

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: COALFIELD DEVELOPMENT CORPORATION. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: PO BOX 1133. City or town, state or province, country, and ZIP or foreign postal code: WAYNE, WV 25570

D Employer identification number: 26-3836207. E Telephone number: (304) 501-4755. G Gross receipts \$ 11,849,377

F Name and address of principal officer: JACOB I HANNAH, PO BOX 1133, WAYNE, WV 25570

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: N/A

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 2008. M State of legal domicile: WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities: INSPIRING THE COURAGE TO GROW, ACTIVATING THE CREATIVITY TO INNOVATE, AND CULTIVATION COMMUNITITES OF OPPORTUNITY IN CENTRAL APPALACHIA THROUGH THREE CORE CAPABILITIES: EMPLOYMENT BASED SOCIAL ENTERPRISE, COMMUNITY-BASED REVITALIZATION, AND DEVELOPMENT FOR PEOPLE FACING BARRIERS TO EMPLOYMENT.

Table with 2 columns: Description (3-7a, 7b) and Amount. 3: 12, 4: 12, 5: 164, 6: 100, 7a: 0, 7b: 0

Table with 3 columns: Description (8-12), Prior Year, Current Year. 8: 13,943,414 / 10,931,379, 9: 783,312 / 643,857, 10: -34,636 / 56,277, 11: 0, 12: 14,692,090 / 11,631,513

Table with 3 columns: Description (13-19), Prior Year, Current Year. 13: 1,180,488 / 3,408,049, 14: 0, 15: 3,292,276 / 5,184,631, 16a: 0, 16b: 214,215, 17: 2,781,919 / 4,537,023, 18: 7,254,683 / 13,129,703, 19: 7,437,407 / -1,498,190

Table with 3 columns: Description (20-22), Beginning of Current Year, End of Year. 20: 24,532,193 / 25,191,570, 21: 6,988,598 / 9,139,844, 22: 17,543,595 / 16,051,726

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer JACOB I HANNAH CEO, Date 2024-11-11. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2024-11-08, Firm's name HESS STEWART & CAMPBELL PLLC, Firm's address 940 4TH AVE STE 250 HUNTINGTON, WV 257011455, Firm's EIN 55-0657218, Phone no. (304) 523-6464

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO SOLVE THE PROBLEM OF GENERATIONAL POVERTY IN RURAL COMMUNITIES CAUSED BY EXTRACTIVE MONO-ECONOMIES THROUGH FOUR CORE CAPABILITIES: INCUBATION AND INVESTING IN EMPLOYMENT-BASED SOCIAL ENTERPRISE, FACILITATING PROFESSIONAL, PERSONAL, AND ACADEMIC DEBELOPMENT FOR PEOPLE FACING BARRIERS TO EMPLOYMENT,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,579,628 including grants of \$ 754,396) (Revenue \$ 590,686)

