see the instruction	ns for Part II.)		- "		_
	(	Check if the organization used Schedu	ule O to respond to	any question in this		÷	<u></u>
					(A) Beginning of year	00	(B) End of year
22		savings, and investments			54721.58	22	54549.8
23		and buildings.				23	
24		assets (describe in Schedule O)			54721.58		54549.8
25					34721.38	20	34345.0
26	Total	liabilities (describe in Schedule O) . sets or fund balances (line 27 of colur	no (B) must sares wi	ith line 21)	54721.58		54549.8
27		Statement of Program Service Acco				21	04040.0
Fa		Check if the organization used Schedu					Expenses
14.0	ل معام ماله م	ganization's primary exempt purpose?	Educate Legislator	e shout Mining			quired for section (c)(3) and 501(c)(4)
						org	anizations and section
Des	cribe the	organization's program service accomp by expenses. In a clear and concise	blishments for each	of its three largest i	brogram services,		7(a)(1) trusts; optiona
as r	neasured	fited, and other relevant information for	manner, describe u each program title.	ie services provide		TOF	olhers.)
28		ton D.C. Travel. Members meet with Legi		m about effects of cu	rrent and pending		1
20		At					
	leyisiau						
	(Grants \$		nt includes foreign gr	ants check here	▶ □	288	6662,31
29		nce at mining conventions to recruit memb					
23	Allendal	ice at fishing conventions to rest at more					1
		***************************************					
	(Grants \$	) If this amount	nt includes foreign gr	ants, check here	· · · ► □	2 <del>9</del> a	6032.67
30	<u>formita d</u>						
00		· · · · · · · · · · · · · · · · · · ·					ł
	(Grants \$	) if this amour	t Includes foreign gr	ants, check here	► 🔲	30a	
31		ogram services (describe in Schedule O			1		
Ξ,	(Grants \$		t includes foreign gr			31a	
32		gram service expenses (add lines 28a				32	12694.98
Par		st of Officers, Directors, Trustees, and Ke				stru	ctions for Part IV.)
		heck if the organization used Schedul					
			(b) Title and average	(c) Reportable compensation	(d) Health benefits, contributions to employe	a las	Felimated amount of
		(a) Name and address	hours per week	(Forms W-2/1099-MISC)			ther compensation
			devoted to position	(if not paid, enter -0-)	deferred compensation	ł	
Cath	y Suda		President, 2 hrs.				
501 N	I. Riverpoi	nt Blvd. #300, Spokane, WA 99202		0	C	)	0
Wand	la Burget		Vice-Pres, 1 hr.				
126 E	ast South	Temple 12th Floor, SLC, UT 84111		0	í C		0
Kath	y Vaughn		Secretary, 1 hr.				
540 G	Soose Cree	ek Road, N. Tazewell, VA 24630		0	0		0
	lle Prenn		Treasurer, 2 hrs.				
210 S	. Rock Blv	d. Reno, NV 89502		0	0		0
						I	
Terah	Burdette		Director, 0.5 hrs.				
300 C	orporate C	Centre Dr. Scott Depot, WV 25560		0	0		0
	Carraher		Director, 0.5 hrs.			İ	
970 C	aughlin Cr	rossing #100, Reno, NV 89519		0	0	[	0
Magg	ie Lansing		Director, 0.5 hrs.				
1738	N. 58th Str	eet, Milwaukee, WI 53208		0	0		0
Debra	Struhsac	ker	Director, 0.5 hrs.				
3610	Big Bend L	ane, Reno, NV 89509		0	0	L	0
*****		*****					

Form	990-E2 (2011)		And other Designment of the local division o	Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	is in th is Par	he • V	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in th	31 41	Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35 <sub>8</sub>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		v v
t c	$100 \text{ m}^{-1}$	35b 35c		✓ ✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of pointeal experionales, direct of moneet, as described in the monetations of			19
b	Did the organization file Form 1120-POL for this year?	37b		- <b>√</b> ⊊-∞51
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	eese. Sar	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1	N.	
39 а	200	<u>.</u>	×.	3-A
b			12	₹.)
40a		1.4	1.4	
	section 4911 ► ; section 4912 ► ; section 4955 ► ;	·	E.	
