COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

"Jobs at Risk: Community Impacts of the Obama Administration's Effect to Rewrite the Stream Buffer Zone Rule"

September 26, 2011 at 9:00 a.m.

| For Individuals: |
|---|
| 1. Name: Mike Carey |
| 2. Address: [Information redacted for privacy] |
| 3. Email Address: [Information redacted for privacy] |
| 4. Phone Number: [Information redacted for privacy] |
| * * * * |
| For Witnesses Representing Organizations: |
| 1. Name: Mike Carey |
| 2. Name of Organization(s) You are Representing at the Hearing: The Ohio Coal Association |
| 3. Business Address: 17 South High Street, Suite 410, Columbus, Ohio 43215 |
| 4. Business Email Address: [Information redacted for privacy] |
| 5. Business Phone Number: 614-228-6336 |

Name/Organization: Ohio Coal Association

Title/Date of Hearing: "Jobs at Risk: Community Impacts of the Obama Administration's Effect to Rewrite

the Stream Buffer Zone Rule"

September 26, 2011 at 9:00 a.m.

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.

President of the Ohio Coal Association; The trade association that represents Ohio's coal producing companies and affiliated industry.

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. Not applicable.

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. Chairman of the Ohio Coal Technical Advisory Committee; Member of the National Coal Council.

- 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.

 No.
- 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.
- f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization: Ohio Coal Association

Title/Date of Hearing: "Jobs at Risk: Community Impacts of the Obama Administration's Effect to Rewrite

the Stream Buffer Zone Rule"

September 26, 2011 at 9:00 a.m.

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

h. 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).

i. 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).

In February 2010, the Ohio Coal Association ("OCA") filed a "Petition for Reconsideration and Withdrawal of EPA's Endangerment and Cause or Contribute Findings for Greenhouse Gases Under Section 202(a) of the Clean Air Act" with the U.S. Environmental Protection Agency in the matter styled In re: Endangerment and Cause or Contribute Findings for Greenhouse Gases Under Section 202(a) of the Clean Air Act. Additionally, OCA filed petitions challenging USEPA's Endangerment Finding, Tailoring Rule and Timing Rule with the United States Court of Appeals for the D.C. Circuit in 2010.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

Not applicable.

k. 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)). See attachment.

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)

| ternal : | Álever | IN SOLVICA | The organization may have to us | | | POLITION OF LEADING | Total Indiana | INMANATORN: 1. Idea |
|---------------------------------|-------------------------|--|--|---|--|--|--|-----------------------------|
| | | 2010 calend | ar year, or tax year beginning | ant | l ending | | 4 4 a=6 == | mhor |
| Che | ex if | C Name o | forganization | | : | D Employer Iden | KITICETION NUI | |
| | Addrai :hang | OHIC | COAL ASSOCIATION | | | ં ગ્રામ. | -444072 | Λ |
| | Varrie Onari: | Dolng E | usiness Aè | | 1 | | | <u> </u> |
| | nitial eturn | Numbe | and street (or P.O. box it mail is not delive | red to street address) | Room/sulte | E Telephone num | nder 14)228- | 6336 |
| | formie stad | r 17 5 | OUTH HIGH STREET | | 215 | | LT / ZZO | 869,509. |
| | Amen raturn | ded City or | own, state or country, and ZIP + 4 | | | G Gross receipts 9 | | 40270021 |
| | Anplic tion panal | " COLU | MBUS, OH 43215 | | | H(e) le this a grou for affillates i | | Yes X No |
| , | pendi | | and address of principal officer:MICH. | AEL CAREI BUS. OH 4321! | . | H(b) Are all affiliate | | |
| | | 117 S | . HIGH STREET, COLUM | DOD, OR HOME. | | 1 ' ' | ch a list, (see l | |
| j Ta | X-ex | empt status: | 501(c)(3) X 501(c)(6) | (msert no.) 4947(a)(1 |) Vr [947 | H(c) Group exem | | |
| J W | ebă | te: www | OHIOCOAL.COM | ociation Other | I Vent | of formation: 197 | 4 M State of | egal domicile: OH |
| K Fo | rm o | f organization; | V doibatetion C 1134- C | | | | | |
| (Pa) | 111 | Şummar | be the organization's mission or most s | ADV | ANCING | THE DEVEL | OPMENT | AND |
| 4) | 1 | Briefly deepr | be the organization's mission or most s | Ignificant activities: ADV | ECONO | MTC. AND | | |
| 8. Бометлалсе | | TIMTT.T7 | APTON OF CHIC COAL A | C UN CONTRACTO | , | | The state of the s | |
| Ĕ | 2 | Check this b | ox I lif the organization discont | iunėd its obetations nu dist | 10990 of more | O CHELL SOVE OF HEIL | 3 | 10 |
| Š. | 3 | Number of v | oting members of the governing body (F | Part VI, IIne 18) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *************************************** | 4 | 10 |
| 2 | 4 | Number of It | dependent voting members of the gove | Skulud pody (Hatt At' ilde in | η | -144 | 6 | 2 |
| 8 | 5 | Total numbe | r of individuals employed in calendar ye | ar 2010 (Part V, kne 28) | 1411 | | 6 | 0 |
| | 6 | Total numbe | r of volunteers (setimate if necessary) | | | 11119 | 78 | 0. |
| Activities | 7 2 | ı Total unrela | ed business revenue from Part VIII, colu | ייייייייייייייייייייייייייייייייייייי | | and the state of t | 7b | 0. |
| | ł | Net unrelate | d business taxable income from Form 9 | 90-1, ns 34 | <u> </u> | Prior Year_ | | irrent Year |
| • | | | | | | 577,1: | | 447,494. |
| 9 | В | Contribution | as and grants (Part VIII, line 1h) , | #175622222222414544322244422441145141414141414 | ,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5,00 | | 378,553. |
| 5 | 9 | Program se | vice revenue (Part VIII, line 2g) | and 7d | ····· | 27,20 |)1. | 13,272. |
| Неметие | 10 | Investment | income (Part VIII, column (A), lines 3, 4, | on the and the | ************************************** | 10,0 | .00 | 0. |
| | 111 | Other reven | us (Part VIII, column (A), lines 5, 6d, 8d, le · add lines 8 through 11 (must squal i | թա, 1995 mile 1197 Pael VIII. ediomis (A), line 19 | 2) | 619,3 | 30. | 839,319. |
| | 12 | Total raveni | similar amounts paid (Part IX, column (A | \\ ilnes 1:3\ | ,,,,,,,,,, | 4,0 | 00. | 31,214. |
| | 10 | Grants and | ərmilar amounts paid (mart IX, column (A id to or for members (Part IX, column (A |). Ilne 4) | | | 0. | 0. |
| | 14 | Belovina At | ner compensation, employee benefits (F | art IX. column (A), lines 5-1 | (0) | 212,8 | 99. | 206,915. |
| Experses | 16 | - Professions | if fundralsing fees (Part IX, column (A), li | ne 11e) | | | 0. | 0. |
| ž | 10 | a Frojessions h Tetsi fundi: | alsing expenses (Part IX, column (D), line | 25) | | ngerik i jan killiligesi | s, prote satisfication | महत्त्व देशकोतीताक्षक ज्यास |
| ណី | 17 | Other eybe | ness (Part IX, column (A), lines 11a-11d, | 111-241) | .,,,,,,,,,,,,, | 417,3 | 53. | 647,720. |
| | 18 | Total exper | ses. Add lines 13-17 (must equal Part D | X, column (A), line 25) | , | 634,2 | | 885,849. |
| | 10 | Revenue le | ss expenses. Subtract line 18 from line | 12 | 111111111111111 | -14,8 | | -46,530. |
| Het Assets or Frank Ralances | | | | | \ <u>\</u> | Beginning of Current | | 337,850. |
| N.E | 20 | Total asset | s (Part X, line 16) | 1-913 | .,,,,,,,,, | 304,0 55,9 | | 136,289. |
| ¥2 | 21 | Total liabili | | ***([]\$4]\$3]\$[\$***([]****(]) | | 248,0 | | 201,561 |
| 200 | 22 | Net assets | or fund balances. Subtract line 21 from | line 20 | | 240,0 | <i>7</i>] | 2021002 |
| | | II Signat | ure Block | Inchalled a second page 56 | dulas and alak | amonte and to the hi | et of my knowle | idge and bellet, it is |
| Und | g set | enalties of perju | ry, I declare that I have examined this return, | including accompanying sens | of which areas | rar hag any knowledd | 16. | And a mile Advantage of |
| true | 9, 001 | rect, and comp | lete. Declaration of preparer (other than office | IT IS DESECT ON AN INTOLLIBURAL | or whitell brober | I di Maa ariy kilomoog | <u> </u> | |
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| Pe | | | S F. FRACKER, CPA | | | Firm's | | |
| | врагі | The second secon | | I, INC. | ለቁ ወኃሽ | Litti | an) W | |
| Ua | e On | ly Firm's add | ress 941 STEUBENVILLE | I AVEL, FIU. E | OF OF | Phone | no, (740 |) 432-5658 |
| | | | CAMBRIDGE, OH 43 | 1/40-0040 | | [Luotta | | X Yes No |
| M | ay tr | ie IRS discusi | this return with the preparer shown ab | ove? (see instructions) | | ************************************** | <u></u> | Form 990 (2010) |
| _ | | 02-22-11 L H | A For Paperwork Reduction Act Not | ce, see the separate insti | ructions. | MENTER CONTEN | የአጠነል ጥጥር | |

| m 99 | ONIO COAL ASSOCIATION 31- | -4440724 | Page 2 |
|------------|--|--|-------------|
| | 30 (2010) ONTO COAL ASSOCIATION Statement of Program Service Accomplishments | | |
| ert, | Affaite Hight of Program control Account and the Bod III | | X |
| | Check if Schedule O contains a response to any question in this Part III | 111++111-++111- | |
| ė | riefly describe the organization's mission: | ZELOPMENT | |
| Ī | THE OHIO COAL ASSOCIATION IS COMMITTED TO ADVANCING THE DEVINE DEVINE THE DEV | y | |
| 7 | TAID CATTUTOTATION OF ANNA AND INC. | ······································ | |
| Ī | NVIRONMENTALLY SOUND ENERGY SOURCE. | | |
| _ | | <u></u> | |
| Ξ | old the organization undertake any significant program services during the year which were not listed on | XYes | - N- |
| ŧ | ne prior Form 890 or 990-EZ? | Yes | I—, 140 |
| 12 | Was I deserbe those now govings on Schadule O | | X No |
| į. | tige," beautipe triege new confued on our leaders. The organization cease conducting, or make algorificant changes in how it conducts, any program services? | Yes | LT NO |
| 14 | l "Vap " deporto there changes on Schedule O. | | |
| - | tegoribe the exempt purpose achievements for each of the organization's three largest program services by expense |) 5 , | |
| 5 | sention 601(a)(3) and 601(c)(4) organizations and section 4947(e)(1) trusts are required to report the amount of grants | s and | |
| , | Beautipps to others, the rotal excepses, and revenue, if any, for each program service reported. | | |
| | Oado: \ (Evportes & including grants of \$) (Heyenu | a 6 |) |
| - 1 | THAT OF MINING AND PROLAMATION TECHNOLOGIES, LAWS, AND | WAYS TO | |
| • | IMPROVE RECLAMATION; AND PROGRAMS TO DEVELOP THE USE OF CO. | AL. | |
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OHIO COAL ASSOCIATION

Page 3 Form 990 (2010) Part W. Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 ie the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X gublic office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revanue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historio land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ġ Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X 10 If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts Vi, VII, VIII, IX, or X amaga phidi. as as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D, X 1<u>1a</u> Part VI b Old the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X essets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 116 a Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 110 d Did the organization report an amount for other assets in Part X, line 15 that is 6% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110 † Did the organization's separate or conscilidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? if "Yes," complete X Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI, XII, and XIII is optional........ le the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 148 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Х or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, x column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines X 1o and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming sotivities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H X 20a b. If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note, Some Form 990 filers that

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Form **990** (2010)

operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010)

OHIO COAL ASSOCIATION

31-4440724 Page 4

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----------|--|------------|--------------|--|
| | | ļ | Yes | No |
| 21 | Did the organization report more than \$6,000 of grants and other assistance to governments and organizations in the | | X | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | <u></u> | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | x |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 28 | Did the organization answer "Yes" to Part VII, Section A, line 8, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 23 | | х |
| | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | EĢ. | | |
| 248 | Lighting organization have a tax-exampt bond issue with an outetariging 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 | 24日 | | x |
| | Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| ь | | 2414 | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 24c | | ĺ |
| | any tax-exempt bonds? | 24d | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | ZHU I | | |
| 255 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | 25a | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | ZOH | | |
| b | le the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | 1 |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 690-EZ? If "Yes," complete | 266 | | |
| | Schedule L, Part / | 25b | | |
| 20 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | Λο. | | X |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | <u> </u> | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | l | |
| | contributor, or a grant salection committee member, or to a person related to such an individual? If "Yes," complete | | | x |
| | Schedule L, Part III | 27 | | - A |
| 26 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | j' | } | |
| | Instructions for applicable filing thresholds, conditions, and exceptions): | | i intrin | abilib . |
| ø | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 200 | | |
| 0 | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 280 | ļ | x |
| | director, trustee, or direct or indirect owner? if "Yes," complete Schedule L, Part IV | 20 | ┿╌╌ | X |
| 29 | Did the organization receive more than \$25,000 in non-each contributions? If "Yes," complete Schedule M | A.157 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 30 | | X |
| | contributions? If "Yes," complete Schedule M | | 1 | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 31 | | X |
| | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 26% of its net exects? If "Yes," complete | | · | |
| 32 | Sohedule N, Part II | 32 | | X |
| 22 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | 1. |
| 33 | sections 301,7701-2 and 301,7701-37 if "Yes," complete Schedule R, Part I | 33 | | X |
| 24 | Was the organization related to any tax-exempt or taxable entity? | | | |
| 34 | If "Yes," complete Schedule R, Parts II, III, IV, and V, Ilne 1 | 34 | 1 | X |
| | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| 35 | which is a supplemental to the supplemental and the | | | |
| ŧ | eection 512(b)(16)? If "Yes," complete Schedule R, Part V, line 2 | , } | | |
| nô. | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | 1 |
| 36 | if "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | - |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| | Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI, lines 11 and 197 | | | |
| 38 | Note. All Form 990 files are required to complete Schedule C | 38 | X | |
| _ | Mote: Vil Louid Aan Jileta Rus tedrilled in collibrate politicine of unity and unity a | | | (2010) |

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| | 990 (2010) OHIO COAL ASSOCIATION | 31-444U | / A 4 | - 18 | de a |
|----------------|--|--|----------------------|---------------|-----------------|
| Par | V Statements Regarding Other IRS Fillings and Tax Compliance | | | | |
| | Check if Schedule O contains a response to any question in this Part V | organisministiismisvamistiji | wany | | |
| | | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | , 191 | 7.7 | 23,, | 4.ohi |
| þ | Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable | 16 0 | | 3.00 | |
| 0 | Did the organization comply with backup withholding rules for reportable payments to vendors and r | | 12,463 | | [解析] |
| | (gambling) winnings to prize winners? ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | [| 10 1000 k | | Į.i |
| 20 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, |]. | |]. | . |
| | flied for the calendar year ending with or within the year covered by this return | 2a 2 | | X | 11:35 |
| ь | If at least one is reported on line 2s, did the organization file all required federal employment tax retuined | rns7 | 25 | | 55°) 18 |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction | 18) | ic de | 3,,,,,,, | X |
| Qа | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | <u>Эа</u> ЭЬ | | |
| ь | | nullhandha manna ta | 30 | | |
| 4 0 | At any time during the calendar year, did the organization have an interest in, or a signature or other | authority over, a | 4e | | х |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | elobdrius) (| -442 | V 131 | |
| Þ | If "Yes," enter the name of the foreign country: | Accounts | | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | Accounts. | Sa Sa | , , , , , | X |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | onnonnonnonnonnonnon | 5b | | X |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was only in the party tax of the prohibited tax shelter transaction that it was only in the party tax of the party tax of the party tax of tax of the party tax of the party tax of the party tax of tax | | OG | | |
| _ | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | be propolation solicit | " | | |
| 6a | | | 88 | | х |
| | any contributions that were not tax deductible? If "Yee," did the organization include with every solicitation an express statement that such contributions. | tions or diffs | \ <u> </u> | | |
| ь | | | 6b | | |
| - | were not tex deductible? | | 108781 | 100 36 | aliability. |
| 7_ | Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and se | arvices provided to the payor? | 7a | | 4/11 |
| | If "Yes," did the organization notify the donor of the value of the goods of services provided? | | 7b | | |
| b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v | vas regulred | - | | |
| q | to file Form 8282? | | 70 | • | |
| _ | If "Yes," indicate the number of Forms 8262 filed during the year | 7d | | lindulli | iling or |
| | Did the organization receive any funde, directly or indirectly, to pay premiums on a personal benefit | contract? | 7e | | X |
| 8 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit opti | traot7 | 71 | | X |
| 1 H | If the organization received a contribution of qualified intellectual property, did the organization file | Form 6699 as required? | 7 g | | |
| y | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | zation file a Form 1098-07 | 7h | | |
| a" | Spansoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. | Did the supporting | , | 160 tr 0 | 7 3 1 |
| • | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a | it any time during the year? | a | | <u> </u> |
| Ð | Sponsoring organizations maintaining donor advised funds. | | ۴. | , , | de anie |
| 9 | Did the organization make any taxable distributions under section 4966? | | Øa | | |
| h | Did the organization make a distribution to a donor, donor advisor, or related person? | | 96 | | THE COURT |
| 10 | Section 501(c)(7) organizations, Enter: | 1 1 | Minhek, | म् क्षेत्र वह | skrahilli |
| * | initiation fees and capital contributions included on Part VIII, line 12 | 10a | Gestaal | Media | . |
| ь | Grose receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 601(c)(12) organizations. Enter: | | 藤海 | 临離 | |
| 2 | Gross income from members or shareholders | 110 | - . | nic Land | al Buidi C |
| b | Gross Income from other sources (Do not net amounts due or paid to other sources against | 1 1 | sabid | | |
| | amounts due or received from them.) | 116 | | i Chi | a Gotalit ' ' |
| 12a | Section 4947(s)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of For | m 10417 | 12a | - | |
| b | If "Yes," enter the amount of tax-exempt interest received or coorded during the year | 12b | <u>- </u> [53699] | rhannik | 地影響論 |
| 13 | Section 601(c)(29) qualified conprofit health insurance issuars. | | (1000)00 (1000)00 | 1 | 1 . 378 |
| ė | Is the organization licensed to issue qualified health plans in more than one state? | *************************************** | 13a | | वहनुवद्धायां मा |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | • | r litterby | JL |
| ţ | Enter the amount of reserves the organization is required to maintain by the states in which the | ا سدا | :4 | g Japanik | u sa |
| | organization is licensed to issue qualified health plans | | , , | ' I | |
| ť | Enter the amount of reserves on hand | | 10.00 | | X |
| 14: | Did the organization receive any payments for indoor tanning services during the tax year? | accourante de la companione de la compan | 14b | | + |
| | If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation in Scheo | w¢ v | | |) (2010) |

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| | | | | _ | | | | | | | |
|------|--|---------------------------------------|--|--------------|--|--|--|--|--|--|--|
| om (| 990 (2D10) OHIO COAL ASSOCIATION 31-4440 | | Pag | e 6 | | | | | | | |
| | Qovernance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8e, 9b, or 10b below, describe the circumstances, processes, or changes in Schedule C. See Instructions. | | μ. | | | | | | | | |
| | Check if Schedule O pontains a response to any question in this Part VI | <u> </u> | | X | | | | | | | |
| Sect | on A. Governing Body and Management | | | | | | | | | | |
| | 10 1 10 | | Yes | No. | | | | | | | |
| TH | Futer the unimper of Aprild Welling of the Bosening port of the end of the rex Aeri | | | | | | | | | | |
| b | FUCEL THE UTILIDEL OF ACTIVE LIBERIDERS INCIDENT IN THE LEFT BROAD AND BLACK BROAD B | | ie i si | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | | |
| | officer, director, trustee, or key embloyee? | 2 | | X | | | | | | | |
| B | Did the organization delegate control over management duties customarily performed by or under the direct supervision | _ | | v | | | | | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | <u>X</u> | | | | | | | |
| 4 | Did the organization make any eignificant changes to its governing documents since the prior Form 990 was filed? | 4 | | ^ | | | | | | | |
| | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | 70 | <u> </u> | | | | | | | |
| 6 | Does the organization have members or stockholders? | 6 | X | | | | | | | | |
| 7u | Does the organization have members, stockholders, or other persons who may elect one or more members of the | 1_ | 1 | x | | | | | | | |
| | anyerning body? | 79 | X | <u> </u> | | | | | | | |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | <u>A</u> | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | .dut.dut. | balil i . | | | | | | | |
| | by the following: | | | , de J. (19) | | | | | | | |
| B | The governing body? | Se | X | | | | | | | | |
| Ъ | Each committee with authority to act on behalf of the governing body? | Bb | Δ. | | | | | | | | |
| ₽ | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 9 | | x | | | | | | | |
| | organization's mailing address? if "Yes," provide the names and addresses in Suhedule O | 1 2 | | 4 h | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the internal Revenue Code.) | <u> </u> | Yes | No_ | | | | | | | |
| | | 10a | 162 | X | | | | | | | |
| 10a | Does the organization have local chapters, branches, or affiliates? | TUA | | | | | | | | | |
| ь | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | 106 | . ! | | | | | | | | |
| | and branches to ensure their operations are consistent with those of the organization? | - | X | | | | | | | | |
| 118 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | s.asinbil | TODE | | | | | | | |
| Þ | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 2.34.000 | X | | | | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 18 | 120 | | | | | | | | | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | 12b | | | | | | | | | |
| | to conflicts? | 14.14 | | | | | | | | | |
| Ω | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 120 | | | | | | | | | |
| | In Schedule O how this is done | 13 | | X | | | | | | | |
| 13 | Does the organization have a written whietleblower policy? | · | | Х | | | | | | | |
| 14 | Does the organization have a written document retention and destruction policy? | (Section) | Selution y | igh: | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | Hooke | onstadija: | e dis | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | } ''" | | | | | | | |
| 8 | The organization's CEO, Executive Director, or top management official | | | X | | | | | | | |
| ь | Other officers or key employees of the organization | | libra (58°) | salitago, | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | 1 " | 1 1 | | | | | | | |
| 10a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 16a | Coolillin | X | | | | | | | |
| | taxable entity during the year? | बर्ग देव | StateBes | | | | | | | | |
| F | If "Yee," has the organization edopted a written polloy or procedure requiring the organization to evaluate its participation | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | 16b | | ornaer in | | | | | | | |
| - | exempt status with respect to such arrangements? | <u> </u> | | | | | | | | | |
| Se | ction C. Disclosure NONE NONE | | | | | | | | | | |
| 17 | | able for | | * | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9901 (50 (4)(5)9 0/19/24 and | | | | | | | | | | |
| | public inspection. Indicate how you make these available. Check all that apply. | | | | | | | | | | |
| | Own website Another's website X Upon request | v. and fir | anciel | | | | | | | | |
| 19 | | 7) WITH SII | 'A' INIK | | | | | | | | |
| | to the second report of the second se | | | | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organ | | | | | | | | | | |
| | MIKE CAREY - (614) 228-6336 | | | | | | | | | | |
| | 17 SOUTH HIGH STREET, COLUMBUS, OH 43215 | For | m 99 0 | (2010 | | | | | | | |

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Form **990** (2010)

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OHIO COAL ASSOCIATION 31-4440724 Form 990 (2010) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check if Schedule O contains a response to any question in this Part VII.