WORKFORCE DEVELOPMENT: WE WHOLLY OR PARTIALLY OWN A FAMILY OF EMPLOYMENT- BASED SOCIAL ENTERPRISES DESIGNED TO DIVERSIFY THE REGIONAL ECONOMY TO BE LESS DEPENDENT ON COAL. BY "EMPLOYMENT-BASED" WE MEAN ENTERPRISES THAT EXIST FOR THE PURPOSE OF ADVANCING THE WELL-BEING OF ITS EMPLEEES, WHICH WE DO PRIMARILY THROUGH OUR PERSONAL AND ACADEMIC DEVELOPMENT PROGRAMMING. OUR ENTERPRISES' SUCCESSES ARE MEASURED ACCORDING TO A TRIPLE BOTTOM LINE: PEOPLE, PLANET, PROFIT. REVENUE FROM OUR SOCIAL ENTERPRISES ENABES OUR ORGANIZATION TO CREATE HUNDREDS OF JOBS AND TO BE LESS GRANT-DEPENDENT AND MORE FINANCIALLY SUSTAINABLE. OUR COMMUNITITES ARE SEVERELY ECONOMICALLY DISTRESSED AS A RESULT OF OVER-RELIANCE ON THE COAL INDUSTRY. THEREFORE, CREATING NEW BUSINESSES IS CRITICAL TO REALIZING OUR VISION; OTHERWISE, OUR TRAINEES AND GRADUATES WOULD OFTEN HAVE NOWHERE TO PUT THEIR NEW TRAINING AND CREDENTIALS TO USE. AS A LICENSED GENERAL CONTRACTOR, COALFIELD DEVELOPMENT CAN ADVANCE BOLD,CREATIVE PROJECTS IN DEEP COLLABORATION WITH THE COMMUNITITES WE SERVE.OUR PROJECTS ARE DESIGNED AND ULTIMATELY OWNED BY THE COMMUNITY. WE KEAPA PROJECT PIPELINE FULL AND ADVANCE PROJECTS THROUGH THIS PIPELINE BEGINNING WITH PREDEVELOPMENT AND FINANCING, ENTERING INTO CONSTRUCTION,AND THEN INTO OPERATION AS COMMUNITY ASSETS. OUR PROJECTS ARE MIXED-USE,MIXED INCOME, MEANING THEY BLEND RESIDENTIAL AND COMMERCIAL PURPOSES FOR A VARIETY OF DIFFERENT INCOME DEMOGRAPHICS, THUS ALSO CONTRIBUTING TO ECONOMIC DIVERSIFICATION AND OPPORTUNITY CULTIVATION. OUR CONSTRUCTION CREW IS ALSO A SOCIAL ENTERPRISE, HAVING 33-6-3 CREW MEMBERS AS CARPENTERS,REJUVENATING EMPTY BUILDINGS OR FORMER MINE-LANDS CAN BE A MAJOR STRATEGY FOR BREATHING NEW LIFE INTO OUR COMMUNITIES, PRESERVING CULTURAL TREASURERS, ATTRACTING FRESH INVESTMENT, PROVIDING OPPORTUNITIES FOR ENTREPRENEURSHIP AND CREATING QUALITY, AFFORDABLE HOUSING.

4b (Code:) (Expenses \$ 5,388,394 including grants of \$ 2,653,653) (Revenue \$ 53,171)

COMMUNITY AND ECONOMIC DEVELOPMENT: COALFIELD DEVELOPMENT TRAINS UNEMPLOYED PEOPLE IN MODERN WORKFORCE SKILLS. THROUGHOUT THE YEAR, WE FACILITATE DOZENS OF LEARNING OPPORTUNITITES FOR COMMUNITY MEMBERS. OUR NETWORK OF EMPLOYERS ENSURES OUR TRAINING IS RELEVANT TO THEIR NEEDS. THIS WAYM GRADUATES OF OUR TRAINING CAN QUICKLY FIND GAINFUL EMPLOYMENT AND OUR LOCAL BUSINESSES CAN HAVE AN EFFECTIVE WORKFORCE WITH WHICH TO GROW. OUR MOST IN-DEPTH OPPORTUNITY IS FOR THE PERSONAL AND ACADEMIC DEVELOPMENT OF OUR CREW MEMBERS WHO STAFF OUR SOCIAL ENTERPRISES. CREW MEMBERS WORK OUR 33-6 -3 MODEL WHERE EACH WEEK THEY COMPLETE 33 HOURS OF PAID WORK, 6 CREDIT HOURS OF HIGHER EDUCATION, AND 3 HOURS OF PERSONAL DEVELOPMENT MENTORSHIP. WE MAKE UP TO A THREE-YEAR EMPLOYMENT COMMITMENTTO CREW MEMBERS AS THEY EARN AN ASSOCIATE DEGREE OR TRADE CERTIFICATION AND GAIN TRACTION ON LIFE GOALS. PRIOR TO BECOMING A CREW MEMBER, PEOPLE MUST COMPLETE A SIX-MONTH COURSE CALLED WORKFORCE READINESS AND PROFESSIONAL SUCCESS (WRAPS). WRAPS TRAINEES ARE PAID FOR 33 HOURS OF WORK AND THREE HOURS OF PROFESSIONAL DEVELOPMENT EACH WEEK. INSTEAD OF PURSING HIGHER EDUCATION AT THIS STAGE, TRAINEES IDENTIFY BARRIES TO LONG-TERM EMPLOYMENT SUCCESS AN DCAN SPEND UP TO FOUR HOURS OF THEIR PAID TIME EACH WEEK WORKING WITH OUR HUMAN DEVELOPMENT STAFF TO ADDRESS THESE ISSUES. AFTER SIX MONTHS, WRAPS TRAINEES AREBETTER PREPARED TO ENTER THE WORKFORCES AS A 33-6-3 CREW MEMBER OR TO BE A SUCCESSFUL EMPLOYEE OUTSIDE OF COALFIELD DEVELOPMENT. IT IS IMPORTANT TO HELP PEOPLE IMAGINE WHAT A SUSTAINABLE, DIVERSIFIED ECONOMY CAN LOOK LIKE AND HOW IT CAN FUNCTION. THROUGH OUR PROGRAM AND SECTOR DEVELOPMENT TEAM WE ARE DESIGNING AND SCALING PROGRAMS THAT CAN TANGIBLY DEMONSTRATE WHAT A BETTER ECONOMY LOOKS LIKE. CURRENTLY, WE ARE INCUBATING PROGRAMS IN SUSTAINABLE AND REGENERATIVE AGRICULTURE, CLEAN ENERGY, DECONSTRUCTION AND RE-USE AND MINE LAND RECLAMATION. WE ARE ALSO WORKING WITH NONPROFIT PARTNERS TO HELP BUILD THEIR CAPACITY AND EXPAND THEIR PLACE-BASED WORKFORCE TRAINING PROGRAMS. AT THE SAME TIME, WE ARE DEVELOPING A NETWORK OF EMPLOYERS WHO ARE EAGER TO HIRE OUR EMERGING WORKFORCE PARTICIPANTS AND CHANGE THEIR OWN EMPLOYMENT BEHAVIORS TO BE MORE SUPPORTIVE AND ENGAGED IN REBUILDING THE APPALACHIAN ECONOMY FROM THE GROUND UP.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,968,022

