#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012 Inspection

Uppe	r Big Branch Minine	Memorial Grou	p, Inc.			ř u				29186	
Par			rity Status (All orga						nstruction	ons.	
The c 1 2 3 4	A church, condition A school descord A hospital or a A medical rese	vention of churc ribed in <b>section</b> a cooperative ho	ation because it is: (Fo thes, or association of a 170(b)(1)(A)(ii). (Attac aspital service organiza on operated in conjuncte:	churches ch Schede ation desc	describe ule E.) cribed in s	ed in sec section	tion 170( 170(b)(1)(	(b)(1)(A)(i (A)(iii).		(iii). Enter the	,
5		on operated for )(1)(A)(iv). (Com	the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit descr	ibed in
6 7	An organization	on that normally	rnment or government receives a substantia )(A)(vi). (Complete Par	al part of	scribed ir its suppo	n <b>section</b> ort from a	170(b)(1 a governr	)(A)(v). nental un	it or fror	n the general	public
9	An organization receipts from support from	on that normally activities relate gross investment	in section 170(b)(1)(A receives: (1) more that d to its exempt funct ent income and unre after June 30, 1975. So	an 331/3% ions—sul lated bus	of its su oject to d siness ta	ipport fro certain ex xable inc	come (les	and (2) s section	no more	e than 331/3%	6 of its
10 11	An organization	on organized a	d operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th nizations supportin	e benefit described g organiz	t of, to p d in sect cation and	perform t ion 509(a d comple	the functi a)(1) or se te lines 1	ions of, ection 50 1e throug	9(a)(2). See s gh 11h.	section
е	other than too or section 509	indation manag (a)(2).	that the organization ers and other than on	is not core e or more	ntrolled d	irectly or support	indirectly ea organi	y by one ozations o	or more	in section 5	ersons U9(a)(1)
f	organization,	check this box	a written determination							e III support	ting · 🔲
g	following pers	ons?	the organization acce								
	(iii) below,	the governing b	indirectly controls, eit body of the supported son described in (i) abo	organizat ove?	ion?				din (ii) au 	11g(i)	1
h	(iii) A 35% co	ntrolled entity of	f a person described in tion about the support	n (i) or (ii) a ed organi	above? . zation(s).				• • •	11g(iii)	1
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col. (i)	rou notify nization in of your port?			(vii) Amount of a suppor	
				Yes	No	Yes	No	Yes	No		
(A)											
(B)				1							
(C)				0.							
(D)	4							7, 1			
(E)					4						
Total		1.70 to 1.70 t		A Page							

Par		tions Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	1)
	Part III. If the organization fails to	gualify unde	er the tests lis	n woled beta	lease comple	to Part III	
Sect	ion A. Public Support			3.00 B3.0W, p	louse compre	The second second second sections	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				A production of the second sec		A SERVICE STATE OF THE SERVICE OF TH
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		***************************************	The second second second second second			
3	The value of services or facilities furnished by a governmental unit to the organization without charge				accessing the region for the control of the control		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly			ř			
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				100000000000000000000000000000000000000		
6 Soot	Public support. Subtract line 5 from line 4.	F 4/30/2019 84	by life edge (Sell)	· 分别为人。2016年198	5.5、小器等等		
	ion B. Total Support ndar year (or fiscal year beginning in) ▶	(a) 2000	(b) 2009	(0) 2010	(40.0011	(=) 2012	10 Tetal
7	Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				2		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for thorganization, check this box and stop he	ne organizatio	n's first, secor	nd, third, fourth	h, or fifth tax y	rear as a secti	on 501(c)(3)
Socti	ion C. Computation of Public Suppor	t Percentac		· · · · ·	• • • • •	· · · · ·	
14	Public support percentage for 2012 (line 6			11. column (fl)		14	%
15	Public support percentage from 2011 Sch					15	%
16a	331/3% support test—2012. If the organization qua	zation did not lifies as a pub	check the box licly supported	on line 13, and organization	nd line 14 is 33	<sup>1</sup> /3% or more,	check this
b	331/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part IV how the organization meets the "forganization".	ets the "facts- acts-and-circ	-and-circumsta umstances" te	ances" test, ch	neck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	011. If the org ion meets the eets the "fact	anization did r e "facts-and-c s-and-circum	not check a bo circumstances' stances" test.	ox on line 13, 1 " test, check The organizati	6a, 16b, or 17 this box and	a, and line stop here.
18	supported organization					ck this box an	• L

Schedule A (Form 990 or 990-EZ) 2012

#### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part !!.)