- 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter Q in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. 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 compansation (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; offloers; key employees; highest companyated employees; and former such persons.

| Comparison Com | Check this box if neither the organia (A) Name and Title | (B) Average hours per | | (O) Position check all that apply) | | | | | (p) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--|--|---|----------------------------|--|--------------|--------------|---|----------|---|---|---------------------------------------|
| CONTRICTOR CON | | (deeoilbe hours for related organizations in Schedule | by hided bester or disclar | instintiared mases | | क्ष्मीत्रीहर | स्थितन्त्रं त्यात्तृक्षात्र्याच्यात्त्रं सम्बद्धाः | Forms | the organization | organizations | compensation |
| COS MURRAY C.O. C. C. C. C. C. C. | EITH KIMBLE | _ | | | | | | | _ | | |
| COCET ORDORNE | HAIRMAN | 2.00 | X | | X | | | | 0. | U, | 0. |
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| TORN GRIBBAM | | ם חים | ۳. | l | | | 1 | 1 | n. | n. | 0 |
| DERECTOR 2.00 X 0. 0. 0. DAYE ZATEZALO 2.00 X 0. 0. 0. CEUCK UNIQUEAN 2.00 X 0. 0. 0. DERECTOR 2.00 X 0. 0. 0. DERECTOR 2.00 X 0. 0. 0. DERECTOR 2.00 X 130,000. 0. 19,86 | | 2.00 | 1 | - | ┝┈ | ╁╌ | | - | V - | <u> </u> | |
| DAVE ZATEZALO DIRECTOR DIRECTOR 2.00 X 0. 0. CHUCK UNGUREAN DIRECTOR 2.00 X 0. 0. JIM KLINGLER DIRECTOR 2.00 X 0. 0. MIKE CARRY PRESIDENT 40.00 X 130,000. 0. 19,86 | | 2.00 | x | | 1 | | | | l a. | 0. | [o. |
| DIRECTOR 2.00 X 0. 0. | | a i ww | ** | | | ╁╌ | - | ╁╴ | <u> </u> | | |
| ### CHUCK UNSUREAN 2.00 X 0. 0. | | 2.00 | x | | | | | 1 | 0. | O. | 0. |
| DIRECTOR 2.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | . Note that the second | | - | 十 | ┢ | ╅ | 1 | \vdash | · · · · · · · · · · · · · · · · · · · | | |
| DIRECTOR 2.00 X 0. 0. | | 2.00 | x | | | | | | 0. | 0. | 0 |
| RON BIRD DIRECTOR MINE CARRY FRESIDENT 40.00 X 130,000. 0. 19,86 | JIM KLINGLER | | 1 | | 1 | | | Τ | | | [|
| RON BIRD DIRECTOR MIKE CARRY PRESIDENT 40.00 X 130,000. 0. 19,86 | | 2.00 | X | <u>l</u> . | | 1_ | | | 0. | , 0, | 0 |
| MIKE CARRY PRESIDENT 40.00 X 130,000. 0. 19,86 | RON BIRD | | - | Г | | | | | | _ | |
| PRESIDENT 40.00 X 130,000. 0. 19,86 | DIRECTOR | 2.00 | X | | | <u> </u> | | | 0 . | 0 | . 0 |
| | MIKE CARMY | | 1 | ì | 1 | . 1 | | | 420 000 | | 10 065 |
| | PRESIDENT | 40.00 | | | Х | | | | 130,000 | | 19,003 |
| | | | | | | | | | | *** | |
| | property of the second | | - | - | + | - | | | <u> </u> | , | |
| | - Abdus Pananasanasanasanasan Administrativa and Ad | 1 | + | | | - | - | - | | | |
| | | | ╁ | + | + | - | + | + | | | |
| | | | | | | | | | | 1 | Form 990 (20° |

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Form **990** (2010)

| orm 990 (2) | | OAL ASSOCI | | | | | | | | 31-444 | 10724 | Page 8 |
|---------------------------|---|---|----------------------------|-----------------|-------------------|---------------------|---------------------------------|---------------|--|--|---------------------------------|---|
| ant VII | Section A. Officers, Directors | s, Trustees, Key Er | nplo | yøe | a, a | nd l | ligh | est | Compensated Employ | nes (continued) | | |
| | (A) Name and title | Average Average | | | ((Ров |)) Itlon | | | (D) Reportable compensation | (E) Reportable compensation | Estir amo | F) nated unt of |
| | | week (describe hours for related organizations In Schedule O) | inchedial busin or deputor | And and the fee | Office | Ley compleyee | Aghrst eperjensaled estibles | Farmer | from the organization (W-2/1099-MISO) | from related organizations (W-2/1099-MISC | compe from organ and t | ther ensation in the nization related izations |
| | · · · · · · · · · · · · · · · · · · · | 9, | - | - | | | 34.63 | | | | | |
| | | | | | | | | | | | | |
| Paris in Solinoria manage | | | | | a | | | | | | | |
| | | | | <u> </u> | | | ļ | _ | | | | ···· |
| | TO A THE STREET OF THE STREET | | | | - | - | - | | | | | |
| * ** *** | | | | · | | | | | | | | |
| <u>:</u> | | | | | | | | _ | | | | |
| | | . | | | | <u> </u> | | | 130,000. | | 0. 19 | ,865 |
| a Total | from continuation sheets to P | art VII, Section A | | | | | , 🕨 | | 130,000 | | 0.1 | 0,865 |
| 2 Total | (add lines 1b and 1c) number of individuals (including ensation from the organization | but not limited to t | hose | e llet | aq e | door | /e) W | ho r | | and the second s | | , |
| 3 Did tr | ne organization list any former o a? If "Yes," complete Schedule | ffloer, director or to | uste | e, ki | ay eı | mpk | yee | , or | highest compensated e | mployee on | SPAINS G | Yes No |
| 4 For a | ny individual listed on line 1a, le elated organizations greater tha | the sum of reportation 6150,0007 // "Yes | ble c | omp amp | oens Jete | etic <i>Sol</i> | n ar 10du | id of le J | ther compensation from for such individual | the organization | 4 | X |
| rende | ny person listed on line 1a recei ered to the organization? If 'Yes Independent Contractors | ve or socrus dompe ," complete Sphedu | ije j | tion for: | fror suc/ | n ar 1 <i>pe</i> | ıy ut reon | rele | ted organization or Indi | vidual for services | រ ស្រាប់ពី។ ភ | X |
| 1 Comp | olete this table for your five high rganization. | est compensated in | ndeț | one | ent | oon | trao | tors | that received more tha | n \$100,000 of cam | pensation f | rom |
| | Name and bu | A) siness address | | | | | | | (B) Description of | services | (Compar | noitean |
| | RE WOODS LLP . CARY STREET, R | ICHMOND, V | Ά | 23 | 21 | 9- | -40 | 30 | LEGAL SERVI | CES | 32 | 0,000 |
| <u> </u> | | | _, | _ | | | | | | | | |
| | | | | | | | | ··-··- | | | | - 2 - 2 - 2 - 2 - 2 - 2 |
| <u> </u> | | | | | | | | | | | | |
| 2 Tota | I number of independent contra | ctors (including but | not | ilmi | ted | to ti | 1088 | liste | ed above) who received | more than | | |
| \$100 | 3,000 in compensation from the | wdaniegnali 🛌 |) | | | | _= | | <u>, , , , , , , , , , , , , , , , , , , </u> | | Form | 990 (201 |

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31-4440724 Page 10

Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(o)(4) organizations must complete all columns.

| | All other organizations must comp | lata column (A) but are r (A) | not required to comple (B) | te columns (B), (C), and ((C) | |
|----------|--|----------------------------------|---|--|---|
| 76, B | ot include amounts reported on lines 65, b, 95, and 105 of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundralsing expenses |
| | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 31,214. | | | |
| | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | , 13 | |
| | Grante and other assistance to governments, | | | 2.1 360 | KINDE TOTAL |
| | organizatione, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | , | Labers Street | B.03.380 |
| | Benefits paid to or for members | | | | cought) / / |
| | Compensation of current officers, directors, | 1/0 068 | | ļ | |
| | trustees, and key employees | 149,865. | | | |
| _ | Compensation not included above, to disqualified | | | ļ | |
| | persons (as defined under section 4968(f)(1)) and | | | | |
| | persons described in section 4958(o)(3)(B) | 40,000. | | | |
| | Other salaries and wages | 30,0001 | | | |
| ß | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 2,486. | | | |
| 9 | Other employee benefits | 2,908. | | | |
| 10 | Payroll taxes | 11,656. | | · · · · · · · · · · · · · · · · · · · | |
| 11 | Fees for services (non-employees): | | | | |
| | Management | | | | |
| b | Legal | 463,693. | | | |
| - | Accounting | 28,402. | | | |
| d | Labbying | | | | |
| 9 | Professional fundralsing services. See Part IV, line 17 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1-4 | <u> </u> |
| 1 | Investment management fees | | | | |
| 9 | Other, | 14,960. 1,712. | | | <u> </u> |
| 12 | Advertising and promotion | 15.769. | | | |
| 13 | Office expenses | اه ۱۹۵۵ و دید | | | |
| 14 | Information technology | | . | | |
| 15 | Royalties | 28,122. | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| 16 | Occupancy | 15,953. | | | |
| 17 18 | Travel | | | , | |
| 10 | for any federal, state, or local public officials | | l <u></u> | | |
| 19 | Conferences, conventions, and meetings | 38,536 | | | |
| 20 | Interest | , | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,323. | | | |
| 23 | • | 3,454. | | | ti an' a sama dia mahasa |
| 24 | Other expenses, Itemize expenses not covered | ger " " " endighiller a acamadha | | તુન જર્જ કરામાં માં માં જે જે જે હતા. | go akkapunggi pi kakapung pancak Kannada Labanasaki sa |
| | VALBUILDUIL OXUDOUS TO A VENUE BOL POPER IN VIV | Paninghak macambhakita | Runo " Fa | The state of the s | Saidhidig saidhingarag is is sa |
| | amount, list line 24f expenses on Schedule O.) | | Prijektafi villightskejananalusi. | AS SECREPTURED DESCRIPTION OF SEC. | |
| Ð | | 11,004 | <u> </u> | | |
| h | VEHICLE EXPENSES | 12,683. | | | |
| C | BAD DEBT EXPENSE | 1,200. | | | |
| d | BANK SERVICE CHARGES | 769. | | | |
| • | | 3,260. | | | |
| f | All other expenses | 885,849 | | | |
| 25 | Total functional expanses, Add lines 1 through 24f | 000,042A | <u> </u> | | |
| 26 | Joint coats. Oheck here In It following SOP | 1 | | | |
| | 98-2 (ASC 658-720). Complets this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing soliditation | | | | |
| - | 10 12-21-10 | | | | Form 990 (2010 |

032010 12-21-10

OHIO COAL ASSOCIATION Form 990 (2010)

31-4440724 Page 11

| | | (A) Beginning of year | | (B) End of year |
|------|--|---|-------------------|---|
| T . | | 9.739. | ╗ | 56,248. |
| 1 | Cash - non-interest-bearing | ~,,,,,, | 2 | 4472241 |
| 2 | Savings and temporary cash investments | | 3 | |
| 3 | Fledges and grants receivable, net | 6,240. | 4 | 15,613 |
| 4 | Accounts receivable, net | 45al - 2 386-5-9 R | | 20 TO 10 TO |
| 5 | Receivables from current and former officers, directors, trustees, key | | | talkashikas |
| 1 | employees, and highest compensated employees. Complete Part II | | 8 | .,;'!! |
| ١. | of Schedule L. Regelyables from other disqualified persons (as defined under section | Miles member yours | 3000 | |
| 6 | 4958(f)(1)), persons described in seption 4958(n)(3)(B), and contributing | | 33 | |
| | employers and aponsoring organizations of section 501(c)(9) voluntary | | | |
| | | 1 (G) S (S) (S) (S) (S) (S) (S) (S) (S) (S) | 11911 | · · · · · · · · · · · · · · · · · · · |
| ١_ | employees' beneficiary organizations (see instructions) | | 7 | |
| 7 | Notes and loans receivable, net | | á | |
| В | Inventories for sale or use | , | 8 | |
| 1 | Prepaid expenses and deferred charges | | | carebbootills mana au |
| 10 a | | southeath [| .38177 | |
| ١. | 11/1/2/1 Marian and 11/1/2/1 Marian and 11/1/2/1 Marian and 11/1/2/1 Marian and 11/1/2/2 Marian and 11/1/2 Mar | 4,268 | 100 100 | 2.945 |
| | rood caddulidaton ablacamball "Illiamillion Franchiston | 1 000 PRAT | 11 | 263,044 |
| 11 | Investments - publicly traded accurities | | 12 | —————————————————————————————————————— |
| 12 | Investments - other securities. See Part IV, line 11 | | 13 | |
| 13 | investments - program-related. See Part IV, line 11 | | 14 | |
| 14 | Intendible assets | r I | 18 | , |
| 15 | Other assets. See Part IV, line 11 | | 16 | 337,850 |
| 10 | Total assets, Add lines 1 through 15 (must equal line 34) | εε όλο | 17 | 136,289 |
| 17 | Accounts payable and accrued expenses | | 18 | |
| 18 | Grants payable | l I | 19 | |
| 19 | Deferred revenue | | 20 | |
| 20 | Tax-exempt bond liabilities | | 21 | |
| 21 | Psyables to current and former officers, directors, trustees, key employees, | 1686 C - 36888866 | Į _d j. | osses, bipassa aritig |
| 22 | highest compensated employees, and disqualified persons. Complete Part II | | este la | |
| | _ , | 1 '' | 22 | ranska tokanliv B |
| 23 | of Schedule L. Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities. Complete Part X of Schedule D | 1 | 26 | |
| 26 | Total Habilities, Add lines 17 through 26 | | 28 | 136,28 |
| 150 | Organizations that follow SFAS 117, check here | 35,928. | :,114.77 | egas Milar o crassos |
| | lines 27 through 29, and lines 33 and 34. | | ra⊬ , d | i vi vikeli Prinimili i pikeli sast |
| 27 | Unrestricted net assets | | 27 | |
| 28 | Temporarily restricted net assets | | 28 | |
| 29 | | | 29 | |
| | Permanently restricted net assets Organizations that do not follow SFAS 117, check here A and | | | 1 1 1 1 1 1 1 |
| 1 | complete lines 30 through 34. | Lage degranding sections | | ក្នុងក្រៅពីពីពីពីទី៤កាស់កំពង់ពីពីពេលបែកនេះ |
| 30 | man to the second and a second and a second assessment | 0. | 30 | |
| 31 | أفرين والمسترين والمنافلات والمنا | U . | 31 | |
| 32 | and the same of th | 248,091. | 32 | |
| 33 | | 248,091. | 33 | |
| | Total liabilities and net assets/fund balances | | 34 | 337,85 |

| · Form | 990 (2010) OHIO COAL ASSOCIATION | 31-4440 | 724 | Page | 12 |
|--------------|--|-----------------------|-------------------------------|------------------------------|------------------|
| | TEXI Reconciliation of Net Assets | | | г | _ |
| | Check If Schedule O contains a response to any question in this Part XI | | | | |
| 1 2 3 4 5 6 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (expiain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 39, column (B)) | 1 2 3 4 5 | 839 885 -46 248 | 3,31 5,84 5,53 3,09 | 9. 30. 71. |
| | rt XII Financial Statements and Reporting | | | ı | X |
| | Check if Schedule O contains a response to any question in this Part XII | 11111 | ····· | | No |
| 1 2a b | Were the organization's financial statements sudited by an independent accountant? | 0, | 9: Yer side(\$ 28 26 | | |
| d | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | edule O. | 20 philiphi (4) | X Sec. | er Pr |
| | separate basis, consolidated basis, or both: X Separate basis Consolidated basis Separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Separate basis. | ingle Audit | Ga | Simble S | X |
| <u></u> | Act and Olds Official A-155. If "Yee," did the organization undergo the required audit or audite? If the organization did not undergo the required audite, explain why in Schedule O and describe any steps taken to undergo such audite. | Jibus berli | 3b Form | 990 (| 2010) |

SCHEDULE C (Form 690 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exampt Prom Income Tex Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

2010

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C,
- Section 501(c) (other than section 501(o)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only,

If the organization answered "Yea," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

if the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

| * Section 501 (c)(4), (5), or (6) organi: | rations: Complete Part III. | | | |
|--|--|---|--|----------------------------------|
| Name of organization | | | | Employer identification number |
| OHIO C | OAL ASSOCIATION | AN ANABIAN ENGLA | | 31-4440724 |
| Part A Complete if the o | rgenizetion is exempt und | er section 501(0) | or is a section o | 27 organization. |
| 1 Provide a description of the organization or | ' | | ••(1)(•1)(•1)(•1)(•1)(•1)(•1)(•1)(•1)(•1 | |
| Parting Complete If the o | rganization is exempt und | er section 501(c | (3). | |
| 1 Enter the amount of any excise to | ax incurred by the grounization und | er section 4955 | 17.6 | ▶ \$ |
| 2 Enter the amount of any excise to | x incurred by organization manage | ers under section 495 | 5 | > 5 |
| 3 If the organization incurred a sec | tion 4955 tax, did it file Form 4720 | for this year? | | Yes No |
| 4a Was a correction made? | | • | | , , , |
| s, id illigion il alconordino de March (C) | | | | |
| Part I-O Complete If the c | | | | |
| 1 Enter the amount directly expend | | | | * \$ |
| 2 Enter the amount of the filling org | | | | . |
| exempt function activities | | *************************************** | | . 🏲 🖇 |
| 3 Total exempt function expenditu | | | | No. o |
| Ine 175 | anamentamana paramana | maniferation (in the control of the | | Yes No |
| 4 Did the filing organization file For | m 1120-POL for this year? employer identification number (El | NA _4 _1 AAAMAA EA7 e | | |
| made payments. For each organ | employer identification number (as ization listed, enter the amount pal promptly and directly delivered to | d from the filing organ | ilzation's funds, Aleo e | nter the amount of political |
| political action committee (PAC). | If additional space is needed, prov | ide Information in Pai | t IV. | |
| (a) Name | (b) Address | (o) EIN | (d) Amount pald if filing organization funds. If none, ent | n'a contributions received and |
| | | | | |
| | | | | |
| | | | | |
| AND THE PROPERTY OF THE PROPER | | | | |
| | | | | |
| | | | | |
| Mary Consumption of Charles and Mary And Mary | you and the Instructions for Earth | 500 or 000.F7 | Suhai | tule C (Form 990 or 890-52) 2010 |

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13 2010.04000 OHIO COAL ASSOCIATION