р	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	(78). 	र द्वाः द्वाः
с	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	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.  None			
42a	The organization a books are in care of p	75-856		
	Located at ► 210 S. Rock Blvd., Reno, NV ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	8950	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time building the building your, did the englished for the maintain and entire building the building the	42c		$\checkmark$
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in ileu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. ►	
44a			res Sign	<u>No</u> ⊼::[] ✔
b	Dld the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		i i i	
c ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c 2006 44d	<u> </u>	<b>√</b> ₩
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		

Form 990-EZ (2011)

Form 990						
46	Did the organization engage, dire to candidates for public office?	ectly or indirectly, in politics	al campaign activities c	n behalf of	or in oppos	ition 🐇
Part V		izations and section 49	47(a)(1) nonexempt	charitable	e trusts or	nly. All s
	and 52, and complete the	e tables for lines 50 and	51.			
	Check if the organization u	used Schedule O to respo	nd to any question in	this Part Vi	<u> </u>	· · ·
	Did the organization engage in lo year? If "Yes," complete Schedul					
	Is the organization a school as des					
	Did the organization make any tra					
50 (	If "Yes," was the related organiza Complete this table for the organ employees) who each recelved m	Ization's five highest comp	ensated employees (of	her than off	ficers, direc	tors, trust
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average		(d) Healt contribution benefit plans	Ih benefits, is to employee s, and deferred	(e) Estima
	F	devoted to position	(Forms W-27 Tuaa-MISC)	compe	ensation	
			2			
51 C	otal number of other employees Complete this table for the organ	ization's five highest com	pensated independent	contractors	s who each	a received
51 C \$		nization's five highest com he organization. If there is r	pensated independent			a received
51 C \$	Complete this table for the organ 100,000 of compensation from t	nization's five highest com he organization. If there is r	pensated independent none, enter "None."			
51 C \$	Complete this table for the organ 100,000 of compensation from t	nization's five highest com he organization. If there is r	pensated independent none, enter "None."			
51 C \$	Complete this table for the organ 100,000 of compensation from t	nization's five highest com he organization. If there is r	pensated independent none, enter "None."			
51 C \$	Complete this table for the organ 100,000 of compensation from t	nization's five highest com he organization. If there is r	pensated independent none, enter "None."			
51 C \$	Complete this table for the organ 100,000 of compensation from t	nization's five highest com he organization. If there is r	pensated independent none, enter "None."			
51 C \$ (a) Nad	Complete this table for the organ 100,000 of compensation from t ime and address of each independent cont	vization's five highest com he organization. If there is r tractor paid more than \$100,000	bensated independent none, enter "None." (b) Type of server 			
51 C (a) Nar (a) To C 52 Di	Complete this table for the organ 100,000 of compensation from t	he organization. If there is n tractor paid more than \$100,000	pensated independent none, enter "None." (b) Type of sen	rice	(c)	
51 C (a) Nad (a) To 52 Di nc	Complete this table for the organ 100,000 of compensation from t ime and address of each independent cont otal number of other independent id the organization complete Sch onexempt charitable trusts must a	he organization. If there is n tractor paid more than \$100,000 tractor paid more than \$100,000 t contractors each receiving edule A? Note: All section attach a completed Schedu	pensated independent none, enter "None." (b) Type of server (b) Type of server (c) Type o	nice and 4947(a	(c)	Compensat
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SCHEDULE 0 (Form 990 or 990-EZ) Department of the Treasury Department of the Treasury Department of the regarization Wormer's Mining Coalition Form 990 EZ, Line 16, Other Expenses of \$13,624.98 Travel to Washington D.C. (\$6562.31) Cost to attend mining conventions (\$6962.67).	00.
Department of the freadury       ► Attach to Form 990 or 990-EZ.         Name of the organization       Employer iden         Women's Mining Coalition       Form 990 EZ, Line 16, Other Expenses of \$13,624.98         Travel to Washington D.C. (\$5662.31)       Travel to Washington D.C. (\$5662.31)	2011
Women's Mining Coalition         Form 990 EZ, Line 16, Other Expenses of \$13,624.98         Travel to Washington D.C. ( \$6662.31)	Open to Public Inspection
Form 990 EZ, Line 16, Other Expenses of \$13,624.98 Travel to Washington D.C. ( \$6662.31)	ification number 88-0318606
Travel to Washington D.C. ( \$6662.31)	, <u>1999–1997</u>
Cost to attend mining conventions (\$6962.67).	