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a, 2b, 164), and Yes/No checkboxes. Row 2a includes a value of 164. Row 2b has 'Yes' checked. Row 2c has 'No' checked. Row 2d has 'No' checked. Row 2e has 'No' checked. Row 2f has 'No' checked. Row 2g has 'No' checked. Row 2h has 'No' checked. Row 2i has 'No' checked. Row 2j has 'No' checked. Row 2k has 'No' checked. Row 2l has 'No' checked. Row 2m has 'No' checked. Row 2n has 'No' checked. Row 2o has 'No' checked. Row 2p has 'No' checked. Row 2q has 'No' checked. Row 2r has 'No' checked. Row 2s has 'No' checked. Row 2t has 'No' checked. Row 2u has 'No' checked. Row 2v has 'No' checked. Row 2w has 'No' checked. Row 2x has 'No' checked. Row 2y has 'No' checked. Row 2z has 'No' checked. Row 3a has 'No' checked. Row 3b has 'No' checked. Row 3c has 'No' checked. Row 3d has 'No' checked. Row 3e has 'No' checked. Row 3f has 'No' checked. Row 3g has 'No' checked. Row 3h has 'No' checked. Row 3i has 'No' checked. Row 3j has 'No' checked. Row 3k has 'No' checked. Row 3l has 'No' checked. Row 3m has 'No' checked. Row 3n has 'No' checked. Row 3o has 'No' checked. Row 3p has 'No' checked. Row 3q has 'No' checked. Row 3r has 'No' checked. Row 3s has 'No' checked. Row 3t has 'No' checked. Row 3u has 'No' checked. Row 3v has 'No' checked. Row 3w has 'No' checked. Row 3x has 'No' checked. Row 3y has 'No' checked. Row 3z has 'No' checked. Row 4a has 'No' checked. Row 4b has 'No' checked. Row 4c has 'No' checked. Row 4d has 'No' checked. Row 4e has 'No' checked. Row 4f has 'No' checked. Row 4g has 'No' checked. Row 4h has 'No' checked. Row 4i has 'No' checked. Row 4j has 'No' checked. Row 4k has 'No' checked. Row 4l has 'No' checked. Row 4m has 'No' checked. Row 4n has 'No' checked. Row 4o has 'No' checked. Row 4p has 'No' checked. Row 4q has 'No' checked. Row 4r has 'No' checked. Row 4s has 'No' checked. Row 4t has 'No' checked. Row 4u has 'No' checked. Row 4v has 'No' checked. Row 4w has 'No' checked. Row 4x has 'No' checked. Row 4y has 'No' checked. Row 4z has 'No' checked. Row 5a has 'No' checked. Row 5b has 'No' checked. Row 5c has 'No' checked. Row 5d has 'No' checked. Row 5e has 'No' checked. Row 5f has 'No' checked. Row 5g has 'No' checked. Row 5h has 'No' checked. Row 5i has 'No' checked. Row 5j has 'No' checked. Row 5k has 'No' checked. Row 5l has 'No' checked. Row 5m has 'No' checked. Row 5n has 'No' checked. Row 5o has 'No' checked. Row 5p has 'No' checked. Row 5q has 'No' checked. Row 5r has 'No' checked. Row 5s has 'No' checked. Row 5t has 'No' checked. Row 5u has 'No' checked. Row 5v has 'No' checked. Row 5w has 'No' checked. Row 5x has 'No' checked. Row 5y has 'No' checked. Row 5z has 'No' checked. Row 6a has 'No' checked. Row 6b has 'No' checked. Row 6c has 'No' checked. Row 6d has 'No' checked. Row 6e has 'No' checked. Row 6f has 'No' checked. Row 6g has 'No' checked. Row 6h has 'No' checked. Row 6i has 'No' checked. Row 6j has 'No' checked. Row 6k has 'No' checked. Row 6l has 'No' checked. Row 6m has 'No' checked. Row 6n has 'No' checked. Row 6o has 'No' checked. Row 6p has 'No' checked. Row 6q has 'No' checked. Row 6r has 'No' checked. Row 6s has 'No' checked. Row 6t has 'No' checked. Row 6u has 'No' checked. Row 6v has 'No' checked. Row 6w has 'No' checked. Row 6x has 'No' checked. Row 6y has 'No' checked. Row 6z has 'No' checked. Row 7a has 'No' checked. Row 7b has 'No' checked. Row 7c has 'No' checked. Row 7d has 'No' checked. Row 7e has 'No' checked. Row 7f has 'No' checked. Row 7g has 'No' checked. Row 7h has 'No' checked. Row 7i has 'No' checked. Row 7j has 'No' checked. Row 7k has 'No' checked. Row 7l has 'No' checked. Row 7m has 'No' checked. Row 7n has 'No' checked. Row 7o has 'No' checked. Row 7p has 'No' checked. Row 7q has 'No' checked. Row 7r has 'No' checked. Row 7s has 'No' checked. Row 7t has 'No' checked. Row 7u has 'No' checked. Row 7v has 'No' checked. Row 7w has 'No' checked. Row 7x has 'No' checked. Row 7y has 'No' checked. Row 7z has 'No' checked. Row 8 has 'No' checked. Row 9a has 'No' checked. Row 9b has 'No' checked. Row 10a has 'No' checked. Row 10b has 'No' checked. Row 11a has 'No' checked. Row 11b has 'No' checked. Row 12a has 'No' checked. Row 12b has 'No' checked. Row 13a has 'No' checked. Row 13b has 'No' checked. Row 13c has 'No' checked. Row 14a has 'No' checked. Row 14b has 'No' checked. Row 15 has 'No' checked. Row 16 has 'No' checked. Row 17 has 'No' checked.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee, or key employee listed in Part VII...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed WV 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records: SAM SARCONI PO BOX 1133 WAYNE, WV 25570 (304) 501-4755