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| Schedule C (Form 890 or 990-EZ) 2010 | OHIO COAL . | ASSOCIATION | | 31-4 | 440724 Page 2 |
|--|--|---|--|--|--|
| Part II A Complete if the orga | | npt under sectio | n 501(c)(3) and fil | ed Form 5768 | |
| (election under secti | | | | | |
| A Check F L If the filing organization | _ | - ' | | | |
| B Check Filing organization | on checked box A an | d "limited control" pro | visions apply. | | |
| | on Lobbying Exper tures" means amou | iditures nte paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influe | ence public opinion (ç | grass roots lobbylng) | 1144-1113-1111441311111441344 | | |
| b Total lobbying expenditures to influe | ence a legislative bod | ly (direct lobbying) 👑 | 1495/9121955194194 | | |
| c Total lobbying expenditures (add line | ea 1a and 1b) | 11.) | | | |
| d Other exempt purpose expanditures | 3 .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 14774121344424444444 | (************************************* | | · |
| e Total exempt purpose expenditures | | | | | |
| f Lobbying nontaxable amount. Enter | | | | | THE RESERVE OF THE PARTY OF THE |
| If the amount on line 1e, column (a) or | | oying nontaxable am | | | |
| Not over \$500,000 | | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000, | | O plus 15% of the exc | | . 15821 1584 | |
| Over \$1,000,000 but not over \$1,50 | | O plus 10% of the exc | | | a de de |
| Over \$1,500,000 but not over \$17.0 | | O plus 5% of the exce | as over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,0 | 100, - | | | |
| | | V | | laurs, d. | 1 1,500,000, 450 |
| g Gressroots nontaxable amount (ent | | *************************************** | 1971-61-11 | | |
| h Subtract line 1g from line 1a. If zero | A | *************************************** | | | |
| i Subtract line if from line 1o. If zero of J if there is an amount other than zero | | on the state of the consistency | | 1 | |
| reporting section 4911 tax for this y | _ | | | Г | □ Yes □ No |
| reporting section 43 (1 tax for this y | | raging Pariod Under | Section Stiffs | | |
| (Some organiza | | | n do not have to com | plete all of the five | |
| | | | e 2a through 2f on p | | |
| | Lobbying Exper | nditures During 4-Yes | ar Averaging Period | | |
| Oalendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2x Lobbying nontexable amount | | | | ļ | |
| b Lobbying celling amount | | | | | |
| (150% of line 2s, column(e)) | | 1. A M 数6. | Passes : Indiana | , <u> </u> | |
| | | | | | |
| c Total lobbying expenditures | | | | | |
| | | | | | |
| d Gressroots nontaxable amount | , | | | | |
| e Grassroots celling amount | 4) | | | | |
| (150% of line 2d, column (e)) | , 38 U | | | Manager Charter | |
| | | | | | |
| f Grassroots lobbying expanditures | , , | 1 | | Pakadula (* /Easa | 990 or 990-E7\ 2010 |

| 3chedule C (Form 990 or 990-62) 2010 | OHIO | ÇÇAL | ASSOCIATION | N |
|--------------------------------------|------|------|-------------|---|
| | | | | |

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | | [" (| a) | (b) |
|--------|---|---|--------------------|--------------------------|
| | | Yes | Nο | Amount |
| 1 | During the year, did the illing organization attempt to influence foreign, national, state or | Jacob 28385 | Property of | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | 3950950 | sasa "addiidiidiik . |
| | or referendum, through the use of: | 1 | introne. | States Buddings at 18 |
| 8 | Volunteers? | L | | |
| Þ | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | ļ | i i., in initially |
| | Media advertisements? | | | |
| ď | Mailings to members, legislators, or the public? | | | |
| • | Publications, or published or broadcast statemente? | ** | <u> </u> | |
| 1 4 | Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| u h | Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| ï | Other activities? If "Yee ! describe in Port IV | | | |
| i | Other activities? If "Yee," describe in Part IV | | TP Shake | |
| 29 | Total. Add lines to through 1 | s, bestelliddididi | (1991) | CATE CANDING |
| h | If "Yes," enter the amount of any tax incurred under section 4912 | | lala - | |
| - | If "Yes," enter the amount of any tex incurred by organization managers under section 4912 | | Miller | |
| 'n | If the filing organization incurred a section 4912 tax, old it file Form 4720 for this year? | 5 (n 19)i | n sintilitaneisint | |
| Par | III.A Complete if the organization is exempt under section 501(c)(4), section | on 501(c | (5), or ac | etion |
| | 501(c)(6). | | (/m)) w w | |
| | | · · · Lama | | Yes No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | Х |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | ****(1*()4* | 2 | X |
| Э | Did the organization agree to carryover lobbying and political expanditures from the prior year? | | 3 | X |
| n j-nj | till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes." | art III-A, li | ine 3 is a | |
| 1 | Dues, assessments and similar amounts from members | | , 1 | |
| 2 | Section 162(a) nondeductible lobbying and political expenditures (do not include amounts of political | ica) | (4555) | |
| | expenses for which the section 527(f) tax was paid), | | ' | 1 |
| | Current year | | | |
| b | Carryover from last yeer | | | |
| C | Total | | 20 | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues , | | 3 | |
| 4 | if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex- | | 南北松 | V |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | | litatida | |
| | expenditure next year? | | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) Supplemental information | *************************************** | 5 | |
| Com | olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; any additional information. | ınd Pert II-B | , line 1i. Als | o, complete this part |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | <u> </u> | | |
| | | Sahedi | ule O (Forn | 1990 or 990-EZ) 201 |

REA & ASSOC INC

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

| Nam | of the organization OHIO COAL ASSOCIAT | ION | Employer Identification number 31-4440724 |
|----------------|--|--|--|
| Pa | t I Organizations Maintaining Donor Adviso | ed Funds or Other Similar Fund | is or Accounts. Complete if the |
| l | organization answered "Yes" to Form 990, Part IV, Iin | | are of the earth of the total and |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggragate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 8 | Old the organization inform all donors and donor advisors in | | Jand Sunda |
| • | are the organization's property, subject to the organization's | | |
| ė | Did the organization inform all grantees, donors, and donor a | ndidana la velta ada sent traca esa traca | ne producet |
| ٠ | for charitable purposes and not for the benefit of the donor | | |
| | | | - |
| R _E | t II Conservation Easements, complete if the or | rignization answered "Yes" to Form 990 | Part W line 7 |
| 1 | Purpose(s) of conservation easements held by the organization | | , rai, iv, jina r |
| • | Preservation of land for public use (a.g., recreation or | | nistorically important land area |
| | Protection of natural habitat | · | ertified historio structure |
| | Preservation of open epace | To be a serious of the contract of the contrac | atméd Wardud amhordia |
| 2 | Complete lines 2a through 2d if the organization held a quali | ifier conservation contribution in the for | m of a consequation engagement on the last |
| - | day of the tax year. | | III OI & CONSERVATION SEASINGING ON THE 1881 |
| | | | Held at the End of the Tax Year |
| a | Total number of conservation easements | *************************************** | |
| h | Total goreage restricted by conservation easements , | *************************************** | 26 |
| c | Number of conservation easements on a certified historic st | nucture included in (s) | 20 |
| d | Number of conservation easements included in (c) acquired | | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by | he organization during the tax |
| | year 🕨 | | · |
| 4 | Number of states where property subject to conservation as | asement is located 📂 | |
| 5 | Does the organization have a written policy regarding the pe | | of |
| | violations, and enforcement of the conservation easements | | |
| Ð | Staff and volunteer hours devoted to monitoring, inspecting | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) abo | _ | |
| | and section 170(h)(4)(B)(ll)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservation | tion easements in its revenue and exper | nee statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organize | · | · |
| | conservation easements. | | |
| Pa | t III Organizations Maintaining Collections o | of Art, Historical Treasures, or | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | 1 990, Part IV, line 8. | • |
| 1a | If the organization elected, as permitted under SFAS 116 (A | | tement and balance sheet works of art. |
| | historical treasures, or other similar assets held for public ex | | - |
| | the text of the footnote to its financial statements that desci | | |
| ь | If the organization elected, as permitted under SFAS 116 (A | | ant and balance sheet works of art, historical |
| _ | treasures, or other similar assets held for public exhibition, a | | • |
| | relating to these items: | served of the served of the served of the order | Permits and the distance and indicated all indicates |
| | (i) Hovenues Included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (II) Assets Included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical to | | |
| £ | the following amounts required to be reported under SFAS: | | end Armil higaign |
| a | Revenues included in Form 990, Part VIII, line 1 | | 100 € |
| 41 h | Assets included in Form 990, Part X | | |
| Ų | LAND INDIANGED III I ANN DRAF LAITA | HIII KARI KARI PIR (144 - 144 | ************ |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990. 16

2010.04000 OHIO COAL ASSOCIATION

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Schedule D (Form 990) 2010

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) | | | AL ASSOCIA | | | | | | 440724 Page | , 2 |
|--|------|--|---|--|---|---|-----------------------|-----------------------|--|---|
| Check all that applys Provide archibition d Loan or exchange programs Chicker Chicke | Par | | | | | | | | | |
| b Scholarly research Preservation for future generations Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive densitions of art, historical tressures, or other similar assesses to be select to relieve fund enther than to be maritable as per of the organization policitor? Yes No Part IV* Secrow and Oustcoffal Arrangements, Complete if the organization answered "Yes" to Form 990, Part XV, Ins 9, or reported an amount on Form 990, Part XV, Ins 91. 1a Is the organization are agent, trustee, outcodien or other intermediary for contributions or other assests not included on Form 990, Part XV and complete the following tables: 2 Beginning balance 14 | 3 | · · · · · · · · · · · · · · · · | on, and other reco | rds, check | any of the | following that | are a signi: | ficant use of ite | collection Items | |
| Preservation for future generatories A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pert XIV. During the year, did the organization solicit or receive denators of art, historical tressures, or other similar seceted to estee funder state that to be maintained see part of the organization's collection? | ø | Public exhibition | | a 🛄 i | oan or exc | hange program | ns | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 Outing the year, did the organization solicit or receive donations of art, historioal tressures, or other elimitar accests to be said to raise furnity and to be meintained set part of the organization's collection? Year No | Ь | Scholarly research | |) ـــا ه | Other | | | | | |
| 5 During the year, did the organization solicit or receive donastions of art, historical treasures, or other elimitar secotic to be sold to rates funde rather than to be melhitained as part of the organization's collection? **BECTOW and Outstodial Arrangements. Complete if the organization an envered "Yes" to Form 990, Part IV, line 8, or reported an amount on Form 990, Part X line 21. **Is is the organization are significant trustee, outstodian or other intermediary for contributions or other assets not included on Porm 990, Part X? **Is is the organization to arrangement in Part XIV and complete the following lable: **Contributions during the year of the prognization and the properties of the prognization answered to provide the following lables of the prognization answered to provide the entire prognization answered to provide the entire prognization answered "Yes" to Form 990, Part IV, line 10. **TYSE.** Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **It "Yes," explain the errangement in Part XIV. **Part Viii Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10. **To Net Investment samings, gains, and loses of the organization answered "Yes" to Form 990, Part IV, line 10. **To Net Investment samings, gains, and loses of the organization that are held and administered for the organization by: **To Net Investment samings, gains, and loses of the organization that are held and administered for the organization by: **Type Answers organization or part IV, the intended uses of the organization that are held and administered for the organization by: **Description of investment is beautiful as required on Schedule R?** **Description of investment beautiful as required on Schedule R?** **Description of investment beautiful as required on Schedule R?** **Description of investment beautiful as required on Schedule R?** **Description of investment beautiful as an equired on Schedule R?** **Description of investment** * | Ç | Preservation for future generations | | | | | | | | |
| to be sold to raise duride rather than to be mightalized as part of the organization? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 8, or reported an amount on Form 980, Part X, Ine 81. Is it the organization an agent, trustee, outstollan or other intermediacy for contributions or other assests not included on Form 980, Part X Ine 81. If "Yes," explain the arrangement in Part XIV and complete the following table: Beginning balance | 4 | Provide a description of the organization's or | ollections and expla | ain how th | ey further ti | he organizatio | n's exempt | purpose in Pe | ırt XIV. | |
| Escrow and Oustodial Arrangements. Complete if the organization answered "Yee" to Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, truetee, outstodian or other informediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table: | 6 | During the year, did the organization solicit o | r receive donations | of art, his | storical trea | sures, or other | r álmliár að | sete _ | | |
| reported an amount on Form 980, Part X, line 21. 1a le the organization an agent, trustee, questodian or other intermediary for contributions or other assets not included on Form 980, Part X? b if "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year 1 Ending balance 2 Distributions 3 Distributions during the year 4 Distributions during the year (a) Current year (b) Prior year (c) Two years back (d) Three years back 4 Distributions 5 Distributions 1 Beginning of year balance 2 Contributions 3 Distributions 4 Distributions 5 Distributions 6 Cher expenditures for facilities 8 Distributions 9 Distributions 9 Distributions 1 Administrative expenses 9 End of year balance 9 End of year | | to be sold to raise funde rather than to be ma | aintained as part ¢t | the organ | jization'a co | illection? | | | | 10 |
| on Form 990, Part X7 b if "Yoe," explain the arrangement in Part XIV and complete the following lable: Amount 10 d Additions during the year f Ending beliance 20 Did the organization include an amount on Form 990, Part X, line 217 b if "Yes," explain the arrangement in Part XIV. Part V Endowment Funds, Complete if the organization answered "Yee" to Form 990, Part IV, line 10. 18 Beginning of year belance b Contributions c Net Investment earnings, gains, and loses of Grants or soholarships c Other expenditures for facilities and programs 6 Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment > % b Fermanent endowment > % c Term endowment > % A retire endowment Israels not in the possession of the organization that are held and administered for the organization by: (i) unelated organizations (ii) related organizations (iii) related organizations (iv) unrelated organizations (iv) unrelated organizations (iv) the interned was of the organization's andowment funds. Part VIII S Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) basis (investment) basis (investment) basis (other) basis (other) basis (other) c Land b Buildings c Land b Buildings c Land | PAR | Escrow and Custodial Arran reported an amount on Form 990, Par | gements, Comp rt X, line 21. | lete if the | organizatio | n answered *\ | /es" to For | m 990, Part IV. | , linë 9, or | |
| If "Yes," explain the arrangement in Part XIV and complete the following table: | 10 | le the organization an agent, trustee, oustodi | lan or other interme | dlary for d | contribution | s or other ass | ets not inc | luded | | |
| Contributions during the year 1d 1d 1d 1d 1d 1d 1d 1 | | on Form 990, Part X7 | 1:200:0040000 | | | • | ••• | | → Yes | lo . |
| Egiphning balance d. Additions during the year f. Distributions during the year f. Ending balance 20. Did the organization include an amount on Form 990, Part X, line 217 b. if "Yes," explain the arrangement in Part XIV. Firt Ves," explain the arrangement in Part XIV. Firt Ves, "explain the arrangement in Part XIV. Firt Ves," explain the arrangement in Part XIV. Firt Ves," explain the arrangement in Part XIV. Firt Ves, "explain the arrangement in Part XIV. Firt | þ | | | | | | | | | |
| d Additions during the year Eichip blainnee Distributions during the year 1 Enchip blainnee 2 Did the organization include an amount on Form 990, Part XI, line 21? Line organization include an amount on Form 990, Part XI, line 21? Line organization include an amount on Form 990, Part XI, line 21? Line organization include an amount on Form 990, Part XI, line 21? Line organization includes an amount on Form 990, Part XI, line 21? Line organization includes an amount on Form 990, Part XI, line 10. Line organization organizations Line organ | | | | | | | | | Amount | |
| a Distributions during the year f Ending belance 2 Did the organization inolude an amount on Form 990, Part X, line 217 b if "Yes," excitain the arrangement in Part XIV. | Ö | Beginning balance | | ********** | ************** | . *! ** * * * * * * * * * * * * * * * * | *)/*1111*/1*1 | 10 | | |
| Ending balance | d | Additions during the year | ****************** | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .,,,,,,,,, | 1d | | |
| Ending balance | | Distributions during the year | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$ < 1 ! > > > | .) . 1 2 2 3 6 () . 1 1 4 3 5 7 9 1 | . 41 | | 10 | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21? b if "Yes," explain the arrangement in Part XIV. | - t | | | | | | | | | |
| ### Endowment Funds. Complete if the organization answered "Yee" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (f) Three | 20 | Did the organization include an amount on F | orm 990, Part X, Iln | e 217 👑 | **** | 1/4/(11//) | | | YesN | 10 |
| ta Beginning of year balance Contributions Contributions | ь | If "Yes," explain the arrangement in Part XIV. | | | | | | | | |
| ta Beginning of year balance b Contributions c Net investment samings, gains, and losees d Grants or soholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment 6 Permanent endowment 7 Service the estimated percentage of the year end balance held as: Board designated or quasi-endowment 8 Board designated or quasi-endowment 9 Service the estimated percentage of the year end balance held as: Board designated or quasi-endowment 9 Service the each owners funds not in the possession of the organization that ere held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations 5 If Y'se' to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. First VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Coat or other basis (investment) basis (other) depreciation 1a Land b Buildings C Lesseshold Improvements | Har | t 🗸 📉 Endowment Funds, Complete I | f the organization a | answered | "Yes" to Fo | rm 990, Part I | V, line 10. | (),(| | |
| ### Beginning of year balance Discription of Contributions | | | (a) Current year | (b) P | rior year | (c) Two years | back (d) | Three years back | (e) Four years bac | ok . |
| b Contributions c Net investment earnings, gains, and losess d Grants or soholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance g End of year balance provide the estimated percentage of the year and balance held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) use to 3a(li), are the related organization ilisted as required on Schedule R? 4 Describe in Part XIV the Intended uses of the organization's andowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of Investment Description of Investment (a) Coat or other (b) Cost or other (c) Accumulated (d) Book value | ta | Beginning of year balance | , , , , , , , , , , , , , , , , , , , | | | | ľ | | | T |
| to Net Investment samings, gains, and loeses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the year and balance held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % 7 Term endowment ▶ % 3a Are there andowment Indias not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizatione bi if "Yea" to 3a(i), are the related organizations listed as required on Schedule R? 4. Describe in Part XIV the intended uses of the organization's endowment funds. Part VI. Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other (b) Cost or other (c) Adcumulated (d) Book value | | - | | | | 1 | ş., | 1000 | | |
| d Grants or scholarships Cother expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Form endowment (ii) unrelated organizations (iii) related organizations (iii) | | | | | | | | Sherry | | |
| e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment % b Permanent endowment % 7 Term endowment % 3a Are there endowment funds not in the possession of the organization that ere held and administered for the organization by: (i) unrelated organizations | 4 | | | 1 | | | | | The state of the s | $\overline{}$ |
| and programs 1 Administrative expenses 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment % b Permanent endowment % 7 Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5 If "Yea" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. (ii) Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other (b) Cost or other depreciation 1a Land b Buildings c Legachold Improvements | | | , , , , , , , , , , , , , , , , , , , | | ·. · | | | | | |
| ### Administrative expenses ### Administrative for the organization ### Administrative for the organization by: #### The individual administrative expenses ### Administrative for the organization ### Administrative for the organization ### Administrative for the organization #### Administrative for the organization #### Administrative for the organization #################################### | - | · • | | | | | | | 1: 2:2:3:4:480 | į |
| Provide the estimated percentage of the year end balance held as: Board debignated or quasi-endowment % Permanent endowment % Term endowment % Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations | | | | | | | وهبرهجا ، | 1, 10, 11, 12, 21, 14 | | |
| Provide the estimated percentage of the year end balance held as: Board deelgnated or quasi-endowment % Permanent endowment % Term endowment % Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations | | | | + | | · · · · · · · · · · · · · · · · · · · | | | | |
| Board designated or quasi-endowment | . ~ | | | as: | , | .1 | | 7/1:30 | 1977 7 17 19050908000001201 | 2000 |
| Permanent endowment | _ | | di sha nda shaddinan yana i isasaa | | | | | | | |
| or Term endowment | | | 96 | | | - | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No | | | | | | | | | | |
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| (ii) unrelated organizations (iii) related organizations b if "Yea" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIV the intended uses of the organization's endowment funds. Part VI. Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value | • | | Q | | | | | | Yes N | 10 |
| (ii) related organizations b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIV the intended uses of the organization's endowment funds. Part VI. Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of Investment (a) Cost or other (b) Cost or other depreciation Description of Investment (a) Cost or other (b) Cost or other depreciation Description of Investment (a) Cost or other (b) Cost or other depreciation Description of Investment (b) Buildings (c) Accumulated depreciation (d) Book value (d | | | | | | | | | | |
| b If "Yea" to 3a(II), are the related organizations listed as required on Schedule R? 4. Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of Investment | | | | | | | | | | |
| 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of Investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation | ь | If "Yes" to 3a(II), are the related organization: | s listed as required | on Sched | dule R7 | | | | 3b | |
| Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements | 4 | | | | | | | | | |
| basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements | | t VI 🖫 Land, Buildings, and Equipn | 19nt. See Form 9 | 90, Part X | , line 10. | | | | | |
| b Buildings c Leasehold improvements | | Description of Investment | | | | | | | (d) Book value | |
| b Buildings c Leasehold improvements | 1a | Land | | ···· | | | , | da isdoadan | · · · · · · · · · · · · · · · · · · · | _ |
| c Leasehold Improvements | | | | | | | | | | *************************************** |
| The second control of | _ | | | | | | | | | |
| d Equipment 33,276. 30,331. 2,945. | | | | | | 3,276. | 3 | 0,331. | 2,94 | 5. |
| s Other | | | ľ | | | | | | | |
| Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | rt X. colu | nn (B). line | 10(c).) | | | 2.94 | 5 |
| Schedule D (Form 990) 2010 | rota | its look interest to strangely to Languages bed talker o | | ************************************** | | 1777 1111111111111111111111111111111111 | | Schedu | | _ |