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		Short Form		OMB No. 1545-1150
Fo		<b>N_F7</b> Return of Organization Exempt From Income	e Tax	2010
		Under section 501(c), 527, 67 4647(a)(1) of the internal Revenue Code leveent black lung benefit trust or private foundation)		
		Spopsorion organizations of dopor advised lunds, organizations that operate one or more ho	spital facilities	Open to Publi
		and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see All other organizations with gross receipts less than \$200,000 and total assets less than	\$500,000	
	partment of U	at the end of the year may use this form.		Inspection
Inte	rnal Reverue	Service The organization may have to use a copy of this return to satisfy state reporting require	ements.	
A	For the 20	10 calendar year, or tax year beginning , 2010, and ending		, 20 10
В	Check if appli		D Employ	er identification number 88-0318606
Н	Address char		F. Telepho	ne number
Н	Name change Iniliai return			775-856-5700
_	Terminated	P.O. Box 10101	- C	
	Amended reli	City or town, state or country, and ZiP + 4	r Group Numb	Exemption
-	Application p			I if the organization is n
				eltach Schedule B
	Website:			, 990-EZ, or 990-PF).
*****		status (check only one) —		
1		EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instr	uctions). But	if the organization choos
1 	io me a ret	urn, be sure to file a complete return. b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asso	ets (Part II.	
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		65237.9
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see th	e instructi	
	art I	Check if the organization used Schedule O to respond to any question in this Part	I	
	1 C	ontributions, gifts, grants, and similar amounts received		62668.4
	2 P	rogram service revenue including government fees and contracts	· · · .	2
	3 M	lembership dues and assessments		2490.7
	1	vestment income		78.8
		ross amount from sale of assets other than inventory	o	25
		ess: cost or other basis and sales expenses	0	
	c G	ain or (loss) from sale of assets other than Inventory (Subtract line 5b from line 5a)	5	
		aming and fundraising events		
	a G	ross income from gaming (attach Schedule G if greater than		
ne	\$1	15,000)	0[59	<u>1</u>
۱è		ross Income from fundraising events (not including \$ o of contributio	ns 了	
Revenue	fro	om fundraising events reported on line 1) (attach Schedule G if the		24 C
	SL	m of such gross income and contributions exceeds \$15,000) 6b	0	
	c Le	ess: direct expenses from gaming and fundraising events	0	N.
		et income or (loss) from gaming and fundraising events (add lines 6a and 6b and su		
		e 6c)	· · 6	) (
1		ross sales of inventory less returns and allowances		
			0	
	b Le	ss: cost of goods sold	0	
	b Le c Gr	ess: cost of goods sold	0 . 7	: (
	b Le c Gr 8 Ot	ess: cost of goods sold	0 7 6	
	b Le c Gr 8 Ot 9 To	ess: cost of goods sold	0 74 8 . ▶ 9	65237.98
	b Le c Gr 8 Ot 9 To 10 Gr	ants and similar amounts pald (list in Schedule O)       7b	0 70 8 . ▶ 9	c () 65237.98 ) ()
0	b Le c Gr 8 Ot 9 To 10 Gr 11 Be	ants and similar amounts paid (list in Schedule O)	0 7/ 8 . ▶ 9 1( 1)	c () 65237.98 ) () ()
ses	b Le c G/ 8 Ot 9 Tc 10 Gr 11 Be 12 Sa	ants and similar amounts paid (list in Schedule O)	0 55 5 7 7 1 	c C C 65237.98 0 C 1 C 2 C C 0 C
senses	b Le c Gr 8 Ot 9 Tc 10 Gr 11 Be 12 Sa 13 Pr	ants and similar amounts paid (list in Schedule O)	0 100 · · · 70 · · · 6 · ▶ 9 · · 11 · · 11 · · 11 · · 11	c         0           65237.98           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0
Expenses	b Le c Gr 8 Ot 9 Tc 10 Gr 11 Be 12 Sa 13 Pr 14 Oc	ess: cost of goods sold       7b         ross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       .         her revenue (describe in Schedule O)       .       .         het revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       .       .         ants and similar amounts paid (list in Schedule O)       .       .         enefits paid to or for members       .       .         alaries, other compensation, and employee benefits       .       .         ofessional fees and other payments to independent contractors       .       .	0 10 · · 7 · · 8 · ▶ 9 · 11 · · 12 · · 12 · · 12 · · 12	c         c           65237.98           0         c           1         c           2         c           3         20544.00           4         c