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) KENZIE NEW-WALKER CHAIR	1.00	X		X				0	0	0
(2) JOETTA HATFIELD VICE CHAIR	1.00	X		X				0	0	0
(3) CHASE THOMAS SECRETARY	1.00	X		X				0	0	0
(4) RIC MACDOWELL TREASURER	1.00	X		X				0	0	0
(5) PHIL GRANCHI MEMBER	1.00	X						0	0	0
(6) ANDREW DAWSON MEMBER	1.00	X						0	0	0
(7) TOMMY ADKINS MEMBER	1.00	X						0	0	0
(8) MITZIE RUSSELL MEMBER	1.00	X						0	0	0
(9) MARILYN MCCLURE-DEMERS MEMBER	1.00	X						0	0	0
(10) KELLI JOHNSON MEMBER	1.00	X						0	0	0
(11) CLIFTON MOORE MEMBER	1.00	X						0	0	0
(12) ASHLEY PECK MEMBER	1.00	X						0	0	0
(13) LARRY CASTLE PRESIDENT EM	1.00	X						0	0	0
(14) BRANDON M DENNISON EXECUTIVE DI	40.00			X				145,500	0	11,877
(15) RYAN C STONER CHIEF OPERAT	40.00			X				74,972	0	9,932
(16) SAM SARCONE CFO	40.00			X				92,943	0	10,311
(17) MARILYN WRENN CHIEF DEVELO	40.00			X				96,235	0	9,981