| Schedule D (Form 990) 2010 OHIO COAL A | SSOCIATION | <u></u> | 31-4440724 Pege 3 |
|---|---|---|---|
| Part VII Investments - Other Securities. Se | e Form 990, Part X, line 12, | | |
| (a) Description of security or category (including name of security) | (b) Sook value | (c) Method of Cost or end-of-yea | |
| (1) Financial derivatives | | | |
| (2) Olosely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (9) | | | · |
| (G) | |) | W |
| (D) | | | |
| <u>(E)</u> | | *************************************** | |
| (F) | | | |
| (Ġ) (I-l) | | | |
| (1) | | | |
| Total. (Coi (b) must equal Form 990, Part X, coi (B) line 12.) | | (1) 414 1 kdg-314g . gjar | |
| Part VIII Investments - Program Related. 8 | ee Form 990, Part X, Ine 13. | 2 22 33 3 (074)2 33553 | <u> ve Vic. — productodinateralitation .</u> |
| (a) Description of investment type | (b) Book value | (c) Method of Cost or end-of-yea | |
| (1) | | | |
| (2) | | | |
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| (9) (10) | <u> </u> | ************************************** | |
| Total. (Col (b) must equal Form 990, Part X, col (8) line 13.) | | to para Combana de la combana | TO BOOK BOOK AND A STATE OF THE |
| Part IX: Other Assets. See Form 990, Part X, line | 15. Description | | (b) Book value |
| (1) | | | |
| (2) | | <u></u> | |
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| (10) | | <u></u> | |
| Totel, (Column (b) must equal Form 990, Part X, col (B) line [Part X Other Liabilities, See Form 990, Part X, | line 25. | 11.11.11.11.11.11.11.11.11.11.11.11.11. | |
| 1. (a) Description of liability | | b) Amount | |
| (1) Federal Income taxes (2) | | | 1406 15 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| (3) | | | |
| (4) | | | |
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| (10) | | | |
| _(11) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) lin Pin as (ASC 740) Footbas. In Part XIV, provide the total of the total of the 2. Fin 48 (ASC 740). 032053 12-20-10 | e Ko.)ore organization a municial amientati | THE STREET REPORTED TO WITH THE STREET HERE | esteateur er beginne num. Estesteatur er similimilitatikkilisteste 1.8 |
| 4, FIN 49 (ASO 740). 032053 | | · | Oakadula Mitera - Assistant |
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| chedule D (Form 980) 2010 OHIO | COAL ASSOCIATION | | 31-444072 | 4 Page |
|--|--|---|--|--|
| Part XIII Reconciliation of Chang | | 990 to Audited Financia | l Statéments | |
| 1 Total revenue (Form 990, Part VIII, cold | | 111591111111111111111111111111111111111 | | |
| 2 Total expenses (Form 890, Part IX, coli | umn (A), line 25) | | | |
| 6 Excess or (deficit) for the year. Subtree | at line 2 from line 1 | | | |
| 4 Net unrealized gains (losses) on invest | mente | 4 | | |
| Donated services and use of facilities | *1*)**131*1365141803881138140400(1222202200000000000 | | | |
| ថ investment expenses | *************************************** | | | |
| 7 Prior period adjustments | *************************************** | | · | |
| B Other (Describe in Part XIV.) | | 8 | | |
| 9 - Total adjustments (net), Add línes 4 thi | rough 8 | 9 | | |
| 5 Excess or (deficit) for the year per audi | <u>ited financial statements. Combine lin</u> | ea 3 and 9 10 | | |
| ent⊠ii ∣Reconciliation of Reven | | atements With Revenue | per Return | |
| Total revenue, gains, and other support | • | | 1 | |
| 2 Amounts included on line 1 but not on | Form 990, Part VIII, line 12: | | 1 | |
| Net unrealized gains on investments | *********************** | | | |
| b Donated services and use of facilities | \!!!!!!!!! | 25 | i di indi | |
| o Recoveries of prior year grants | | 20 | | |
| d Other (Describe in Part XIV.) | | | ', YOM! | |
| e Add lines 2a through 2d | | | 20 | |
| 3 Subtract line 2e from line 1 | *************************************** | *************************************** | 3 | |
| 4 Amounts Included on Form 990, Part V | /lil. line 12, but not on line 1 | 999 DWO 1893 (D1986 DO 1010) WASHING 1996 B | 1 ² 2 1 | |
| a investment expenses not included on | | 1 45 | east . | |
| b Other (Describe in Part XIV.) | | | | |
| 4 | | 4 | | |
| , | 6 must sevel Enem 080 - Bert I line 10 | : 1 | | |
| Total revenue, Add lines 3 and 4c. (This art XIII) Reconciliation of Expen | ses per Audited Financial Si | atements With Expens | es oer Aeturn | L |
| 1 Total expenses and losess per audited | financial statements | | 4 | |
| 2 Amounts included on line 1 but not on | Form 990 Part IX Iline 25: | *************************************** | | |
| a Donated services and use of facilities | | 1 24 1 | · }} | |
| b Prior year adjustments | | | | |
| o Other losses | *************************************** | 20 | 10 1 lo | |
| d Other (Describe in Part XIV.) | 44/11/134//1/144444/4/4/4/14/14/4/4/4/4/ | 26 | | |
| Add lines 2a through 2d | | | 2= | |
| Subtract line 2e from line 1 | HEREIT | (3.43-5-1144-61-61-113-1 | 3 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Amounts included on Form 990, Part D | X. line 25, but not on line 1: | · · · · · · · · · · · · · · · · · · · | 30000 | , |
| a investment expenses not included on | | 48 | ļ., | |
| b Other (Describe in Part XIV.) | control of the thing the control of | 4b | | |
| a Add lines As sad Ab | | | 1 a 1 | |
| Total expenses, Add lines 3 and 40. (7) | his must equal Form 990. Part I. Ilna 1 | | 900000 46 | |
| art XIV Supplemental Informati | on | 22 menanananananananan | | |
| omplete this part to provide the description | | Part III. Shee 19 and 4: Part N | / lines th and the Bart V | ino di Dom |
| line 2; Part XI, line 8; Part XII, lines 2d and | | | | |
| mort at the most at the more radius | | to complete this part to provide | any additional illigitiation | .1. |
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| 054 | | | Schedule D (For | m 890) 20° |

| SCHEDNLE | | | | | | | | OMB No. 1545-0247 |
|-------------------------------|---|---------------------|--|--|---|--|---|--|
| (Form 990) | | | Grants and Government | Grants and Other Assistance to Cryanizations, Governments, and Individuals in the United States | e to Criganization . In the United Sta | | | 2010 |
| Denatment of the Tresuny | | Compli | Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. | n answered "Yes' | * to Form 990, Pa | t 19, line 21 or 22 | | Seem to Public |
| Internal Revenue Service | | | | Attach to Form 990. | m 990. | | | |
| Name of the organization | OHIO | COAL ASSOCIATION | LOM | | | | | Employer identification number 314440724 |
| Part General In | General Information on Grants and Assistance | nd Assistance | | | | | | |
| 1 Does the organiz | Does the organization maintain records to substantiate the amount of | o substantiale the | amount of the grants | s or assistance, the | grantees' eligibilit | y for the grants or ass | the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | |
| criteria used to a | criteria used to award the grants or assistance? | tance? | | | | | | Yes X No |
| 맒 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | cedures for monitie | oring the use of grant | funds in the Unite | d States. | | | |
| Part II Grants an | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | evenments and | Organizations in the | e United States, C | complete if the orga | anization answered "Y | es to Form 990, Part | N, line 21, for any |
| recipient ti | recipient that received more than \$5,000. Check this box if no one recipient neceived more than \$5,000. Part II can be obplicated if additional space is needed | 5,000. Check this | box if no one recipies | il received more th | ran \$5,000. Part B | can be cholicated if a | rdditional space is nee | ited |
| 1 (a) Name and ac | 1 [a] Name and address of erganization or government | NE 99 | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Mestinod of valuation (book, FMV, appraisal, other) | lgj Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE OHIO STATE UN | THE OHIO STATE UNIVERSITY RESEARCH | | | | | | - | RESEARCH FOR PROJECT |
| PODMERATION - 1960 KENNY ROAD | - CHON LINES - | ML# | | | | · | | GELATING TO RE-MUNING OF |
| COLUMNUS, OH 43210 | • | 31-6025986 | | 29, 464. | 6 | | | CAND |
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| | | | | | | | | |
| 2 Enter total numb | Enter total number of section 501(c)(2) and government organizations | d government org | anizations | | | | | A |
| | Enter total number of other organizations | | | | | | | A |
| ١., | For Panerwork Reduction Act Metics, see the Instructions for For | see the Instructiv | ons for Form 990. | | | | | Schedule (Form 990) (2010) |

032101 01-01-13

Page 2 Schedde (| Form 890) (2010) (种 Description of non-cash assistance 31-4440724 (e) Method of valuation (book, FMV, appraisal, other) |Form 950) (2010) OHIO COAL ASSOCIATION Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part N Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. FOR WHICH THE FUNDS WERE GRANTED AND REVIEWS THE RELATED RESEARCH DONE BY 2: THE OHIO COAL ASSOCIATION MONITORS THE STUDY dj Amount of non-cash assistance (c) Amount of cash grant 21 (b) Number of recipients (a) Type of grant or assistance LINE THE GRANTEE ORGANIZATION PART I, Schedule 1 (Form 990) (2010) SCHEDULE I, 502102 97-13-11 Parin

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 29a, 26b, or 28c,
or Form 990-EZ, Pert V, line 38a or 40b.

2010

Attach to Form 990 or Form 990-EZ. > See separate instructions. Internal Revenue Service Name of the organization Employer identification number OHIO COAL ASSOCIATION 31-4440724 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 26s or 26b, or Form 990-EZ, Part V, line 40b, (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes Nο 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 8 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-52, Part V, line 38s. (f) Approved by board or (a) Name of Interested (b) Loan to or from (c) Original principal amount (g) Written (e) In (d) Balance due person and purpose the organization? default? agreement? committee? Τo From Yea No Yes No Yes No Total 1,11 - 智剛斯 Grants or Assistance Benefiting Interested Persons. RartIII Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (a) Name of Interested person (a) Amount and type of assistance

032131 12-21-10

LHA For Paparwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

REA & ASSOC INC

Schedule L (Form 990 or 990-EZ) 2010

OHIO COAL ASSOCIATION

31-4440724

| (a) Name of interested person | ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing organization |
|--|--|--------------------------------|---------------------------------------|--|
| • | poreon and the organization | ii bi) aac ucii | ransaction | revenues? Yes No |
| CHAEL CAREY | INTERESTED PERSON I | 14,000. | RENT PAID T | X |
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| art V Supplemental Information | t <u>Itional Information for</u> responses to question: | e an Sahadula I /eac | Ineta (otione) | |
| | TION IS THE OWNER TO THE PROPERTY OF THE PARTIES IN | e nu p <u>oni</u> andia r'(see | Metractions). | |
| H L, PART IV, BUSINESS | F TRANSACTIONS INVOLVI | NG INTEREST | ED PERSONS: | |
| A) NAME OF PERSON: MICH | HAEL CAREY | | | |
| | | | | |
| 3) RELATIONSHIP BETWEEN | n interested person ani | D ORGANIZAT | ION: | |
| NTERESTED PERSON IS PRI | ESIDENT OF ORGANIZATION | N | | |
| | | •• | | ······································ |
| D) DESCRIPTION OF TRANS | SACTION: RENT PAID TO ; | TNYRRRAPET | DEDGOM | |
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032132 12-21-10

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Tressury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

| <u> </u> | |
|-------------|--------------|
| Name of the | organization |

OHIO COAL ASSOCIATION

Employer identification number 31-4440724

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIRONMENTALLY SOUND ENERGY SOURCE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES;

ADVOCATING FOR ITS MEMBERS AND THE INDUSTRY AS A WHOLE BY FILING A
LAWSUIT AGAINST THE ENVIRONMENTAL PROTECTION AGENCY CHALLENGING THEIR
AUTHORITY TO MANDATE SPECIFIC REQUIREMENTS FOR THE PRODUCTION OF COAL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TOURS OF RECLAIMED MINED LAND, PUBLIC RELATIONS AND INFORMATIONAL

PROGRAMS ABOUT COAL AND SURFACE MINING RECLAMATION, ON SITE

EXPERIMENTAL PROGRAMS TO DEVELOP NEW WAYS TO IMPROVE RECLAMATION, AND

PUBLICATION OF MINING FACTS IN OHIO.

FORM 990, PART VI, SECTION A, LINE 6: OHIO COAL ASSOCIATION IS A
MEMBERSHIP ORGANIZATION. MEMBERS ARE DIRECTLY ENGAGED IN THE BUSINESS OF
EXTRACTING OR PRODUCING ENERGY FROM NATURAL RESOURCES LOCATED IN THE UNITED
STATES. MEMBERSHIP IS MADE UP OF REGULAR MEMBERS, ASSOCIATE MEMBERS, STATE
ASSOCIATION MEMBERS AND INDIVIDUALS.

FORM 990, PART VI, SECTION A, LINE 7B: EACH REGULAR MEMBER, THROUGH ITS

EXECUTIVE REPRESENTATIVE, AND EACH COLLECTIVE GROUP OF ASSOCIATE, STATE

ASSOCIATION, AND INDIVIDUAL MEMBERS, THROUGH THEIR RESPECTIVE

REPRESENTATIVES, SHALL BE ENTITLED TO VOTE ON THOSE MATTERS SUBMITTED TO

THE MEMBERSHIP VOTE BY THE BOARD OF DIRECTORS.

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

11

2010.04000 OHIO COAL ASSOCIATION

113571

| Name of the organization OHIO COAL ASSOCIATION | Employer Identification number 31-4440724 |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11: ALL BOARD MEMBERS | ARE PROVIDED WITH |
| A COPY OF THE TAX RETURN FOR REVIEW PRIOR TO FILING. ONCE | ANY NECESSARY |
| CHANGES IDENTIFIED BY BOARD MEMBERS ARE MADE, THE RETURN | IS FINALIZED AND |
| FILED. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR | THE ORGANIZATION'S |
| PRESIDENT IS REVIEWED AND APPROVED BY THE BOARD. THE BOAR | D OBTAINES |
| COMPARABILITY DATA FOR THE INDUSTRY AND USES THAT TO DETE | RMINE ANY CHANGES |
| TO THE PRESIDENT'S COMPENSATION. | |
| FORM 990, PART VI, SECTION C. LINE 19: DOCUMENTS ARE AVAI | LBLE AT THE |
| ORGANIZATIONS OFFICE FOR PUBLIC INSPECTION. | |
| Olderia and and a see a desire desired and and a see a desired and a desired and a see | |
| FORM 990, PART XII, LINE 2C: | |
| THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIG | HT OF THE |
| COMPILATION OF ITS FINANCIAL STATEMENTS AND THEY ARE RESE | ONSIBLE FOR |
| SELECTING THE INDEPENDENT ACCOUNTANT TO COMPLETE THE COMP | PILATION. |
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Schedule O (Form 990 or 990-EZ) (2010)

REA & ASSOC INC

Form **8868**

(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

ÒМВ №. 1545-1709

| | venue Service | j ⊯ File a s | eparate appil | cation for each return. | | | |
|--|--|--|--|--|---|---|--|
| If you by If you be If you | are filing for an Auto are filing for an Add complete Part II un nic filing (e-file). Yo if to file Form 990-T), to file any of the form al Benefit Contracts, w.irs.gov/efile and of Automatic ration required to file in corporations (included) | omatic 3-Month Extension, complitional (Not Automatic) 3-Month less you have already been granted us can electronically file Form 8868 or an additional (not automatic) 3-ns listed in Part I or Part II with the which must be sent to the IR9 in place and engine for Charities & Nonpress 3-Month Extension of Time Form 890-T and requesting an automatic 1120-C filers), partnerships, Faming 1120-C filers), partnerships | piete only Pai Extension, c ed an automai If you need a month extens exception of paper format (pates, me. Only sul | rt I and check this box omplete only Part II (on page 2 of this tic 3-month extension on a previously fill 3-month automatic extension of time to ion of time. You can electronically file F Form 8870, information Return for Tran (see instructions). For more details on the | form). ad Form offie (6 orm 88) afers Ai ne elect | n 8868. months for a corp 60 to request an e sscolated With Co ronio filing of this | extension ectain form, |
| ı ype or print | Herria or Sydnib | z Arfier menerari | | | 1 | • | |
| | OHIO COA | L ASSOCIATION | | | 31 | L-4440724 | |
| File by the due date f tiling your | Number, street, | and room or suite no. If a P.O. bo | | tions. | | | |
| raturn, Sec Instruction | | ost office, state, and ZiP code. For | | ress, see instructions. | | | |
| Enter th | ne Return code for th | ne return that this application is for | ' (file a separa | te application for each return) | | | 01 |
| Applica | ition | | Return | Application | | , | Return |
| is For | | | Code | la For | | | Code |
| Form 99 | | | 01 | Form 990-T (corporation) | | ************ | 07 |
| Form 99 | | | 02 | Form 1041-A Form 4720 | | | 08 |
| Form 90 Form 90 | | | 03 04 | Form 5227 | | A 14 | 10 |
| | 90-Fr 90-T (sec. 401(a) or 4 | 4D6(a) truet) | 05 | Form 6069 | | · · · · · · · · · · · · · · · · · · · | 11 |
| | 90-T (trust other than | ~ · · · · · · · · · · · · · · · · · · · | Óß | Form 8970 | | | 12 |
| | | MIKE CAREY | ************************************** | | | | |
| • The | booke are in the car | e of > 17 SOUTH HIGH | : STREE | T - COLUMBUS, OH 432 | 215 | | |
| | | 4) 228-6336 | _ | FAX No. > | | | _ — |
| | | | | nited States, check this box | | | ▶ |
| ■ If thi | B is for a Group Reti | urn, enter the organization's four d | Mit Glonb Exc | emption Number (GEN), if the state of all the state | 118 16 TO) mamb | r (de whole group) | ie for |
| | | | | to file Form 990-T) extension of time un | | SIG HID BANGIBION | (O IVI) |
| • | AUGUST 15 | | empt organize | ation return for the organization named | ebove. | The extension | |
| | f <u>or the organization</u> | | | | | | |
| • | ► 💹 calendar yeal | | | | | | |
| • | tax year begi | nning | , ar | nd ending | | · ' | |
| | Change in acco | | | | al retur | T1 | |
| r | onrefundable or <u>e</u> dit | | | | За | \$ | 0. |
| | | or Form 980-PF, 990-T, 4720, or 6 | 089, enter any | refundable credite and | | \ | ^ |
| € | estimated t <u>ax payme</u> | nts made. Include any prio <u>r year c</u> | verpayment a | allowed as a credit. | 36 | \$ | 0. |
| o E | Balance due, Gubtra | ot line 35 from line 3a. Include you | ur payment wi | ith this form, if required. | - | l <u> </u> | 0 |
| h | ov usina EFTPS (Elec | stronio Federal Tax Payment Syste | em). See Instr | uctions. | 30 | <u> 6</u> | 0. |
| Cautic | | | | Form 8868, see Form 8453-EO and Form | n 8879- | EO for payment i | nstructions. |
| LΗΔ | For Penerwork Re | eduction Act Notice, see Instruct | tions, | | | F¢rm 8868 | (Rev. 1-2011) |

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26 2010.04000 OHIO COAL ASSOCIATION

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| 0070 FO | IRS e-file Signature Authorization | | OMB No. 1646-1679 |
|--|--|---|--|
| Form 8879-EQ | for an Exempt Organization For calendar year 2010, or flacal year beginning , 2010, and ending | ,20 | 0040 |
| Department of the Treasury Internal Revenue Service | For calendar year 2010, or fiscal year beginning , 2010, and ending | - ' ² ' | 2010 |
| Name of exempt organization | | Employer | dentification number |
| | | | |
| | OHIO COAL ASSOCIATION | 31-4 | 440724 |
| Name and title of officer | LET ATTE MT ME TOTAL | | • |
| | MICHAEL CAREY PRESIDENT | | |
| Part I Type of | Acturn and Return Information (Whole Dollars Only) | | |
| on line 1a, 2a, 8a, 4a, or 5 | rn for which you are using this Form 8679-EO and enter the applicable amount, if any a, below, and the amount on that line for the return being filed with this form was blan lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applic b. Total revenue, if any (form 990, Part VIII, column (A), line 12) | ik, then leave able line belov | ilne 1b, 2b, 3b, 4b, or 5b, w. Do not complete more |
| 2a Form 990-EZ check h | | 2ъ | |
| 3a Form 1120-POL chec | k here 🛌 🗀 b Totel tax (Form 1120-POL, line 22) | 3b | · |
| 4a Form 990-PF check h | | | |
| 5a Form 6868 check her | a 📂 🔛 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 6b | |
| Part II Declare | ion and Signature Authorization of Officer | | A. T |
| return, and the financial in 1.888-353-4537 no later to processing of the electron payment. I have selected | Institution account indicated in the tax preparation software for payment of the organization to debit the entry to this account. To revoke a payment, I must contact the Usan 2 business days prior to the payment (settlement) date. I also authorize the financial payment of taxes to receive confidential information necessary to answer inquiries a personal identification number (PIN) as my signature for the organization's electronic electronic funds withdraws?. box only | J.S. Treasury ial institutions and resolve is | Financial Agent at Involved in the saues related to the |
| X authorize RE | A & ASSOCIATES INC | . to enter m | |
| • | ERO firm name | | Enter five numbere, but de not enter all zeros |
| is being flied wi enter my PIN of ☐ As an officer of Indicated within program, I will o | on the organization's tax year 2010 electronically filed return. If I have indicated with the state agency(les) regulating charities as part of the IRS Fed/State program, I also in the return's disclosure consent screen. The organization, I will enter my PIN as my eignature on the organization's tax year 20 this return that a copy of the return is being filled with a state agency(les) regulating center my PIN on the return's disclosure consent screen. | authorize the 110 electronics charities as pa | that a copy of the return aforementioned ERO to ally filed return. If I have art of the IRS Fed/State |
| Officer's signature | Date > | | |
| Part'III Certific | ation and Authentication | | |
| ERO's EFIN/PIN. Enter y | our six-digit electronic filing identification y your five-digit self-selected PIN. do not onter all ze | | |
| I certify that the above no confirm that I am submitt e-file Providers for Busin | umeric entry is my PIN, which is my signature on the 2010 electronically filed return fo Ing this return in accordance with the requirements of Pub. 4163, Modernized e-File (ess Returns. | r the organiza MeF) informat | tion Indicated above, 1 ion for Authorized IRS |
| ERO's signature | Date >= | | |
| | ERO Must Retain This Form - See Instructions | | |
| | Do Not Submit This Form To the IRS Unless Requested To | Do So | |
| IUA Ess Bassasses Pa | | | Form 8879-EO (2010) |
| 023051 12-27-10 | eduction Act Notice, see instructions. | | |
| 14-5/ - 10 | ኃ 7 | | |