Expenses	b Le c Gr 8 Ot 9 Tc 10 Gr 11 Be 12 Sa 13 Pri 14 Oc 15 Pri	ess: cost of goods sold       7b         ross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       .         her revenue (describe in Schedule O)       .       .         otal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       .       .         ants and similar amounts paid (list in Schedule O)       .       .         enefits paid to or for members       .       .         ofessional fees and other payments to independent contractors       .       .         cupancy, rent, utilities, and maintenance       .       .       .	0 10 · · 7 · · 8 · ▶ 9 · 11 · · 12 · · · · 12 · · · · 12 · · · · · 12 · · · · · · · · · · · · · · · · · · ·	c         C           65237.98         C           0         C           1         C           2         C           3         20544.00           4         O           5         119.08
cxpenses	b Le c Gr 8 Ot 9 To 10 Gr 11 Be 12 Sa 13 Pr 14 Oc 15 Pri 16 Ot	ress: cost of goods sold       7b         ross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       .         ther revenue (describe in Schedule O)       .       .         that revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       .       .         ants and similar amounts paid (list in Schedule O)       .       .       .         enefits paid to or for members       .       .       .       .         ofessional fees and other payments to independent contractors       .       .       .         cupancy, rent, utilities, and maintenance       .       .       .       .         inting, publications, postage, and shipping       .       .       .       .	0 10 · · 70 · · 8 · ▶ 9 · 110 · · 12 · · · · · 12 · · · · · · · · · · · · · · · · · · ·	c         0           65237.98         0           0         0           1         0           2         0           3         20544.00           4         0           5         119.08           1         16888.47
	b Le c G/ 8 Ot 9 Tc 10 Gr 11 Be 12 Sa 13 Pr 14 Oc 15 Pri 16 Ot 17 To 18 Ex	ants and similar amounts pald (list in Schedule O)	0 27 · · 77 · · 8 · ▶ 9 · · 11 · · 12 · · · · 12 · · · · · · · · · · · · · · · · · · ·	c         C           65237.98         C           65237.98         C           0         C           1         C           2         C           3         20544.00           4         O           5         119.08           4         16888.47           37551.55         27686.43
sets Expenses	b Le c Gr 8 Ot 9 Tc 10 Gr 11 Be 12 Sa 13 Pr 14 Oc 15 Pr 16 Ot 17 To 18 Ex 19 Ne	ress: cost of goods sold       7b         ross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          ther revenue (describe in Schedule O)          that revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8          ants and similar amounts pald (list in Schedule O)          enefits paid to or for members          ularies, other compensation, and employee benefits          ofessional fees and other payments to independent contractors          cupancy, rent, utilities, and maintenance          inting, publications, postage, and shipping          her expenses (describe in Schedule O)          cess or (deficit) for the year (Subtract line 17 from line 9)          t assets or fund balances at beginning of year (from line 27, column (A)) (must agreed)	0 27 	c         C           65237.98         C           65237.98         C           0         C           1         C           2         C           3         20544.00           4         O           5         119.08           4         16888.47           37551.55         27686.43
	b Le c G/ 8 Ot 9 To 10 Gr 11 Be 12 Sa 13 Pri 14 Oc 15 Pri 16 Ot 17 To 18 Ex 19 Ne	ress: cost of goods sold       7b         ross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       .         ther revenue (describe in Schedule O)       .       .         that revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       .       .         ants and similar amounts paid (list in Schedule O)       .       .       .         enefits paid to or for members       .       .       .       .         alaries, other compensation, and employee benefits       .       .       .       .         ofessional fees and other payments to independent contractors       .       .       .       .         inting, publications, postage, and shipping       .       .       .       .       .       .         tal expenses. Add lines 10 through 16       .       <	0 · · 7 · · 8 · ▶ 9 · · 11 · · 12 · · · · · 12 · · · · · · · · · · · · · · · · · · ·	c         ()           65237.98         ()           65237.98         ()           0         ()           1         ()           2         ()           3         20544.00           4         ()           119.08         16889.47           37551.55         27686.43