	on A. Public Support  dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	engalise successor and area area area. See	-		364,585.40	308,485.24	673,070.64
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose					Constitution of the Consti	
0	unrelated trade or business under section 513						
4	Tax revenues levied for the					and a first transport of the second s	
	organization's benefit and either paid to or expended on its behalf						
8	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				364,585.40	308,485.24	673,070.64
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	A CANTON COMMAND OF THE STREET		and the second s	0	0	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Dank	on B. Total Support						673,070.64
Control of the San Parks	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Salen	Amounts from line 6	(a) 2000	(0) 2003	(0) 2010	364,585.40	308,485.24	673,070.64
10a	Gross income from interest, dividends,	9-10-20-04-04-00-00-00-00-00-00-00-00-00-00-00				and the second s	A STATE OF THE PARTY OF THE PAR
100	payments received on securities loans, rents,						
	royalties and income from similar sources .	100		1,811,811			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business				100		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				364,585,40	308,485.24	673,070.64
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	nd, third, fourth			
	organization, check this box and stop he						the paper
Sect	ion C. Computation of Public Support	rt Percentag	ge	at the second			
15	Public support percentage for 2012 (line	B, column (f) o	divided by line	13, column (f))		15	100 %
16	Public support percentage from 2011 Sci	nedule A, Par	t III, line 15 .	<u></u>	<u></u>	16	100 %
Sect	ion D. Computation of Investment In					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2012 (						0 %
18	Investment income percentage from 201	1 Schedule A,	Part III, line 17	7		18	0 %
19a	331/3% support tests -2012. If the organ	ization did no	t check the bo	ox on line 14, a	and line 15 is m	ore than 331/39	b, and line
b	17 is not more than 331/3%, check this box 331/3% support tests—2011. If the organization	and stop here	e. The organizat	uon qualities as n line 14 or line	a publicly support	is more than 3	on . ► [7 3½%, and
	line 18 is not more than 331/3%, check this	box and ston	here. The oroa	nization qualifie	s as a publicly s	upported organi	zation >
20	Private foundation. If the organization d						-
20	rivate foundation. If the organization d	io not check a	DOX ON line 1	4, 19a, or 19b,	CHOCK THIS DOX	and see mand	

Charles Hall	
	Supplemental Information. Complete this part to provide the explanations required by Part 8, line 10.  Part 8, line 17a or 17b, and Part 8, line 12. Also complete this part for any additional information. See
	instructions)
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### Schedule B from MA, MA-E2, or MO-P1

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# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0947

2012

		108 V
A series Michigal sell selection of the		27-4729186
Hera of:	Section:	
form 990 or 990-EZ	(2) 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation
	☐ 527 political organization	
74.062 mil	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private f	oundation
	501(c)(3) taxable private foundation	
Note. Only a section 501 restructions. General Rule	on is covered by the General Rule or a Special Rule.  (c)(7), (8), or (10) organization can check boxes for both the General  tion Eliza Form 990, 990, FZ, or 990, PE that received, during the ves	
Note. Only a section 501 Instructions.  General Rule  For an organizar	(c)(7), (8), or (10) organization can check boxes for both the General tion filing Form 990, 990-EZ, or 990-PF that received, during the year	
Note. Only a section 501 INSTRUCTION IS.  General Rule  D For an organizar	(c)(7), (8), or (10) organization can check boxes for both the General	
Note. Only a section 501 Instructions.  General Rule  For an organizar property) from a  Special Rules  For a section 50 Instructions	tion filing Form 990, 990-EZ, or 990-PF that received, during the yearny one contributor. Complete Parts I and II.  01(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % s 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, 1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, c	support test of the regulations during the year, a contribution of
For a section 50 to property) from a section 50 to property) from a special Rules  For a section 50 under sections the greater of (1 Complete Parts)  For a section 50 to property prop	tion filing Form 990, 990-EZ, or 990-PF that received, during the yearny one contributor. Complete Parts I and II.  01(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % s 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, 1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, c	support test of the regulations during the year, a contribution of or (ii) Form 990-EZ, line 1.
Note. Only a section 501 INSTRUCTIONS.  General Rule  For an organizar property) from a special Rules  For a section 50 under sections the greater of (1 Complete Parts  For a section 50 during the year, or educational p	tion filing Form 990, 990-EZ, or 990-PF that received, during the yearny one contributor. Complete Parts I and II.  11(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % s 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, 1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, c 1 and II.	support test of the regulations during the year, a contribution of or (ii) Form 990-EZ, line 1.  ed from any one contributor, us, charitable, scientific, literary, te Parts I, II, and III.

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Upper Big Branch Mining Memorial Group, Inc.

**Employer identification number** 

27-4729186

Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Alpha Natural Resources Services LLC  PO Box 2345  Abingdon, VA 24212		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	Joy Mining Machinery  A Joy Global Inc. Company  Franklin, PA 16323		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_	Phillips Machine Service, Inc 367 George Street Beckley, WV 25801	\$\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person
			a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
Upper Big Branch Mining Memorial Group, Inc.

Employer Identification number
27-4729186

Part II	Noncash Property (see instructions). Use duplicate cop	oies of Part II if additional space	ce is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9 8 8 8 8 7 8 °		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2111111		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization **Employer identification number** Upper Big Branch Mining Memorial Group, Inc. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Relationship of transferor to transferee

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Employer Identification number

Name of the organization	Employer Identification number
Upper Big Branch Mining Memorial Group, Inc.	27-4729186
Part VI Line 11. All officers were given a copy of the 990 with all schedules.	
Part VI line 19 All necessary documents will be available on our website an	d also ayailable upon request
	***************************************
Part VI Line 12c We monitor our conflict of interest policy at quarterly board	meetings.
	***************************************
	***************************************