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27 2010.04000 OHIO COAL ASSOCIATION

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Page 27/27

Return of Organization Exempt From Income Tax Under section 501(o), 527, or 4847(a)(1) of the Internal Revenue Code (except black lung benefit truet or private foundation)

Department of the Trassury Internal Revenue Service

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

| OMB No. 1845-0047 2009 Open to Public inspections, |
|---|
| number |

| Αī | For the | 2009 oal | endar year, or tax year beginning and ending | · · · · · · · · · · · · · · · · · · · | |
|-------------------------|--|---|---|---------------------------------------|--|
| В | Dhack if | Pleuso | O Name of organization | D Employer Identifio | ation number |
| _ ı | Dhack if sppilcable: | wa IRB | | | |
| | Address change | g instant of i | OHIO COAL ASSOCIATION | | |
| | Name Changa | type. | Doing Business As | 31-44 | 140724 |
| | inklui return | 890 | Number and atreet (or P.O. box if mall is not delivered to street address) Poom/sult | | |
| | | , Specific | 17 SOUTH HIGH STREET 215 | (614) | 228- <u>6336</u> |
| Ē | Ameno | ed tions. | Olty or town, state or country, and ZIP + 4 | G Gross receipts \$ | 671,477. |
| Ē | Applies | i. | COLUMBUS, OH 43215 | H(a) is this a group ref | um |
| Τ | pondin | F Nam | ne and address of principal officer:MICHAEL CAREY | for affiliates? | Yes X No |
| | | 117 | S. HIGH STREET, COLUMBUS, OH 43215 | H(b) Are all affiliates inch | uded? Yes No |
| 1 | Taveaya | | s: X 501(o) (6) (Insert no.) 4947(a)(1) or 527 | if "No," attach a i | let. (see instructions) |
| <u></u> | Wahalt | e WW | W.OHIOCOAL.COM | H(c) Group exemption | number 📂 |
| . <u>Y</u> K | Form of | organizatio | n; 🗶 Corporation 💹 Trust 💹 Association 📗 Other 🕨 👢 Yes | r of formation: 1974 M | Stare of legal domicile: OH |
| P | ra deft' lie | CHIMIT | | | |
| | T 4 7 | Briefly de | scribe the organization's mission or most significant activities: FROMOTE E | DUCATION ON ? | rechniques |
| Activities & Governance | 1 ' 3 | AND W | AYS TO IMPROVE MINING AND RECLAMATION | | |
| 120 | 2 | Chaok thi | s box 🕨 🔲 if the organization discontinued its operations or disposed of mo | re than 25% of its net as | aeta, |
| 1 | l a | | f voting members of the governing body (Part VI, line 1a) | | 0 |
| 8 | 4 | | findependent voting members of the governing body (Part VI, line 1b) | | 0 |
| 4 | 6 | | ber of employees (Part V, line 2a) | | 2 |
| ä | 🖁 . | | ber of volunteers (estimate if neosseary) | | 0 |
| Š | B | | is unrelated business revenue from Part VIII, column (C), line 12 | ····· | 0. |
| 4 | 7a | | sted business taxable income from Form 990-T, line 34 | ************************** | Ō. |
| | | Net unrai | Med phaineas taxable income from Form sect , into 04 Alliannaman | Prior Year | Current Year |
| | <u>-</u> | | (| 421,570. | 577,117. |
| 8 | 8 | | lone and grants (Part VIII, line 1h) | 8,075. | 5,062. |
| Не ме ппе | 8 | | service revenue (Part VIII, line 2g) | 14,844 | 27,201. |
| Į. | 10 | | nt Income (Part VIII, column (A), lines 3, 4, and 7d) | -419. | 10,000. |
| | | | enue (Part VIII, column (A), ilnes 5, 6d, 8c, 9c, 10c, and 11e) | 444,070. | 619,380. |
| | | | inue - add lines 8 through 11 (muet equal Part VIII, column (A), ilne 12) | / | 4,000. |
| | | | ad similar amounts paid (Pert IX, column (A), lines 1-3) | | |
| | 1 '- | | oald to or for members (Part IX, column (A), line 4) | 191,342. | 212,899. |
| Firmulses | 15 | | | | -7, -1-7, -1-1 |
| ž | 18a | | nal fundraleing fees (Part IX, column (A), line 11e) | laineseale Briste Bulling | |
| Ě | } b | | Charles of a state of | 306,979. | |
| ш | - 17 | | penses (Part IX, column (A), lines 11a-11d, 11f-24f) | 498,321. | 634,252. |
| | | | ensee, Add lines 13-17 (must equal Part IX, column (A), line 25) | -54,251. | |
| | والمستسيس والمساور | Revenue | less expenses. Subtract line 18 from line 12 | | |
| 9 | 221 | | <u> </u> | Beginning of Current Year 329,739. | 304,019 |
| 盟 | 图 20 | Total ass | ets (Part X, line 16) ,, | 549,739. 66,776. | 55,928. |
| Net Assets or | 열 21 | | Illtias (Part X, Ilne 26) | 262,963. | 248,091. |
| 2 | 군 22 | Net asse | ts or fund belances. Subtract line 21 from line 20 | 202,300. | Day/wam |
| | art II | Signe | iture Block | us. And sa sha bant of my knowled | ice and beilef, it is true, correct. |
| | | Under par and comp | aitles of perjury. I declars that I have examined this return, including accompanying schedules and stateme ste. Declaration of properer (other than officer) is besed on all information of which properer has any knowle | Joe. | |
| | | | | 1 | |
| 8 | lgn | | | , Data | |
| Н | ere | | nature of officer | Date | |
| • | • | M M | ICHAEL CAREY, PRESIDENT | | |
| | | Tÿ | pe or print name and title | · 1 5.00 | and the Hart State of |
| - | 1.1 | Preparei | Date Date | | rer's identifying number natructions) |
| - | eld | signatur | JAMES F. FRACKER, CPA | employed 📂 📖 | |
| | reparer' | CHILD & CHA | TO REA & ASSOCIATES, INC. | EIN 🛰 | , ···································· |
| U | ise Only | yours if | 941 STEUBENVILLE AVE., P.O. BOX 820 | | |
| | | Address, | CAMBRIDGE, OHIO 43725-0820 | Phone no. 🕨 | |
| - | Any the | | se this return with the preparer shown above? (see instructions) | | X Yes No |
| _ | 92001 02 | - <u>1) </u> | MA For Privacy Act and Paperwork Reduction Act Notice, see the separate | Instructions. | Form 990 (2009) |

| | 99D (2009) OHIO COAL ASSOCIATION | 31-4440724 Pa | age 2 |
|----|--|---|---|
| | Statement of Program Service Accomplishments | | |
| 1 | Briefly describe the organization's mission: NONE | | |
| | | | |
| | | | |
| | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | Yes X |] Np |
| 3 | if "Yes," describe these new services on Schedule C. Did the organization cease conducting, or make algolificant changes in how it conducts, any program servic | es?Yes X | JNo |
| | if "Yes," describe these changes on Schedule C. Describe the exempt purpose achievements for each of the organization's three largest program services b | W BYDANKBA. | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amour allocations to others, the total expenses, and revenue, if any, for each program service reported. | | |
| 48 | (Code:) (Expenses \$ including grants of \$ SEMINARS ON MINING AND RECLAMATION TECHNOLOGIES, LAWS IMPROVE RECLAMATION, PROGRAMS TO DEVELOP THE USE OF C |)(Revenue \$ AND WAYS TO OAL. |) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Para di | |
| 4b | (Code:) (Expenses \$ Including grants of \$ PUBLICATION OF MINING FACTS IN OHIO. |) (Revenue & |) |
| | | | |
| | | · | |
| | | | |
| | | | |
| | | | |
| | | , | *************************************** |
| 40 | (Oode:) (Expenses \$ Including grants of \$ TOURS OF RECLAIMED MINED LAND, PUBLIC RELATIONS AND IFROGRAMS ABOUT COAL AND SURFACE MINING RECLAMATION. |)(Revenue \$ NFORMATIONAL |) |
| | TILOGRAPHO ISBOCE COSSE PARA BOLL STOR STATE AND | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services. (Describe in Schedule O.) (Expenses \$ Including grants of \$) (Revenue \$ | .) | |
| | Total program service expenses > \$ | | |

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OHIO COAL ASSOCIATION 31-4440724 Form 990 (2009) Page 3 Part W. Checklist of Required Schedules Yes Nυ 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 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 601(c)(g) 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)(8) organizations, is the organization subject to the section 6033(e) notice and X reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III ŏ Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I в 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. Х the environment, historic land areas, or historic structuree? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X ₿ Schedule D, Pert III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X If "Yes," complete Schedule D, Part V 10 is the organization's enswer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI. VII., VIII., IX. or X X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Pert X, line 107 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 esseta reported in Part X, line 167 if "Yes," complete Schedule D, Part Vil. 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 aggets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part IX. Did the organization report on 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. 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? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 10 140 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14h Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 18 X

or entity located outside the United States? If "Yes," complete Schedule F, Part II

located outside the United States? If "Yes," complete Schedule F, Part III

column (A), Ilnes 6 and 11e? If "Yas," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraleing event gross income and contributions on Part VIII. lines

To and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report on Part IX, column (A), line 8, more than \$5,000 of aggregate grants or assistance to individuels

Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX.

Old the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes,"

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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Form 990 (2009)

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OHIO COAL ASSOCIATION

31-4440724 Page 4

| Daka | d |
|------|---|

| , r di | Checklist of Required Schedules (continued) | · · · · · | | |
|-------------|---|-----------|--------------|----------------|
| | | | 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 17 // "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$8,000 of grants and other assistance to individuals in the United States on Part IX, | 1 | | |
| | column (A), line 27 if "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 9, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | x |
| | Schedule J | 23 | ļ | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | ĺ | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | х |
| | Schedule K. If "No", go to line 25 | 248 | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | ļ | |
| ¢ | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | ļ | |
| | any tax-exempt bonds? | 240 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | ļ | |
| 25a | Section 501(a)(3) and 501(a)(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 | | |
| ь | 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 990-527 if "Yes," complete | | ĺ | |
| | Schedule L, Part I | 25b | | <u> </u> |
| 28 | 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 | l | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key amployee, substantial | | \ | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | 1 | | |
| | Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV | r ; | ľ | ١ |
| | instructions for applicable filing thresholds, conditions, and exceptions): | 1 | ەدىرا | ા લિક્સદેશ |
| * | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 288 | X | |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Fart IV | 28b | <u> </u> | X |
| 0 | 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 | 26c | <u></u> | X |
| 29 | Did the organization receive more than \$25,000 in non-each contributions? If "Yes," complete Schedule M | 29 | ļ | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | . | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | ļ | | 4.0 |
| | If "Yes," complete Schedule N, Part I | 31 | ļ | X |
| 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 | | X |
| 63 | 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 | | X. |
| 34 | Was the organization related to any tax-exempt or taxable entity? | ١ | ļ | |
| | if "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | is any related organization a controlled entity within the meaning of section 512(b)(13)? | Ι. | | n,r |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | | X |
| 88 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 1 | 1 | 1 |
| | If "Yes," complete Schedule R, Part V, line 2 | 38 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 1 | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI | 37 | <u> </u> | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | İ | |
| | Note, All Form 990 filers are required to complete Schedule O. | 38 | | X |
| - | 140447 9 | Env | - con | (מַחַחַמַּיִּי |

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Form 990 (2009)

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OHIO COAL ASSOCIATION

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Page 5

| Рап | V Statements Hegarding Other IHS Filings and Tax Compliance | | | | |
|------------|--|---|-------------------|--|---|
| | | 1 | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096, Annual Summery and Transmittal of | 4.4 | | 1 | Ĵ |
| I | U.S. Information Returns. Enter © if not applicable | 1a 11 | ļ., . | , '] | |
| | Enter the number of Forms W-2G included in line 1s. Enter-0- if not applicable | 1b U | φ.Jo | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and re | | ideale u | i: | |
| | (gambling) winnings to prize winners? | | 1 0 | , , | 1.1 |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | _ | | Ŕĺ | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 2 | 1 | 100 | 機管制 |
| | If at least one is reported on line 2s, did the organization file all required federal employment tax returns | n s ? | 25 25 | X. Draite | allelos do |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to s-file this return. (see | (natructions) | | | ANGAN |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year covers | | 38 | | X |
| | | OFFICE AND A STREET OF THE STREET | 95 | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | · · · · · · · · · · · · · · · · · · · | 48 | | ж |
| | financial account in a foreign country (such as a bank account, escurities account, or other financial a | aobount/7 | 4 <u>8</u> | 0.00000 | Obditate L |
| | If "Yee," enter the name of the foreign country: > | Table and | r rrr rotabble | 1909 1981 1818 1818 1818 | |
| | | SAFIK AND | | | 開刊 |
| | Financial Accounts. | | 83,36.0 | , | ж |
| | Was the organization a party to a prohibited tax shelter traneaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | 5a 5b | | X |
| | pig any texadia party notify the organization that it was or is a party to a profibited tex sheller trailed If "Yes," to line 5a or 6b, did the organization file Form 888€-T, Disolosure by Tax-Exempt Entity Rega | | 90 | | |
| | · · · · · · · · · · · · · · · · · · · | | 50 | 1 | |
| <i>0</i> × | Tax Shelter Transaction? | rammunomannosamen. Se especialen policit | Q4V | | |
| | | | 6a | | x |
| | any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contribut | | Da | | |
| | | | въ | | |
| | were not tax deductible? | *************************************** | | 1 1 | (|
| | Organizations that may receive deductible contributions under section 170(c). | | | 100 | by ag |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for | | | | |
| | provided to the payor? | | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | *************************************** |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | 70 | | |
| | to file Form 8282? | I I | 444 | - | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | ┨ | P : | ١. |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a plantal and the payon of the pay | | 76 | , 1 | , ₃), |
| | benefit contract? Did the organization, during the year, pay premiume, directly or indirectly, on a personal benefit cont | | 71 | | |
| | Dig the organization, during the year, pay premiume, directly or indirectly, on a perconal period control. For all contributions of qualified intellectual property, did the organization file Form 8899 as required. | | 79 | | |
| | For contributions of care, boate, simplenes, and other vehicles, did the organization file a Form 10964 | | 7h | | |
| ,, 13 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or | | ALC: UNITED BY | | i e isk |
| ~ | supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc | | 1 6 | ្សា ក្រៅក្រី ក្រុមប្រភព | |
| | at any time during the year? | | 8 | | MUGAUN 1.1 |
| 19 | Sponsoring organizations maintaining donor advised funds. | | THE | { | 1 |
| a | Did the organization make any taxable distributions under section 4966? | | 95 | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(a)(7) organizations. Enter: | | | | 21 7 6 |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | دادارا | أزانوا | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 1 | Bright | 1 | [. |
| а | Gross income from members or shareholders | 11a | | in planting | Light. |
| þ | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | Hand |
| | amounts due or received from tham.) | 115 | [5 5401; | , | Jan. 31. |
| 12a | Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in fleu of Form | 110417 | 120 | | |
| | If "Yes," enter the amount of tex-exempt interest received or accrued during the year | 12b | gotte. | | |
| | | | For | n 990 | (2009) |

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Form 990 (2009) OHIO COAL ASSOCIATION 31-4440724 Page Fart VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8s, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| <u>30¢</u> | ion A. Governing Body and Management | | | |
|-------------|--|----------------|--------------|--|
| | 1 1 | C 3 1003 | Yes | No |
| 1a | Enter the number of voting members of the governing body | J: | | 137 T. W. |
| ь | Enter the number of voting members that are independent | ∫, t ;} | | 1999096 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | Ĭ | 5 8 | : ### |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties oustomarily performed by or under the direct supervision | | | |
| | of officers, directors or trustees, or key amployees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any algoriticant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 6 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | Х | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | |
| | governing body? | 78_ | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7þ | | Х |
| В | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | 2 | | 11111 |
| | by the following: | н | | 11 |
| 8 | The governing body? | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 1 | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| 3e c | tion B. Policies (This Section 8 requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | <u> </u> | X |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form? | 11 | X | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | |); , , | |
| | Does the organization have a written confiler of interest policy? If "No," go to line 13 | 12a | | X |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | |
| _ | to conflicts? | 126 | | |
| rs | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| • | in Schedule O how this is done | 120 | | |
| 18 | Does the organization have a written whistleblower policy? | 13 | | X |
| | Does the organization have a written document retention and destruction policy? | 14 | † | X |
| 14 46 | Did the process for determining compensation of the following persons include a review and approval by independent | 10/1 | 1 | ,45 |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | Ĺ, | 38 |
| | | 158 | 111 10 | 380088 X |
| ø | The organization's CEO, Executive Director, or top management official | 165 | | |
| ь | Other officers of key employees of the organization | 100 | | , -::- - |
| | if "Yes" to line 15s, or 15b, describe the process in Schedule O. (See instructions.) | | 4.4. | |
| 164 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar analogement with a | 1 | | X |
| _ | taxable entity during the year? | 16a | 30. (0.933) | 1 |
| Þ | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | AURI S |
| | in joint venture arrangements under applicable federal tax iaw, and taken steps to safeguard the organization's | 18550 16b | jii . | '' |
| - | exempt status with respect to such arrangements? | 1 122 | | |
| | ntion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH | | | *************************************** |
| 17 | LIST THE STATES WITH WHICH B CODY OF THIS FORM 990 IS REQUIRED TO DE TRIBE IN DRIVE OF THE STATE | o for | | |
| 18 | Section 6104 requires an organization to make its Forms 1029 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available | U 147 | | |
| | public inspection. Indicate how you make these available. Check all that apply. Own website | | | |
| | | -الدين | اسلموس | į. |
| 19 | Describe in Schedule Q whether (and if so, how), the organization makes its governing documents, conflict of interest policy, | end M | HT (公报) | |
| | statements available to the public. | ratio=- | _ | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiz MIKE CAREY - (614) 228-6336 | ation: | | |
| | 17 SOUTH HIGH STREET COLUMBUS, OHIO 43215 | | 24.00 | 1000 |
| | I/ SOUTH HIGH STREET COLUMBOS, ONTO 43213 | For | n 990 | ī |

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Form 990 (2009)

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OHIO COAL ASSOCIATION

31-4440724

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Partivili 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 O 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 compansated employees (other than an officer, director, trustee, or key amployee) 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.

| (A) Name and Title | (B) Average | lad. | | Poel |) Ition | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|---|--------------------|-------------------------------|--------------|--|-------------|---------------------|--|--|--|---|
| | per per week | हिं संस्कृतिक स्वयंत्रक विकास | Infectivates | | | Entrest cumpercents | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| KEITH KIMBLE CHAIRMAN | 2.00 | x | | x | | | | o. | 0. | 0. |
| ROB MURRAY | 2.00 | ^ | - | - | - | ├ | | 0, | | <u> </u> |
| VICE-CHAIRMAN | 2.00 | x | 1 | x | | | | 0. | 0. | 0 |
| ROGER OSBORNE | | | - | | | | | | | ······································ |
| SECRETARY | 2.00 | Х | | x | | 1 | | 0. | 0 | 0 |
| OM MACKALL | | | | | | | | | · .· | |
| TREASURER | 2.00 | X | 1 | X | | | * | 0. | 0. | 0 |
| MICHAEL JAMISON | | | | | | | | | | |
| DIRECTOR | 2.00 | X | <u> </u> | <u> </u> | Ĺ | | L | 0. | 0, | . 0 |
| JOHN GRISHAM | | I | | | | | | [· | | _ |
| DIRECTOR | 2.00 | X | ļ | | ļ | | | 70. | 0. | 0 |
| DAVE ZATEZALO | | | | | 1 | | | 1 | | , |
| DIRECTOR | 2.00 | X | ļ | ļ | - | ļ | <u> </u> | 0. | 0. | 0 |
| CHUCK UNGUREAN | 0.00 | ٠, | | | 1 | | | 0. | ٥. | 0 |
| DIRECTOR | 2.00 | X | - | ├ | ┿ | ┿- | - | U. | | <u> </u> |
| JIM KLINGLER | 2 00 | | | | | | | 0. | ٥. | 0 |
| DIRECTOR | 2.00 | X | ┿ | - | ┿ | ┼ | - | U . | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | · · · |
| RON BIRD | 2.00 | x | | | | | ١. | 0. | ١ ٥. | 0 |
| DIRECTOR | 2.00 | <u> </u> | + | ┿╾ | - | - | ╁╾ | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| MICHAEL PUSKARICH ASSOCIATE MEMBER REP | 2.00 | x | | | | | l | 0. | ١ . | 0 |
| JIM HARRIS | 2.00 | 42 | +- | ╁ | ╁╌ | +- | ╁ | <u> </u> | | <u> </u> |
| ASSOCIATE MEMBER REP | 2.00 | X | 1 | | | 1 | | 0. | 0. | . 0 |
| TOM YOUNG | | +== | - | ╫ | ┿┈ | | ╫ | | | |
| ASSOCIATE MEMBER REP | 2,00 | x | 1 | | | | | 0. | 0. | . 0 |
| CHRIS CHENGELIS | | ╫ | +- | + | ╁ | + | + | | | |
| HONORARY LIFE MEMBER | 2.00 | X | | | | | 1 | 0. | 0. | . 0 |
| LEE CONWAY | | 1 | 1 | 1 | 1 | 1 | 1 | | | |
| HONORARY LIFE MEMBER | 2.00 | X | | | | | L | 0. | 0 . | 0 |
| RICHARD JAMES, JR. | | | | | | | | | _ | ١ . |
| HONORARY LIFE MEMBER | 2.00 | X | _ | _ | | | _ | 0. | 0 | .) 0 |
| NEAL TOSTENSON | 0.00 | | . | | | | 1 | 0. | , 0 | . 0 |
| HONORARY LIFE MEMBER | 2.00 | [.45 | Ц., | _ـــــــــــــــــــــــــــــــــــــ | | | بـــــــــــــــــــــــــــــــــــــ | 1 01 | <u> </u> | Form 990 (200 |