Assets	b Le c G/ 8 Ot 9 To 10 Gr 11 Be 12 Sa 13 Pri 14 Oc 15 Pri 16 Ot 17 To 18 Ex 19 Ne ena 20 Ott	ress: cost of goods sold       7b         ross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          ther revenue (describe in Schedule O)          that revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8          ants and similar amounts pald (list in Schedule O)          enefits paid to or for members          ularies, other compensation, and employee benefits          ofessional fees and other payments to independent contractors          cupancy, rent, utilities, and maintenance          inting, publications, postage, and shipping          her expenses (describe in Schedule O)          cess or (deficit) for the year (Subtract line 17 from line 9)          t assets or fund balances at beginning of year (from line 27, column (A)) (must agreed)	0 	2         0           65237.98         0           0         0           1         0           2         0           3         20544.00           4         0           5         119.08           1         16808.47           37551.55         27686.43           2         27035.18

	Check if the organization used Sched	ule O to respond to any qu	estion In this						•
				(A) Be	iginnIng o			(B) End of y	
22					27	035.1	_		1721.
23 24							0 23 0 24	·	
29 25	Total assets		• • • •		27	035.1			721.
26	Total liabilities (describe in Schedule O)						0 26		
27	Net assets or fund balances (line 27 of colu				27(	035,1	B 27	54	721.
Pa	t III Statement of Program Service Acco							Expenses	
	Check if the organization used Schedu			Part	<u> </u>	·Ľ		equired for sect 1(c)(3) and 501(	
Wha Ƴ≏e	at is the organization's primary exempt purpose? cribe what was achieved in carrying out the organizat	Social Welfare Organizatio		e manr	ver des	cribe	- or	ganizations and	secti
hes	ervices provided, the number of persons benefited, at	nd other relevant information for	r each program	title.	1017 000	0,100		47(a)(1) trusts; i others.)	opuo
28	Washington D.C. Trave. Members meet with Legi legislation on mining industry.	slators to educate them about				ing			
	(Grants \$ ) If this amou	int includes foreign grants, c	heck here .		. ►		28	a 6	207.
29	Attendance at mining conventions to recruit mem								
								ļ	
	****								
	(Grants \$ ) If this amou	nt includes foreign grants, cl	heck here .	· · ·	• •		29	a 100	605.
0					********		-		
			***************						
	(Grants \$ ) If this amou	nt includes foreign grants, cl	heck here .	•••••	. 🕨		30:	a	
1	Other program services (describe in Schedule O					,			
	(Grants \$ ) If this amount	والمستعدة والمتحد والمتحد والمتحد والمتحد والمتحد			•	Π	314	a 168	13
		nt includes foreign grants, cl				<u> </u>	<u> </u>		
_	Total program service expenses (add lines 28	a through 31a)		• •		•	32		
_	Total program service expenses (add lines 28) IV List of Officers, Directors, Trustees, and K	a through 31a)	even if not com	, pensat	ed. (see	the i	32 nstru	uctions for Pa	
_	Total program service expenses (add lines 28	a through 31a)	even if not com stion in this	pensat Part IV	ed. (see / (d) Con	the i	32 nstru	uctions for Pa	rtlV [
	Total program service expenses (add lines 28) IV List of Officers, Directors, Trustees, and K	a through 31a) ey Employees. List each one e le O to respond to any que (b) Title and average hours per week	even if not com stion in this	pensat Part IV	ed. (see /	the i	32 nstru ns to plans	(e) Exper	rt IV . [ ise ind
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Forn	n 990-EZ (2010)		1	Page 3
Pa	Int V Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.		·	· 🔲
			Yes	No
33	description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
	change on Schedule O (see Instructions)	34	1.12 6 1.	N'- 36-1
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, explain in Schedule O why the organization did not report the income on Form 990-T.			いる。 それ