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2011-09-23 16:25

Form **990** (2008)

| Form 990 (2009) OHIO COAL | | | | | | | | | 31-4440 | 724 Page 8 |
|--|--|----------------------------|-----------------------|---------------------|---------------|--|-------|--|--|---|
| Park VII Section A. Officers, Directors, Tru | | nple | yee | | | ligh | 481 | | | |
| (A) Name and title | (B) Average houre | (çi | neok | () Posi all 1 | ltlon | | iy) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week | Infividation the ordinator | Institutional Institu | | zešojdani šoj | Highest companied amplicates | hine | from the organization (W-2/1099-MISO) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| DICK BUCHSIEB HONORARY LIFE MEMBER | 2.00 | x | | | | | | 0. | 0. | . 0. |
| MIKE CAREY PRESIDENT | 40.00 | | | X | | x | | 130,000. | 0. | 9,514. |
| B. A. B. | | | | | | | | | | |
| | | | | | | | | | , | |
| Different manufacture of the second of the s | | | | | | | | | | |
| | | | <u> </u> | | ļ | <u> </u> | | | | |
| | | | | | | | ļ | | | |
|) | | | | | | | | | | |
| Total number of individuals (including but recompensation from the organization.) Total number of individuals (including but recompensation from the organization.) | ot limited to t | 1036 | llet | ed e | bov | e) w | hp r | 130,000. ecolved more than \$10 | | . 9,514. 1 |
| 8 Did the organization list any former officer, | | | | | • | | | - | • | Yeu No |
| line 1e? If "Yes," complete Schedule J for a 4 For any individual lieted on the 1e, is the a and related organizations greater than \$15 | um of reportat | ılə o | omp | ene | atio | n an | d ot | · | the organization | |
| Did any person listed on line 1s receive or the organization? If "Yes," complete School | | | | | | | | | | 2 X |
| Complete this table for your five highest contractors NONE | mpensated ir | dep | end | ent (| cont | traot | 810 | that received more than | 1 \$100,000 of compe | neation from |
| (A) Name and business | address | | | | | - | | (B) Description of | servićėć | (O) Compensation |
| | ······································ | | | | | ···· | | | | |
| A | · · · · · · · · · · · · · · · · · · · | | | | | ······································ | | | | |
| West of the second seco | | -,- | <u></u> | | | | | | | |
| | fl sharther the | | lle: 14 | | _ 11 | | lle-> | d a(a, y, a),(a 1, a) | more than bright | ansker use decompositionals |
| 2 Total number of Independent contractors \$100,000 in compensation from the organ | | nọt | JITTIT. | eci t | U (C) | 089 | (1916 | n Above) Atro Láceivad | Hote men | Form 990 (2009 |

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| Farm | | | | COAL ASS | OCTATION | | · · · · · · · · · · · · · · · · · · · | 31-4440 | 724 Page 9 | | |
|---|--|---------------------------------------|--|---|---|----------------------|---|---|--|--|--|
| 1/4/4 | X | | Statement of Reven | ue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Révenue excluded from tax under sections 512, 513, or 514 | | |
| Contributions, gifts, grants and other similar amounts | d Related organizations 1d | | | | | | | | | | |
| Program Service C Revenue a | D. D | | | | Business Code 900099 | 5//,11/. 5,062. | 5,062. | | Description of the second of t | | |
| Program Rev | | 9 | All other program service reve Total, Add lines 2a-2f | | | 5,062, | · 南· | | | | |
| | G 4 5 | | Investment income (including other similar amounts) | exempt bond p | oraceeds | 12,686. | We also a the electronic | Numer acy | 12,686. | | |
| | _ | b Less: rental exp o Rental Income | b Le o Re | b o | Gross Rents Lees; rental expenses Rental Income or (loss) Net rental Income or (loss) | (i) Real | (II) Personal | | | | |
| - | 7 | a b | Gross amount from sales of easets other than inventory Less; cost or other basis and sales expenses | (i) Securities 66,612. | (ii) Other | | | | | | |
| 306 | ₿ | d | Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ | 14,515. g events (not | | 14,515 | 14.515 | | | | |
| Other Revenue | | | contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund | b | | | | | | | |
| | 9 | | Gross income from gaming at Part IV, line 19 | otivities. See | | | | | | | |
| | 10 | a b c | Gross sales of inventory, less and allowances Less; cost of goods sold Net income or (loss) from sale | b | | | | | | | |
| | 11 | in O | Miscellaneous Revent | PERED | Business Codi 900099 | 10,000 | 10,000 | | ika dinidikilo az Ac | | |
| 9320 | 12 09 4-10 | d e | Ail other revenue | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 📂 | 10,000 619,380 | · 19 29 577 | | 12,686. Form 990 (2009) | | |

OHIO COAL ASSOCIATION

31-4440724 Page 10

Form 990 (2009) OHIO COAL ASS
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | clude amounts reported on lines 6b, b, and 10b of Pert Vill. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (C) Fundraleing expenses |
|-----------------|---|------------------------------|--|--|--|
| 1 Gran | te and other assistance to governments and | | | 1, | |
| orga | nizations in the U.S. See Part IV, line 21 | 4,000. | | विवर्धकृति । | Lath ins |
| | nts and other assistance to individuals in | | | | - |
| the ! | U.S. See Part IV, line 22 | | | | , ' i , , , , i'''' |
| 3 Gren | nts and other assistance to governments, | | | | |
| | inizations, and individuals outside the U.S. | | | | |
| | Part IV, lines 15 and 16 | | | 0.556555 or 0.5655 t | |
| | efits paid to or for members | • | | | 711 |
| | npensation of current officers, directors, | 4 0 4 4 4 4 | | | |
| | tees, and key employees | 130,000. | ************************************** | | <u> </u> |
| - | pensation not included above, to disqualified | | | | |
| | ons (as defined under section 4958(f)(1)) and | | | | |
| | one described in section 4958(c)(3)(B) | | | | · / |
| | er salaries and wages | 40,000. | | | |
| | elen plan contributions (include section 401(k) | | | | |
| and: | section 403(b) emplayer contributions) | 12,000. | | | |
| | er employee benefits | 18,981. | | | |
| 0 Pay | roll taxes | 11,910. | | | |
| | a for services (non-employees): | | | 1 | |
| a Mar | nagement | | | <u> </u> | <u> </u> |
| b Leg | 티 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 80,625. | | | |
| e Acc | ounting | 31,076. | | | |
| d Lob | bying | | | | |
| | essional fundraising services. See Part IV, line 17 | | 848-50-66869UN | | |
| f Inve | estment management féés | | organisation and the state of t | | |
| g Oth | er | 54,652. | | | <u></u> |
| | ertising and promotion | 129,914. | | | |
| | ce expenses | 14,130. | | <u> </u> | <u> </u> |
| | mation technology | | | | |
| | raities | 00 200 | | | |
| | pupanoy | 28,560. | | | |
| | vel | 11,250. | | | |
| - | ments of travel or entertainment expenses | | | | |
| | any federal, etate, or local public officials | 34,687. | 41.04 | | |
| | nferences, conventions, and meetings | 34,007+ | | | |
| | rest | | | | |
| 1 Pay | ments to affiliates | 1,307. | | - | |
| | preciation, depletion, and amortization | 4,766. | | | |
| | ar expenses, itemize expenses not covered | 3,700 | 14 - 131 | | |
| 24 Othe abov | or expenses, itemize expenses not cuvered ve, (Expenses grouped together and labeled | l dania Charles de la consta | | | ale. Belshaddid |
| mlä | cellaneous may not exceed 5% of total | | Philips and the second | iz (1987) de la companio de la comp | |
| 1713 | enses shown on line 25 below.) | 14.157. | i' | it is a second of the second o | 20,1830(011, 11, 11, 13, 13, 13, 13, 13, 13, 13, |
| - | | 10,819 | | | |
| | JES AND SUBSCRIPTIONS ANK SERVICE CHARGES | 1,310. | | | |
| | MY DEWATOR CUMPROSES | 1,310, | | | |
| d | | | | | |
| , | | 100. | | | |
| | other expenses | 634,252 | | <u> </u> | <u> </u> |
| | al functional expenses. Add lines 1 through 24f | 934,434 | <u> </u> | | |
| | nt costs. Check here I If following | | | | |
| | 98-2. Complete this line only if the organization | 1 | | | |
| - | orted in column (B) joint costs from a combined | | | | |
| edu | cational campaign and fundraising solicitation | L.,,, | | <u> </u> | Form 990 (20) |

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REA & ASSOCINC

Form 980 (2009)

OHIO COAL ASSOCIATION

31-4440724 Page 11

| art X | Balance Sheet | · · · · · · · · · · · · · · · · · · · | | | ******* |
|----------------------------------|--|---|--|------------------|---------------------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | 2,162. | 1 | 9,739. |
| 2 | Savings and temporary cash investments | | 2 | | |
| Э | Pledges and grants receivable, net | | | З | |
| 4 | Accounts receivable, net | | 26,250. | 4 | 6,240. |
| 5 | Receivables from current and former officers, directors, trust | ees. kev | | | |
| | employees, and highest compensated employees. Complete of Schedule L. | Part II | | 5 | |
| 6 | Receivables from other disqualified persons (as defined und | | | , | , mis |
| | 4958(f)(1)) and persons described in section 4958(c)(3)(B). C | | | i, . | |
| | Part If of Schedule L | | אמוזימו היו יי | 6 | on shiesennethillunused |
| 7 | Notes and loans receivable, net | [+]+i++4+[+#\$>)}++(14# 111#3# | | 7 | |
| , | Inventories for sale or use | | · — — — — — — — — — — — — — — — — — — — | A | |
| , | Prepald expenses and deferred charges | , | ************************************** | 8 | |
| 40- | Land, buildings, and equipment: cost or other | 11,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , ju, 1 11 1 | | ooliid oo dhankaanaanaanaana |
| IVA | | 33,276. | h illiúk |) ** | |
| | | 29,008 | 4,754. | 1 | 4,268. |
| | Lese: accumulated depreciation | | 4,/24 | | 4,200. |
| 11 | investments - publicly traded securities | | 296,573. | 11 | 202 773 |
| 12 | Investments - other securities. See Part IV, line 11 | | 490,3/3 | | 263,772. |
| 13 | Investments - program-related, See Part IV, line 11 | | | 13 | |
| 14 | Intengible assets | нинининин и и и и и и и и и и и и и и и | | 14 | |
| 15 | Other assets, See Part IV, line 11 | | | 15 | |
| 16 | Total assets, Add lines 1 through 15 (must equal line 34) | | 329,739. | | 304,019 |
| 17 | Accounte payable and accrued expenses | | 66,776. | ''' | 55,920. |
| 18 | Grants payable | | 16 | | |
| 19 | Deferred revenue | | 19 | | |
| 20 | Tax-exempt bond liabilities | ••••• | | 20 | |
| 21 | Esprow or pustodial appount liability. Complete Part IV of So | | | 21 | |
| 22 | Payables to current and former officers, directors, trustees, | koy employees, | Transfer of the state of the st | ; | ि भाग भाग । स्वीपेदीयीका |
| 22 | highest compensated employees, and disqualified persons. of Schedule L. | • | e de la composition della comp | 9 A 22 | i isti lare obudir |
| 23 | Secured mortgages and notes payable to unrelated third pa | | | 23 | |
| 24 | Unescured notes and loans payable to unrelated third partie | | | 24 | |
| 25 | Other liabilities. Complete Part X of Schedule D | | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 66,776 | 20 | 55,928 |
| | Organizations that follow SFAS 117, check here 🕨 🗀 | | A the part of the | | 9 1 1 1 1 1 1 1 1 1 |
| | lines 27 through 29, and lines 33 and 54. | , , , , , , , , , , , , , , , , , , , | 100 Sept. 144 DESERBER | | |
| 27 | Unrestricted net assets | | CHAPA PAP THE THE MATHRIAN | 27 | 1 1 164.1916 |
| 28 | Temporarily restricted net assets | | | 28 | |
| 29 | • | | | 29 | |
| 1 2.5 | Permanently restricted net assets Organizations that do not follow SFAS 117, check here | Mr. X nee | , | 1 |) n _i ((d _i)), |
| | complete lines 30 through 34. | P | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Capital stock or trust principal, or current funds | | | . 30 | 0. |
| 60 | | | Ŏ | | Ŏ |
| 31 | Paid-in or capital surplue, or land, building, or equipment for | | 262,963 | | 248,091 |
| 27 26 29 60 31 32 | Retained earninge, endowment, accumulated income, or oti | | 262,963 | | 248,091 |
| 93 | Total net assets or fund balances | | 329,739 | | 304,019 |
| 34 | Total liabilities and net assets/fund balances | | 103/133 | 34 | Form 990 (2009) |

| | 990 (2009) OHIO COAL ASSOCIATION 31-444 | 724 | Pa | ge 12 |
|----|--|----------------------|----------|----------|
| Pa | t XII Financial Statements and Reporting | | · | |
| | Accounting method used to prepare the Form 990: Cash Accrual Cother | 8 | Yea | No |
| • | Accounting method used to prepare the Form 990: Lash Last Accrual Last Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | hiliona | l M | |
| 28 | Were the organization's financial statements compiled or reviewed by an independent accountant? | 9 (8) 20 | X | 1,26.930 |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| 0 | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | 20 | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | r arreges Komilie | | |
| q | If "Yea" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a | | | |
| | consolidated basis, separate basis, or both: | | | ĺ |
| _ | Separate basis Consolidated basis Both consolidated and separate basis | 18 1388 | | |
| 36 | As a result of a federal award, was the organization required to undergo an audit or audite as set forth in the Single Audit | | | ., |
| | Act and OMB Oircular A-133? | 3a | | X |
| þ | If "Yes," did the organization undergo the required audit or audite? If the organization did not undergo the required audit | | | l |
| | or audita, explain why in Schedule O and describe any steps taken to undergo such audits. | 35 | <u> </u> | |
| | | Form | 990 | 2009) |

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SCHEDULE C

(Form 990 or 890-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tex Under section 501(o) and section 527

come Lex Under Section 501(o) and Section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. See apparate instructions.



Department of the Treasury Com
Internal Revenue Service Attach to Fore

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- ◆ Section 601(e) (other than section 501(e)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(n)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

| Section 501(c)(4), (5), or (6) organizat | ions: Complete Part III. | | | |
|---|---|----------------------------------|---|--|
| Name of organization | | | Emp | loyer identification number |
| OHIO CO | AL ASSOCIATION | | | 31-4440724 |
| Maria | anization is exempt und | | | rgenization. |
| 1 Provide a description of the organiz | ation's direct and indirect politics | al campaign activities | s in Part IV. | |
| 2 Political expenditures | | | | , |
| 3 Volunteer hours | nowalimataka aramaka musa | H4464114011401401401401415001414 | шиния папры в стана | ************************************** |
| Part I,B Complete if the org | anization is exempt und | er section 501(c |)(3). | |
| 1 Enter the amount of any excise tax i | nourred by the organization und | er section 4965 |) | <u> </u> |
| 2 Enter the amount of any excise tax ! | nourred by organization manage | ers under section 495 | 35 – 8 | } |
| 3 If the organization incurred a section | 1 4955 tax, did it flie Form 4720 f | for this year? | | Yes No |
| 4a Was a correction made? | *************************************** | *********************** | | Yes Do |
| bif "Yes," describe in Part IV. Part I-C Complete if the org | | | | |
| 1. / - 13.6/2 4 | | | | |
| 1 Enter the amount directly expended | | | | |
| 2 Enter the amount of the filing organi | | | | |
| exempt function activities | | | F (| j |
| 3 Total exempt function expenditures | . Add ilnes 1 and 2. Enter here a | nd on Form 1120-PC |)L, | • |
| line 17b | | | | |
| 4 Life the filling organization the Porm | 1120•POL for this year?, | ************* | 2114-1711419-111141 | Yes NO |
| 5 Enter the names, addresses and en | | | | |
| For each organization listed, enter t | | | | |
| that were promptly and directly deli (PAC). If additional space is needed | | anization, such as a s | o onur netsperipes etarapes | a political action committee |
| · · · · · · · · · · · · · · · · · · · | ii | | | |
| (e) Nems | (b) Address | (a) EIN | (d) Amount paid from | (e) Amount of political opportunity and received and |
| | | | filing organization's funds. If none, enter :0: | • · · · · · · · · · · · · · · · · · |
| | | | Interest in Lighted contrat .c. | delivered to a separate |
| | | | | political organization. |
| | · · · · · · · · · · · · · · · · · · · | | | II Holle, dissel 'o', |
| | | | | |
| | | | | |
| | | | | |
| 1 | | | ······································ | |
| | | | | |
| | | | * | |
| | | | | |
| | | <u> </u> | | , |
| | | | | |
| | | | | |
| | | | | |
| For Privacy Act and Paperwork Reduc | tion Act Notice, see the instru- | ctions for Form 980 | or 990-EZ. Schedule (| 🗅 (Form 900 or 900-EZ) 2000 |

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| Schedule O (Form 990 or 990-EZ) 2009 | ganization (s exer | ASSOCIATION npt under section | 1 501(c)(3) and file | 31-4- ad Form 5768 | 440724 Page 2 |
|---|--|--|---|---|--|
| (election under se | ction 501(h)). | | | | |
| | ation belongs to an affil | | | | , |
| B Check 🟲 🔲 if the filing organiz | ation checked box A ar | d "limited control" pro | vialona apply. | | <u> </u> |
| | ilts on Lobbying Exper Iditures" means amou | | | (a) Filing organization's totals | (b) Affiliated group totale |
| 1a Total lobbying expenditures to inf | noinigo olidug eoneul | grass roots lobbying) | [[1] | | |
| b Total lobbying expenditures to int | | | | | |
| o Total lobbying expenditures (add | lines 1a and 1b) ,,,, | /141·1·1·1·461/···· | | | W |
| d Other exempt purpose expenditu | res | 114941149444111444444414114444 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| e Total exempt purpose expenditur | es (add lines 10 and 1d |) | | | |
| 1 Lobbying nontaxable amount. En | | | | | Binara. |
| if the amount on line 1e, column (a) | | bying nontexable amo | | 155616 1557382 | |
| Not over \$600,000 | | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,00 | | 0 plus 15% of the exc | | | |
| | Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 | | | | |
| | | | 38 OVer \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,0 | Juu. | | . paggaga amangagagaga . paggaga amangaggaga | |
| g Grassroots nontaxable amount (é | mean DEGL ad Ilaa sid | | | | • IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |
| h Subtract line 1g from line 1a. If ze | | | | ······································ | |
| i Subtract line 1f from line 1c. If ze | | | *********************** | | , , , , , , , , , , , , , , , , , , , |
| I if there is an amount other than z | , ,,, | | | | · · · · · · · · · · · · · · · · · · · |
| reporting seption 4911 tax for this | | AMARINA BILITARIA | | | Yes 🔲 No |
| | 4-Year Ave | raging Period Under | Şeçtion 501(h) | | |
| (Some organ | izations that made a s | ection 501(h) election | do not have to comp | ete all of the five | |
| | olumna below, See th Lobbylna Excer | e instructions for line iditures During 4-Yea | | 180 4./ | |
| | | imital was marking + 104 | i Livered in the control | | |
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 200B | (d) 2009 | (e) Total |
| 2a Lobbying nontaxable amount | | <u> </u> | | u, | |
| b Lobbying ceiling amount | | | | | |
| (150% of line 2a; column(e)) | terminal of the state of the st | | All Milliagus | . Aggiffalls: Applicables. | <u></u> |
| | ' | | | • | |
| c Total lobbying expenditures | <u> </u> | | | | |
| | | | · | | |
| d Grassroots nontexable amount Grassroots ceiling amount | Beatist of the Section of the | Martin State of | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Alloper Pres | |
| (160% of line 2d, column (e)) | The state of the s | 13 3 3 3 5 C | e og offiller og se | 10 16 | |
| A residue and management (m) (m)) | | , , , , , , , , , , , , , , , , , , , | s racellate, | | |
| f Grassroots lobbying expenditure | sal | | | | |
| | | | | Schedule C (Form | 990 or 990-EZ) 2009 |

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Schedule C (Form 990 or 990-EZ) 2009 OHIO COAL ASSOCIATION

31-4440724 Page 3

| Part, II-B | Complete if the organization | on is exempt | Under section 50 | 7(c)(3) and has NOT | filed Form 5768 |
|------------|------------------------------|--------------|------------------|---------------------|-----------------|
| | (election under section 50: | l (h)). | | | |

| | | (| n) | (b) | | |
|----|---|--|------------------|---|--|--|
| | | Yes | No | Amount | | |
| | During the year, did the filing organization attempt to influence foreign, national, state or | 8-1-78" , I | 44 | | | |
| | ocal legislation, including any attempt to influence public opinion on a legislative matter | D | les. | | | |
| | or referendum, through the use of: | | Sir. | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | | |
| ā | Volunteere? | | | | | |
| ь | Paid staff or management (include compensation in expenses reported on lines 1c through 1)? | | | 関する。 | | |
| G | Media advertisemente? | | | | | |
| ď | Mallings to members, legislators, or the public? | | | | | |
| 9 | Publications, or published or broadcast statements? | | | | | |
| | Granta to other organizations for lobbying purposes? | - , =,,,,= = , | | | | |
| 9 | Direct contact with legislators, their staffs, government officials, or a legislative body? | w) — · · · · · · · · · · · · · · · · · · | | | | |
| | Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| ı | Other activities? If "Yes," describe in Part IV | | | | | |
| | Total, Add lines 10 through 1 | y 1. | ., | 1 | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| | If "Yee," enter the amount of any tax incurred under section 4912 | | d United | | | |
| | If "Yee," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| | If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? | L Z L J LNIE | 1 Castlodwellion | at a light | | |
| ΪĪ | III-A Complete if the organization is exempt under section 501(c)(4), section | an 501(c |)(5), or s | ection | | |
| | 501(c)(6). | ,, | | | | |
| | | | ··· · · · · | Yes No | | |
| | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | X | | |
| | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 1 | x | | |
| | Did the organization agree to carryover jobbying and political expenditures from the prior year? | | | X | | |
| | FIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pauryes," | ırt III-A, I | ine 3 is : | answered | | |
| | Dues, assessments and similar amounts from members | | [_1 | <u> </u> | | |
| | Section 182(e) nondeductible lobbying and political expenditures (do not include emounts of politi | ical | 1::3 | | | |
| | expenses for which the section 527(f) tax was paid). | | ! | * | | |
| | Current year | | | | | |
| þ | Çarryover from last year | | | | | |
| C | Total | | 20 | | | |
| | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | | 3 | | | |
| | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex | | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | political | 14 | 140 24 | | |
| | expenditure next year? | ************* | <u>4</u> | | | |
| | Taxable amount of lobbying and political expenditures (see instructions) | ritionamia. | 6 | | | |
| | | | | | | |
| ďψ | ilete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a | ind Part II-E | 3, line 1i. Al | leo, complete this pa | | |
| | y additional information. | | | | | |
| | expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a | 1111 11111111111111111111111111111111 | <u>4</u> 6 | | | |

15

Schedule D

(Form 990)

Department of the Tressury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes," to Form 990, Fart IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Open to Public inspection,

| AMITT | ONIO COAL ASSOCIAT | ION | 31-4440724 |
|--------|---|--|---|
| Par | | | |
| *10 | organization snewered "Yes" to Form 990, Part IV, line | | while |
| | Υ | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | · | |
| | Aggregate contributions to (during year) | | |
| | Aggregate grants from (during year) | | |
| | Aggregate value at end of year | | |
| | Did the organization inform all donors and donor advisors in | | vised funds |
| | are the organization's property, subject to the organization's | - | |
| Ø | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | | |
| | impermisable private benefit? | | Yes No |
| Par | t II Conservation Easements. Complete if the org | ganization answered "Yes" to Form 990 | , Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or p | | historically important land area |
| | Protection of natural habitat | Preservation of a c | ertified historic structure |
| | Freservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualit | fled conservation contribution in the for | m of a conservation easement on the leat |
| | day of the tax year. | | F 3.69 L 44 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | | | Mille Held at the End of the Tax Year |
| a | Total number of conservation easements | | |
| ь | Total acreage restricted by conservation easements | | |
| Q | Number of conservation easements on a certified historic str | | |
| d | Number of conservation easements included in (o) acquired | | |
| 3 | Number of conservation easements modified, transferred, re- | lessed, extinguished, or terminated by | the organization during the tax |
| | year > | | |
| 4 | Number of states where property subject to conservation ea | | ···· |
| 5 | Does the organization have a written policy regarding the pe | | |
| | violations, and enforcement of the conservation easements | | eleltale++1+1>2+111111111+1++++++ |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and entoroing conservation easement | a duning the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) about | | - - - - - - - - - - |
| _ | and section 170(h)(4)(B)(II)? | the second to be seen a seed over | *************************************** |
| ø | In Part XIV, describe how the organization reports conservat | gon easements in its revenue and expe | nse statement, and pelappe sneet, and |
| | include, if applicable, the text of the footnote to the organize | atiou, a tiuduciër stateureure ruet deecur | eas the organization's accountify for |
| l Da | conservation easements. Organizations Maintaining Collections of | A Art Historical Transuras or | Other Similar Accets |
| | Complete if the organization answered "Yee" to Form | OOA Bart IV IIna A | Office Striller Modern |
| | Compate a ma diganization answered. Les 10 Louis | (\$50, Tait 14, illio of | |
| | if the organization elected, as permitted under SFAS 116, no | at to concert in the revenue of statement an | lenings when works of art historical |
| 18 | treasures, or other similar assets held for public exhibition, e | of to report iii its jevenoe statement air | nubile service, provide in Part XIV, the text of |
| | the footnote to its financial statements that describes these | | Booto opinion bearing in a manual and some |
| _ | If the organization elected, as permitted under SFAS 116, to | | ilance sheet works of sit, historical treasures |
| u | or other similar assets held for public exhibition, education, | ar rangerab in furthermon of nublic par | vice provide the following amounts relating t |
| | | or resembly to ideal of the or happing ser | tion bigging and tangening or naming ranging . |
| | these items: (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets Included in Form 980, Part X | | b 8 |
| | If the organization received or held works of art, historical to | easures, or other similar sesers for final | nciai gain, provide |
| 2 | the following amounts required to be reported under SFAS: | | Committee and the contract of |
| - | Revenues included in Form 690, Part VIII, line 1 | | > 3 |
| a b | a a a a a a a a a a a a a a a a a a a | 1 to 11 to 1 to 1 to 1 to 1 to 1 to 1 t | |
| ۵ | Upsard II | | |
| ТНА | For Privacy Act and Paperwork Reduction Act Notice, se | e the Instructions for Form 980. | Schedule D (Form 990) 200 |
| 98206 | 11 | | · |
| A#-A 1 | = 1M | | |

| | | L ASSOCIA | | | | 31-4 | 440724 | Page 2 |
|--------|--|--|------------------|---|--------------|---|---|--|
| Par | III Organizations Maintaining Co | llections of A | rt, Hietor | oal Treasures, | or Othe | er Similar Ass | ets (contin | ued) |
| 3 | Using the organization's acquisition, accession | , and other record | le, oheck an | y of the following the | at are a e | ignificant use of it | e collection | items |
| | (<u>oheo</u> k all that apply): | | | | | | | |
| a | Public exhibition | d | l 🛄 Loa | n or exchanga p <i>r</i> ogr | ums | | | |
| b | Scholarly research | • | | 9r' | | | | |
| 0 | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's colle | ections and explai | n how they | urther the organizat | on's exe | impt purpose in Pr | art XIV. | |
| 5 | During the year, did the organization solicit or re | ecelve donations | of art, histor | ical treasures, or oth | er simila | r assets | | |
| | to be sold to raise funds rather than to be main | | | | | | Yea | No. |
| Per | Esorow and Custodial Arrange reported an amount on Form 990, Part > | | eta if organi: | etion answered "Ye | e" to For | m 990, Part IV, lin | e 9, or | |
| 18 | is the organization an agent, trustee, custodian | | ilany for con | tributions or other se | eate not | Induded | | |
| | on Form 990, Part X? | | | | | | Yes | □ No |
| | If "Yes," explain the arrangement in Part XIV an | | | | ********* | | 143 | 170 |
| | it tagt avbigitting gurangament in Latt via et | ia combiara ma la | , MOMINÀ FEDI | D. | | | Amount | |
| ٥ | Decimaled hologop | | | | | 10 | ZITIONITE | |
| | Beginning balance | | | | | | | |
| | Additions during the year | | | | | *** | | |
| | Distributions during the year | | | | | | | ······································ |
| OH. | Ending balance | | | *************************************** | (*11**11714 | ··· | Уев | L No |
| | | n eed, Fan Ai ine | 1217 | | | | 106 | MO |
| | If "Yee," explain the arrangement in Part XIV. t V Endowment Funds. Complete if the | so organization na | and and a | a" to Corm 000 Dad | IV line | 10 | ···. | |
| FAI | | | | | | (ਖ਼) Three years bac | k I I Z Banes | ears back |
| | The state of the s | (a) Current year | (b) Prior | year (c) we yez | | (d) turea Aestra nan | K (O) FURI | |
| 10 | • | | | | | | - | 1 1986 1 1986 1 1986 |
| Þ | Contributions | ······································ | | | | | - -, | (198) (198) |
| 0 | Net investment earnings, gains, and losses | | | | | 1 | | · 35 4. |
| | Grante or echolarships | | | | | 1 101 | ek . |) i (## 174 |
| e | Other expenditures for facilities | | | | | ľ (4) | | |
| | and programs | | | (1991)30 3 (300) 3 | P4188" | | 1980 7 50 50 50 50 50 50 50 50 50 50 50 50 50 50 5 | 30 130 07 |
| | | · | <u> </u> | (1967); * | · | 4 4 115.9 | | MUMM: |
| 8 | End of year balance | | | Fil. | | ergel Sil | min,將網絡終 | 126 sta. |
| 2 | Provide the estimated percentage of the year of | | 28; | | | | | |
| 8 | Board designated or quasi-endowment 🕨 🔔 | • • | % | | | | | |
| | Permanent endowment 📂 | % | | | | | | |
| | Term endowment 🕨% | | | | | | | |
| 30 | Are there endowment funds not in the possess | sion of the organiz | ation that a | ra haid and administ | ered for | the organization | Г | |
| | by: | | | | | | P | Yes No |
| | (i) unrelated organizations | | | | | | | |
| | (ii) related organizations | | manannas | I*(18)(19)(19)(19) | | ••••• | 3a(II) | |
| | If "Yea" to Ga(ii), are the related organizations (| | | | | *************************************** | 36 | |
| 4 | Describe in Part XIV the intended uses of the c | | | | -1-7 | | 1)\` | |
| Pal | t VI [.] Investments - Land, Buildings | | | | | | | |
| | Description of Investment | (a) Cost or o | | (b) Cost or other | | Acoumulated | (d) Book | VALUE |
| | | basis (invest | ment) | besis (other) | | epreciation | | · · · · · · · · · · · · · · · · · · · |
| 1= | Lend | | | | \$4.88a.30 | 5 BHC20. | | |
| b | Buildings | | | | | | ······································ | |
| G | Leasehold improvements | | | | <u> </u> | - X A X A A | | 1.268 |
| _ | | | | 7 | | | | |
| d | Equipment | · | | 33,27 <u>6</u> . | <u> </u> | 29,008. | * | 4,200 |
| d e | Equipment Other Add lines 1a through 1 <i>a, (Column (d) must eq</i> | | | | | 29,008. | | 4,268 |

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| 3chedule D (Form 990) 2009 OHIO COAL AS | | | 31 | 4440724 Page 3 |
|---|---------------------------------------|---------------------------------------|--|--|
| Part VIII Investments - Other Securities, See | Form 990, Part X, line 12 |), | | |
| (#) Description of accurity or category (including name of security) | (b) Book value | Co | (c) Method of valuati st or end-of-year mark | |
| inancial derivatives | | | | |
| Rosely-held equity interests | · · · · · · · · · · · · · · · · · · · | | | · |
| Other | | | · | |
| AVAILABLE FOR SALE SECURITIES | 283,772. | COST | | |
| | | <u> </u> | | |
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| | | | | |
| | | | | |
| | | | | |
| otal. (Col (b) must squal Form 990, Part X, col (B) lins 12.) | 283,772. | Sharasasanin ce | | Sar Albert |
| Part VIII Investments - Program Related, Ser | | | 1 v 2 militir 2 a A British British | ade tre Republica, e |
| | | <u> </u> | (a) Method of valuet | lon: |
| (a) Description of investment type | (b) Book value | • | ost or end-of-year mark | et value |
| | | | | |
| | ····· | | | |
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| | | | | |
| | <u> </u> | | | 1. The state of th |
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| | | # . 01. | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) | | 13, 350. | 1111111 | |
| | Xesaription | | | (b) Book value |
| | | | | |
| | | | 1. | |
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| | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | 15.) | niiniidaaniinii. | . | |
| Part X Other Liabilities. See Form 990, Part X, I | ne 25. | /L1 A | | |
| 1. (a) Description of liability | | (b) Amount | But of de la | |
| Federal Income taxes | | | | 383035.3.3.1381 |
| | | <u> </u> | | رُدِ الْکَارِيْنِ الْکَارِيْنِ الْکِرِيْنِ الْکِرِيْنِ الْکِرِيْنِ الْکِرِيْنِ الْکِرِيْنِ الْکِرِيْنِ الْکِرِيْنِ |
| | | | 246 | |
| | | | | |
| | | | 9009396906905 | Military Statements |
| | | | | |
| | | | | |
| | | | | ila. 3. Beallan, p |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | 25.) | | | |
| 2. FIN 48 Footnote. In Part XIV, provide the text of the foot | inote to the organization | 's financial stateme | nts that reports the on | anization's liability for |
| uncertain tax positions under FIN 48. | | | | |
| 992053 02-01-10 | | | Sch | edule D (Form 990) 20(|

18 2009.05000 OHIO COAL ASSOCIATION

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| :ho | tule D (Form 990) 2009 OHIO COAL ASSOCIATION | ····· | | 31-4 | 1440724 Pa |
|---------------|--|--|--|--|--|
| 'ar | t XI Reconciliation of Change in Net Assets from Form 990 | to Audited Fi | nancial Stat | ement | 8 |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1948)9111114994144941111401 | <u>1</u> | | |
| 2 | Total expenses (Form 990, Part IX, column (A), Iline 25) | | | | |
| ļ | Excess or (deficit) for the year. Subtract line 2 from line 1 | **!*!!*!*!!!!! | 3 | | |
| • | Net unrealized gains (losses) on investments | ******************* | 4 | | |
| | Donated services and use of facilities | Aberial # abel abel abel ater | 5 | | |
| l | Investment expenses | | 6 | | |
| | Prior period adjustments | | | | |
| 3 | Other (Describe in Part XIV.) | | е | | |
|) | Total adjustments (net). Add lines 4 through 6 | | 8 | | ······································ |
|) | Excess or (deficit) for the year per audited financial statements. Combine lines 3 | and 9 | 10 | | |
| HT. | : XII Reconciliation of Revenue per Audited Financial Stater | nents With R | evenue per | Return | |
| | Total revenue, gains, and other support per audited financial statements | | | 1 1 | |
| ! | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| à | Net unrealized gains on investments | 2a | | , | |
| b | Donated services and use of facilities | | | 7 | |
| - | Recoveries of prior year grants | | | -1 :: [] | • |
| 9 | Other (Describe in Part XIV.) | 24 | ······································ | | |
| _ | | | | | |
| | - | | | | <u> </u> |
|) | Subtract line 2e from line 1 | | | 9/1 | |
| ŀ | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1.1 | | <u> </u> | |
| _ | Investment expenses not included on Form 990, Part VIII, line 7b | | | - | |
| Þ | Other (Describe in Part XIV.) | | | - | |
| C | Add lines 4s and 4b | | (1,1a111144411111411411111 | 4c | |
| 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 6 | |
| 組 | t XIII Reconciliation of Expenses per Audited Financial State | | | | <u>rn</u> |
| ١ | Total expenses and losses per audited financial statements | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 14 14 14 | |
| æ | Donated services and use of facilities | 2a | | ' { | |
| b | Prior year adjustments | | |] | |
| ø | Other losses | | | 1. : | |
| d | Other (Describe in Part XIV.) | | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 29 from line 1 | | | | |
| 4 | Amounts Included on Form 990, Part IX, line 25, but not on line 1: | | | - [] ;] | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 48 | | | |
| ь | Other (Describe in Part XIV.) | | | | |
| | Add lines 4a and 4b | | | 4 | |
| 3 | Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) | ******************* | | | |
| | tXIM Supplemental Information | | | ************************************* | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa | art III. lines 1a and | 4: Part IV. lines | 1b and | 2b: Part V. line 4: F |
| יוניק מאול | 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also o | omplete this part | to provide any a | dditiona | l Information. |
| 1111 | 3 2, F#ICAL III 6 0, F#ICAR, 11190 20 #10 45; #10 1 #1CAIII, III 104 #2 #16 75, 7190 0 | Orribioto dins part | to promote sity t | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
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| | | | | 9009 | dule D (Form 990) |

SCHEDULE L

(Form 890 or 990-EZ)

Department of the Tressury Internal Revenue Geryles

Transactions With Interested Persons

Complete if the organization answered
"Yes" on Form 980, Part IV, line 28a, 26b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2009 2009

Name of the organization

Employer identification number

| | O COAL | | | | | | | | 1-44 | 4072 | 4 | |
|--|-------------------------|------------|-------------|--|--------------|---|----------|----------------------------|---------------------------------------|--|--|-------------------------------|
| Figure 1 Excess Senefit | | | | | | | | | 1 110 - 14 | | | |
| Complete if the orga | | | s" on Form | 1 990, Pert IV, | | | | | v, line 40 | D | (c) Carr | ectéd? |
| (a) Name of diequalified person | | | | (b) D | escription o | f transa | otion | | | Yes | No | |
| | | | | | | | | | | | | <u> </u> |
| · | | | | | | | ., 1, 1 | | | | | ., |
| | | | | | | | | - | | | | |
| | | | | | | · • • • • • • • • • • • • • • • • • • • | | | · | | | |
| 2 Enter the amount of tax Impossection 4958 3 Enter the amount of tax, if an | ny, on line 2, | above, rel | mbursed b | y the organize | | | | ********** | . ► S . ► S | | | |
| Complete if the orga | | | | | lina 00 ne i | Carm AAA E | 7 Deel 1 | / line Di | 3 _ | | | |
| (a) Name of Interested person and purpose | (b) Loan t the organ | to or from | | inai principal Imount | | uas gris Louiu aao-s | (e) | r, mie 30) In Bult7 | 10A (f) | proved ard or hittee? | (g) W | |
| | To | From | | ······································ | | | Yes | No | Yes | No | Yes | No |
| | 1 | | | | | | | | <u> </u> | | | |
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| lote) Part III Grants or Assis | | | | > \$ | | | | ·!···· | | 488 | 3,41 | |
| The Character | | - | | | | | | | | | | |
| Complete if the orga (a) Name of Interested | | Wered Te | | tionship betw | | ted person | and | | | ount an essisten | | f |
| | | | | | | ····· | | | ······ | | | |
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| *************************************** | | | | | | | - Lane | | | ···· | | , |
| **** | | | | | | | | | | | | |
| gar W Business Trans | entlane in | walvina | Interno | ted Deroni | 10 | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Complete if the orga | | | | | | 8b, or 28c, | | | | | | |
| (a) Name of interested | | |) Relations | hip between i and the organi | nterested | (c) Amo transs | | (d | Descrip tranșaci | | i organi | aring of zátion e nuns? |
| MICHAEL CAREY | | TN | ताकार कर | TED PER | SON I | 4 3 | | | YT PA | T CI | Yes | No X |
| MICHABL CAREI | | 77.77 | TEVE | TED CEE | COOM T | - 4 | ,,000 | 2 + 12,223 | <u> </u> | 7 T T T | ` | 41. |
| | | | | | | | | | | | | |
| | | | | | : | | | | | ······································ | | |
| Anna | | | , A | | | | | | | | | |
| LHA For Privacy Act and Pape instructions for Form 990 | | otion Act | Notice, se | e the | | | | 8chedi | ile L (Fo | m 990 | or 990- E | Z) 200: |

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

882131 02-01-10

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

2009

| Department of the Treesury Internal Revenue Service | Form 990 or to provide any additional information, ▶ Attach to Form 980, | Open to Publica. Inspection |
|--|--|--|
| Name of the organization | OHIO COAL ASSOCIATION | Employer Identification number 31-4440724 |
| FORM 990, PAI | RT III, LINE 4D, OTHER PROGRAM SERVICES: | |
| ON SITE EXPE | RIMENTAL PROGRAMS TO DEVELOP NEW WAYS TO IMPRO | OVE |
| RECLAMATION. | | |
| · · · · · · · · · · · · · · · · · · · | | |
| FORM 990, PAI | RT VI, SECTION A, LINE 6: MEMBERS OF THE OHIO | COAL |
| ASSOCIATION : | INCLUDE OHIO COAL PRODUCTION COMPANIES. | k yyy |
| <u></u> | | |
| FORM 990, PA | RT VI, SECTION B, LINE 11: ALL BOARD MEMBERS | ARE PROVIDED WITH |
| A COPY OF TH | E TAX RETURN FOR REVIEW PRIOR TO FILING. | |
| Participant of the second of t | | |
| FORM 990, PA | RT VI, SECTION C, LINE 19: DOCUMENTS ARE AVAI | LBLE AT THE |
| ORGANIZATION | S OFFICE FOR PUBLIC INSPECTION. | |
| | | |
| *************************************** | IV, BUSINESS TRANSACTIONS INVOLVING INTERESTE | D PERSONS: |
| | PERSON: MICHAEL CAREY | ^^T. |
| (B) RELATION INTERESTED P | SHIP DETWEEN INTERESTED PERSON AND ORGANIZATI BRIGON IS PRESIDENT OF ORGANIZATION | ON: |
| | ION OF TRANSACTION: RENT PAID TO INTERESTED P | ERSON |
| VD1 DEBCKIFI | TON OF TRANSPORT TON, PUREL STREET NO THE WHITE HERE | |
| | | |
| | | 4 - 1/4 |
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| | | and the second s |
| | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 932211 02-63-10

REA & ASSOCINC

Schedule O (Form 990) 2009

| Form 8888 (Rev. 4-2009) | | | Page 2 |
|---|----------------------|-------------|--------------------------------|
| • if you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and | check this bo | × | ▶ [X] |
| Note. Only complete Part II if you have already been granted an automatic 3-month extension on a p | reviously filed | Form 8 | 3668. |
| If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Rait II Additional (Not Automatic) 3-Month Extension of Time. Only file the | | | , |
| Name of Exempt Organization | | | |
| type or | j i | Emple | oyer identification number |
| Print OHIO COAL ASSOCIATION | MARKELL ! | 3: | 1-4440724 |
| extended Number, street, and room or sulte no. If a P.O. box, see instructions, due date for 17 SOUTH HIGH STREET, NO. 215 | ' ' ' ' ' 最類 ., | For IR | S use only |
| return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OH 43215 | | | |
| Check type of return to be filed (file a separate application for each return): | | | |
| | n 1041-A L n 4720 | — · · · | rm 6227 |
| 9TOPI Do not complete Pert II if you were not already granted an automatic 3-month extension | on a previous | sly file | d Form 8966. |
| MIKE CAREY | | | |
| • The books are in the care of > 17 SOUTH HIGH STREET COLUMBUS, | OHIO - | 43: | 215 |
| Telephone No. ► (614) 228~6336 FAX No. ► | | | |
| If the organization does not have an office or place of business in the United States, check this book to be seen as a second of the book this bo | XX | | > L_ |
| • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box . If it is for part of the group, check this box . and attach a list with the names a | , if this | s is for | the whole group, check this |
| 4 request an additional 3-month extension of time until NOVEMBER 15, 2010. | IIO BIIVS OI BII I | Helline | sta fue exteusion la lot. |
| | and ending | | |
| * * * * * * * * * * * * * * * * * * * | l return | | Change in accounting period |
| 7 State in detail why you need the extension | | | - magain and a second planting |
| | ILE A C | OMPI | LETE AND |
| ACCURATE RETURN | | - | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less | any | | |
| nonrefundable credita. See instructions. | | Ðα | . \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and es | | | , |
| tax payments made, include any prior year overpayment allowed as a credit and any amount p | eid | | |
| previously with Form 6868. | -l | 8b | \$ |
| Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required with FTD ocupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See | | 80 | s N/A |
| Signature and Verification | inatructiona. | ec | 4 N/W |
| Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statem it is true, correct, and complete, and that I am authorized to prapare this form. | ents, and to the | best of | my knowledge and bellef, |
| Signature > This > PRESIDENT | | Date | > |
| | ······ | | Form 8868 (Rev. 4-2009 |

923632 95-26-09

Form 990-EZ

Department of the Treasury Internal Revenue Service

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 \$1,000,000 and total assate (see than \$2,500,000 at the end of the year may use this form.