4	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
I	o If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	255	100	1
t		37b		$\checkmark$
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	5 <u>.</u> 38a	ÊÊ	
Ł		165	<b>X</b>	
39	Section 501(c)(7) organizations. Enter:			
a		133	34	<b>Sol</b>
b				87
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911		24	
b				77
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		n Sara	/
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		¥
С				
	organization managers or disqualified persons during the year under sections 4912,	0		
	4955, and 4958	0 F		
d	reimbursed by the organization	1.2		
e		40e		
41	List the states with which a copy of this return is filed. > None	-100	I	<b>Y</b>
42a		75-856	-5700	
	Located at > 210 S. Rock Bivd. Reno, NV ZIP + 4 >	8950	)2	
b	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	Ñ	res	No
	account)? ,	42b		$\checkmark$
	If "Yes," enter the name of the foreign country: ►		R	5. J
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? [ If "Yes," enter the name of the foreign country:	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. 🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year		······	
		_		
			es 1	NO
44a		vi di de Sule i di	<b>A B</b>	
٤		44a 63	3.5. 5.	<b>√</b> 
Ь		44b	ن الار ال	1999-1 V
С		44c		<u>/</u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	建区	올은	
	explanation in Schedule O	44d		

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Form 990-EZ (2010)

Form 990-E	Z (2010)			·····	Page	
a Die me Fo	s any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the neaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of form 990-EZ (see instructions)					
46 Dia to	and the second sec					
Part VI	Section 501(c)(3) organizations an 501(c)(3) organizations and section and 52, and complete the tables for Check if the organization used Sched	4947(a)(1) nonexempt chai lines 50 and 51.	ritable trusts mus	st answer questi	All section ons 47-49b	
<ul> <li>48 Is t</li> <li>49a Did</li> <li>b If "</li> <li>50 Con</li> </ul>	the organization engage in lobbying activities the organization a school as described in second at the organization make any transfers to an Yes," was the related organization a section mplete this table for the organization's five ployees) who each received more than \$10	ction 170(b)(1)(A)(li)? If "Yes," of exempt non-charitable relate n 527 organization? highest compensated emplo 20,000 of compensation from	complete Schedule ed organization? .  byees (other than c the organization. I	officers, directors, f there is none, en	ter "None."	
(a) .	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
	al number of other employees paid over \$1 nplete this table for the organization's five		pendent contracto	urs who each rece	aived more that	
	(a) Name and address of each independent contract	n. If there is none, enter "None."			(c) Compensation	
Did t	I number of other independent contractors the organization complete Schedule A? No exempt charitable trusts must attach a com	te: All section 501(c)(3) organ			Yes X No	
nder penalties is, correct, ar	s of perjury, I declare that I have examined this return, i nd complete. Declaration of preparer (other than officer	ncluding accompanying schedules ar ) is based on all information of which	nd statements, and to th preparer has any knowl	e best of my knowledg edge.	e and belief, it is	
gn ere	Signature of officer Camille Prenn, Treasurer Type or print name and tille	<u></u>	Da	as Sept.	2013	
aid		arer's signature	Date	Check if self-employed	ÎN	
reparer se Only	Firm's name			n's EIN ►		
	Firm's address ► discuss this return with the preparer show	n above? See instructions	Ph		Yes No 990-EZ (2010)	

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Fo		990 or 990-EZ	OMB No. 1545-004	
Department of the Treasury	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2010 Open to Pub	
nternal Revenue Service	Attach to Form 990 or 990-EZ.	I Employer Iden	Inspection	
Women's Mining Coalition		_ · ·	88-0318606	
Form 990 EZ, Line 16 Othe				
Travel to Washington D.C.	(\$11,674.82)			
Cost to attend mining conv	ventions (\$5,213.65).			
		****		
		* # * 6 ^ 6 * 6 * 6 * 6 * 6 * 6 * 6 * 6 * 6		
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			*****	