OMB No. 1545-1150

| 3 00 | or the 2008 calendar year, or tax year beginn | have to use a copy of this return to satisfy s ing | d ending | ulrements. | inspection . |
|----------------|--|--|--|---------------------|--------------------------------|
| RPP | Address Upp IRS C Name of organization | | | D Employer Ident | fication number |
| | change label or | 0222 | | | |
| | Name orini or OHIO COAL ASSOCI | ATION | | 31-444 | |
| | return See Nulling and Street (of P.O. DOX, I | mail is not delivered to street address) | | E Telephone num | |
| | ation inatuc- I DOUTH RIGH DI | REET | 215 | | 28-6336 |
| | Amended stens. City or town, state or country, and Columbus, OH 43 | | | F Group Exemption | n |
| _ | | | | Number > | |
| | Section 501(c)(3) organizations and 4947(a)(1) no Schedule A (Form | nexempt charitable truets must attach a complet 990 or 990-EZ). | The second second | ting method: | Cash X Accrual |
| W | abalte: NWW.OHIOCOAL.COM | | | X if the or | ganization is not |
| Or | genization type (check only one)— X 501(c) (| 6) ◀ (insert no.) 4947(a)(1) or | | | (Form 860, 990-EZ, or 990-PF). |
| | eck If the organization is not a section 509(| | ots are normally not | more than \$25,00 | 0. A return is not |
| rec | guired, but if the organization chooses to file a return, | be sure to file a complete return. | | | |
| . Add | d lines 5b, 6b, and 7b, to line 9 to determine gross re | celpts; if \$1,000,000 or more, file Form 990 instea | d of Form 990-EZ | > 8 | 475,077. |
| Par | t Revenue, Expenses, and Chan | ges in Net Assets or Fund Baland | COS (See the Instru | ctions for Part I.) | |
| | 1 Contributions, gifts, grants, and similar amounts | received | | 1 | |
| | 2 Program service revenue including government | fees and contracts | | 2 | 8,075. |
| | 3 Membership dues and assessments | | (1) * (* * * * * * * * * * * * * * * * * * | 3 | 421,570. |
| | 4 Investment Income | | | 4 | 14,844. |
| | 6a Gross amount from sale of assets other than inv | rentory STMT 4 5a | 30,5 | | |
| | b Less; cost or other basis and sales expenses | 5b | 31,0 | | |
| | Gain or (loss) from sale of assets other than inv | entory (Subtract line 5b from line 5a) (attach sche | dule) | 5c | -419. |
| 5 | 6 Special events and activities (complete applicab | le parts of Schedule G). If any amount is from gar | | | |
| немение | a Gross revenue (not including S | of contributions | | 1 | |
| 2 | reported on line 1) | 6a | | Hulinday) | |
| | b Less: direct expenses other than fundraising ex | penses 8b | | .46. | |
| | Net Income or (loss) from special events and ac | | | 6c | |
| | 7a Gross sales of inventory, less returns and allow | | | - Sciell | |
| | b Less: cost of goods sold | | | | |
| | Gross profit or (loss) from sales of inventory (S | ubtract line 75 from line 7a) | | | |
| | 8 Other revenue (describe | | |) 0 | 444,070. |
| _ | | ind 8 | | | 444,070. |
| | | ile) | | | |
| | | | | | 191.342. |
| es s | | netits | | 10 | 147,973. |
| CIS . | | endent contractors | | 14 | 31,628. |
| K | 14 Occupancy, rent, utilities, and maintenance | | | - | 19,657. |
| | 4 F (E | SEE S' | TATEMENT | 1) 18 | 107,721. |
| - 1 | 16 Other expenses (describe | 585 3 | TAT DIADIA | 17 | 498,321. |
| _ | 17 Total expenses. Add lines 10 through 16 | | | | -54,251. |
| IA | | from line 9) | | | |
| Net Assets | 19 Net assets or fund balances at beginning of year | | | | 313,321. |
| \$ | (must agree with end-of-year figure reported o | n prior year's return) | TATEMENT | | 3,893. |
| Set | 20 Other changes in net assets or fund balances (| attach explanation) SEE S | ********* | 21 | 262,963. |
| | | mbine lines 18 through 20 line 25, column (B) are \$2,500,000 or more, file | Form 990 instead of | | |
| Pa | ut 'II" Balance Sheeta. If Total assets on | Part II.) | (A) Beginning | of year | (B) End of year |
| - | Activities to the second secon | | | 569 . 22 | 2,162 |
| 22 | Cash, savings, and investments | | | 23 | |
| 23 | Land and buildings Other assets (describe | SEE STATEMENT 2 | 336. | 406. 24 | 327,577 |
| | Other assets (Describe | | | 975. 28 | 329,739 |
| 24 | Takel samels | | | | |
| 24 25 26 | Total liabilities (describs | SEE STATEMENT 3 | | 321.27 | 66,776 262,963 |

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| _ | 990-EZ (2008) OHIO COAL ASSOCIATION | 31- | 44407 | 124 | Page 2 | | |
|-----|---|--|--|------------|--|--------|-------------------------------|
| | art III Statement of Program Service Accompile | | E | xpenses | | | |
| | at is the organization's primary exempt purpose? SEE STATEM | | (Required | d for 501(| c)(3) | | |
| Des | and (4) o 4947(a)(for others | rganizatio 1) trusts; s.) | optional | | | | |
| 28 | SEMINARS ON MINING AND RECLAMATI | ON TECHNOLOGIES, | LAWS AND | | | _ | |
| | WAYS TO IMPROVE RECLAMATION, PRO | GRAMS TO DEVELOP | THE USE | OF | 11 | | |
| | | 00- | | | | | |
| 29 | /II the allount includes to | reign grants, check here | | | 28a | | |
| | | | | | | | |
| 30 | (Grante \$) If this amount includes for | reign grants, check here | | | 29a | | |
| 00 | | | | | | | |
| | (Grants \$) If this amount includes for | reign grants, check here | | | 30a | | |
| 31 | Other program services (attach schedule) | | | | | | |
| | (Grants S) If this amount includes for | reign grants, check here | | | 31a | | |
| 32 | Total program service expenses (add lines 28s through 31s) art [V] List of Officers, Directors, Trustees, and K | | emmere <u>n, aun</u> | > | 32 | | Ó. |
| P | art IVI List of Officers, Directors, Trustees, and K | ley Employees, List each one ev | ren if not compensated. | | | | |
| | (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0) | to a | ontributions employee efit plans & deferred apensation | (e) E) | xpense unt and lowances |
| _ | SEE STATEMENT 7 | | 120,000. | 18 | 981 | | |
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| | | | | | Fo | m 990- | EZ (200 |
| 12 | -17-05 | | | | 101 | | |

| Form 990 | O-EZ (2008) OHIO COAL ASSOCIATION | 31-444072 | 24 | Page 3 |
|----------|---|---------------|-------------|---------------|
| Part \ | Other Information (Note the statement requirements in the instructions for Part VI.) | | | |
| 00 514 | | | Y | es No |
| 33 Did | the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activi | ty | 33 | X |
| 34 We | re any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of | the changes 3 | 94 | X |
| 35 If th | ne organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not | | | Children ale |
| rep | orted on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | linse | 638 383 | mar 3 |
| a Did | the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy | | | |
| tax | requirements? | 3! | 5a | X |
| D IT Y | res," has it filed a tax return on Form 990-T for this year? | 36 | 50 N | 1/A |
| ad wa | s there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable perts of | Sch. N 3 | 6 | X |
| 378 Enti | er amount of political expenditures, direct or Indirect, as described in the instructions. | 0. | 16 | 4 |
| DIG DIG | the organization file Form 1120-POL for this year? | | 7b | X |
| 38a DIO | the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans m | ade | . Manda | |
| h H M | prior year and still unpaid at the start of the period covered by this return? | | Ва | X |
| 20 0 | Also PACA (AT) association F to a | I/A | still girls | Sept Charles |
| | tion 501(c)(7) organizations. Enter: | - / - | | land Block |
| a initi | lation fees and capital contributions included on line 9 | I/A | tak eksi | William. |
| 40. 600 | | 1/A | Liberand | A PRINCE |
| 404 280 | tition 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 1493 | e de la mai | |
| h Can | tion 4911 N/A; section 4912 N/A; section 4912 N/A; section 4955 N/A; section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the y | | 2.4 | in the |
| did. | It become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I | ear or | N N | I/A |
| | er amount of tax imposed on organization managers or disqualified persons during the year under | 40 | 900 C. C | 1/A |
| | tlons 4912, 4955, and 4968 | 0. | alaininial | Select of top |
| d Ent | er amount of tax on line 40c relmbursed by the organization | 0. | alej digija | all a |
| | organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | idit | 場合 828 | William Inter |
| | neaction? If "Yes," complete Form 9886-T | 4 | Oe | X |
| 41 List | t the states with which a copy of this return is flied. > OH | | | |
| | books are in care of ► MIKE CAREY Telephone no. | | | 336 |
| | ated at ▶ 17 SOUTH HIGH STREET COLUMBUS, OHIO | ZIP+4 > 432 | 215 | |
| b Ata | any time during the calendar year, did the organization have an interest in or a signature or other authority | - | - | |
| ove | er a financial account in a foreign country (such as a bank account, securities account, or other financial | | Y | es No |
| acc | count)? | 4 | 2b | X |
| 11" | Yes," enter the name of the foreign country: > | list. | hard, pick | .b. |
| See | e the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acco | unts. | تان ال | mate 15 ste |
| c Ata | any time during the calendar year, did the organization maintain an office outside of the U.S.? | | 20 | X |
| 15" | Yes," enter the name of the foreign country: | | | _ |
| 43 Sec | ction 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here | T 1 | / | _ |
| ani | d enter the amount of tax-exempt interest received or accrued during the tax year | 43 N | /A_ | |

832173 12-17-08

2011-00-22 16-36

Yes No

Form 990-EZ (2008)

44

45

completed Instead of Form 990-EZ

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Form 990-EZ
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

| orm 990-E | | | | 31-44407 | 24 | P | age 4 |
|--------------------|--|---|-----------------------------|---|----------------|--------|--------|
| Part VI | Section 501 (c)(3) organizations only. All sections tables for lines 50 and 51. | on 501(c)(3) organizations m | ust answer question | ns 46-49 and cor | mplete t | the | |
| 46 Did th | e organization engage in direct or indirect political campaign activitie | es on behalf of or in opposition t | o candidates for public | _ | | es | No |
| 47 Did th | ? If "Yes," complete Schedule C, Part I e organization engage in lobbying activities? If "Yes," complete S | chadula C. Post II | | | 48 | - | _ |
| 48 Is the | organization operating a school as described in section 170(b)(1)(A | VII)? If "Yes," complete Sch | edula E | | 48 | | |
| 49 a Dld the | e organization make any transfers to an exempt non-charitable relate | ed organization? | | | 498 | _ | _ |
| D 11 Y 86 | was the related organization(s) a section 527 organization? | | | | 49b | | |
| ao comp | iete this table for the five highest compensated employees (other that mpensation from the organization. If there is none, enter "None." | an officers, directors, trustees ar | nd key employees) who | each received mo | re than S | \$100 | ,000 |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hour per week devoted to | (c) Compensation | (D) Contributions to employee benefit plans & | (E) E | unta | and |
| _ | N/A | position | | deferred compensation | other allow | | Inces |
| | | - | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | 1 | | | | |
| Total number | er of other employees paid over \$100,000 | > | | | | | _ |
| | lete this table for the five highest compensated independent contraction, enter "None." | tors who each received more tha | an \$100,000 of compe | nsation from the o | rganizati | on. I | there |
| | N/A | 11 0100 000 | (h) Topo of on | nder I to | 0 | | |
| _ | (a) Name and address of each independent contractor paid mo | ore than \$ 100,000 | (b) Type of se | TVICE (0 |) Compa | nsau | on |
| | | | | | | | |
| | | | - | | | | |
| | | | - | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | + | _ | | _ | |
| me | | | | | | | |
| Total numb | per of other independent contractors each receiving over \$100,000. Under penalties of perjury, I deciers that I have examined this return, including correct, and complete. Declaration of preparar (other than officer) is based on | g accompanying schedules and state | ments, and to the best of n | ny knawledge and bel | lef, it is tru | JB, | |
| Sign | | all situation of which properties | any mierrange. | Date | | | |
| Here | Signature of officer | | | | | | |
| | Type & print name and title. | | | | _ | | |
| Peld Preparer's | | | employed | perer's Identifying N | umber (9e | o inst | r.) |
| Use Only | REA & ASSOCIATES, INC. If self-amployed), address, and ZIP+4 CAMBRIDGE, OHIO 4372 | ., P.O. BOX 82 | O Pho | (740) | 432 | -5 | 658 |
| May the IR | IS discuss this return with the preparer shown above? See Instruction | | | 1.1.1.11111 | Yee orm 99 | | (2008) |

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2011-00-23 16:36

31-4440724

| FORM 990-EZ | OTHER EXPENSES | | STATEMENT | 1 |
|--|-------------------|-------------------------------|--|--------------------------|
| DESCRIPTION | | | AMOUNT | |
| MEETINGS, CONVENTIONS, DUES AND TRAVEL AND VEHICLE EXPENSE INSURANCE DEPRECIATION BAD DEBTS BANK SERVICE CHARGES PAYROLL TAXES CONTRIBUTIONS | O SUBSCRIPTIONS | | 41,24 27,6 5,46 1,20 18,8 1,00 11,16 | 79. 61. 74. 99. |
| TOTAL TO FORM 990-EZ, LINE 16 | | | 107,72 | 21. |
| FORM 990-EZ | OTHER ASSETS | | STATEMENT | 2 |
| DESCRIPTION | | BEG. OF YEAR | END OF YEA | AR |
| AVAILABLE FOR SALE SECURITIES ACCOUNTS RECIEVABLE OTHER DEPRECIABLE ASSETS | | 319,253. 12,226. 4,927. | 296,5 26,2 4,7 | 50. |
| TOTAL TO FORM 990-EZ, LINE 24 | | 336,406. | 327,5 | 77. |
| FORM 990-EZ | OTHER LIABILITIES | | STATEMENT | 3 |
| DESCRIPTION | | BEG. OF YEAR | END OF YE | AR |
| ACCOUNTS PAYABLE ACCRUED EXPENSES | | 8,806. 16,848. | 49,3 17,4 | |
| TOTAL TO FORM 990-EZ, LINE 26 | | 25,654. | 66,7 | 76 |

2011-09-23 16-36

OHIO COAL ASSOCIATION

| 31-4 | 144 | 0724 |
|------|-----|------|
|------|-----|------|

| FORM 990-EZ | M 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES | | | | | STATEMENT | 4 |
|------------------------------|--|----------------------|----------|--------------------|--------------------|-----------------------|----|
| DESCRIPTION | | GROSS SALES PRICE | | ST OR R BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |) |
| PARKE BANK CONOCOPHILLIPS | | 18,000 12,58 | | 18,000. 13,007. | 0. | -41 | 0. |
| TO FORM 990-EZ, | LINE | 5 30,580 | 3. | 31,007. | 0. | -41 | 9. |
| FORM 990-EZ | OTHER | CHANGES IN N | T ASSETS | OR FUND | BALANCES | STATEMENT | 5 |
| DESCRIPTION | | | | | | AMOUNT | |
| UNREALIZED GAIN | ON IN | IVESTMENTS | | | | 3,89 | 3. |
| TOTAL TO FORM 9 | 90-EZ | LINE 20 | | | ਂ. | 3,89 | 3. |

DEA & ASSOC INC

2011-00-23 16:37

31-4440724

OHIO COAL ASSOCIATION

| FO | RM 990-EZ | INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS | | S | TATE | MENT | 6 |
|----|-------------|---|---|---|------|------|----|
| A) | DIRECTLY OR | ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL | 1 | 1 | YES | [X] | NO |
| B) | DID THE ORG | ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? | 1 | 1 | YES | [X] | NO |

DEA & ASSOCINC

31-4440724

OHIO COAL ASSOCIATION

| | | | _ | | | | _ |
|-------------|--------|----------|------|-----------|------------|-----------|---|
| FORM 990-EZ | PART I | IV - LIS | T OF | OFFICERS, | DIRECTORS, | STATEMENT | 7 |
| | 3 | TRUSTEES | AND | KEY EMPLO | YEES | | |

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | PEN- | | EXPENSE |
|---|--------------------------|-------|--------------|--------------|---------|
| KIETH KIMBLE, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | CHAIRMAN 2.00 | | 0. | 0. | 0. |
| ROB MURRAY, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | VICE-CHAIRMA 2.00 | AN | 0. | 0. | 0. |
| ROGER OSBORNE, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | SECRETARY 2.00 | | 0. | 0. | 0. |
| TOM MACKALL, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | TREASURER 2.00 | | 0. | 0. | 0. |
| MICHAEL JAMISON, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | DIRECTOR 2.00 | | 0. | 0. | 0. |
| JOHN GRISHAM, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | DIRECTOR 2.00 | | 0. | 0. | 0. |
| DAVE ZATEZALO, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | DIRECTOR 2.00 | | 0. | 0. | 0. |
| CHUCK UNGUREAN, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | DIRECTOR 2.00 | | 0. | 0. | 0. |
| RON BIRD, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | DIRECTOR 2.00 | | 0. | 0. | 0. |
| JIM KLINGLER, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | DIRECTOR 2.00 | | 0. | 0. | 0. |
| NELSON KIDDER, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | ASSOCIATE M | EMBER | REPRES: | ENTATI 0. | 0. |
| JIM HARRIS, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | ASSOCIATE M | EMBER | REPRES 0. | ENTATI 0. | 0. |
| DICK BUCHSIEB, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | ASSOCIATE M 2.00 | EMBER | REPRES 0. | ENTATI 0. | 0. |
| TOM YOUNG, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | ASSOCIATE M | EMBER | REPRES 0. | ENTATI 0. | 0. |

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| OHIO COAL ASSOCIATION | | | | 31 | -4440724 |
|--|------------------|------|----------|----------|----------|
| CHRIS CHENGELIS, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | HONORARY 2.00 | LIFE | MEMBER 0 | . 0 | . 0. |
| LEE CONWAY, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | HONORARY 2.00 | | MEMBER 0 | . 0 | . 0. |
| RICHARD JAMES JR, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | HONORARY 2.00 | LIFE | MEMBER 0 | . 0 | . 0. |
| NEAL TORTENSON, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | HONORARY 2.00 | | MEMBER 0 | . 0 | . 0. |
| MIKE CAREY, 17 SOUTH HIGH STREET, STE 215, COLUMBUS, OH 43215 | PRESIDENT | | 120,000 | . 18,981 | . 0. |
| TOTALS INCLUDED ON FORM 990-EZ, PART | IV | _ | 120,000 | . 18,981 | . 0. |

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OHIO COAL ASSOCIATION

STATEMENT

8

PROMOTE EDUCATION ON TECHNIQUES AND WAYS TO IMPROVE MINING AND RECLAMATION