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-f (Contributions, Gifts, Grants, etc.) and 1g (Total).

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 2a-f (RENT, SALES, PROGRAM AND OTHER INCOME, etc.) and 2g (Total).

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 3-10 (Investment income, Royalties, Rental income, etc.) and 11a-d (Other revenue).

Table for Total Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 11a-d (Other revenue) and 12 (Total revenue).

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,408,049	3,408,049		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	451,752	310,985	124,684	16,083
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,111,563	2,830,401	1,134,791	146,371
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	232,889	160,321	64,277	8,291
10 Payroll taxes	388,427	267,393	107,206	13,828
11 Fees for services (non-employees):				
a Management				
b Legal	24,929	19,943	4,986	
c Accounting	78,323		78,323	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,282,712	758,648	495,698	28,366
12 Advertising and promotion	165,621	71,313	94,308	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	542,702	198,065	344,637	
17 Travel	412,884	312,257	99,361	1,266
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	142,709	44,218	98,491	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	485,221	485,221		
23 Insurance	123,322	45,825	77,497	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	713,089	524,997	188,082	10
b COST OF SALES	229,070	229,070		
c TOOLS & EQUIPMENT	127,004	127,004		
d SCHOLARSHIPS	99,214	99,214		
e All other expenses	110,223	75,098	35,125	
25 Total functional expenses. Add lines 1 through 24e	13,129,703	9,968,022	2,947,466	214,215
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	549,660	1	978,287
	2 Savings and temporary cash investments	9,709,666	2	3,429,090
	3 Pledges and grants receivable, net	2,041,116	3	5,187,209
	4 Accounts receivable, net	26,673	4	117,719
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	154,455	7	73,944
	8 Inventories for sale or use	59,053	8	98,001
	9 Prepaid expenses and deferred charges	69,693	9	224,624
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,709,431		
	b Less: accumulated depreciation	10b 2,272,963	11,213,170	10c 14,436,468
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	480,516	13	407,542
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	228,191	15	238,686
16 Total assets: Add lines 1 through 15 (must equal line 33)	24,532,193	16	25,191,570	
Liabilities	17 Accounts payable and accrued expenses	784,689	17	2,125,598
	18 Grants payable		18	
	19 Deferred revenue	2,997,725	19	3,591,557
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,126,079	23	3,331,860
	24 Unsecured notes and loans payable to unrelated third parties	80,105	24	90,829
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,988,598	26	9,139,844
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,644,172	27	9,895,278
	28 Net assets with donor restrictions	9,899,423	28	6,156,448
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,543,595	32	16,051,726
33 Total liabilities and net assets/fund balances	24,532,193	33	25,191,570	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,631,513
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,129,703
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,498,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,543,595
5	Net unrealized gains (losses) on investments	5	6,321
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	16,051,726

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
COALFIELD DEVELOPMENT CORPORATION

Employer identification number
26-3836207

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,008,024	5,914,346	6,773,434	13,943,414	10,931,379	42,570,597
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	5,008,024	5,914,346	6,773,434	13,943,414	10,931,379	42,570,597
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						42,570,597

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	5,008,024	5,914,346	6,773,434	13,943,414	10,931,379	42,570,597
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,283	6,259	11,655	9,852	174,791	203,840
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						42,774,437
12 Gross receipts from related activities, etc. (see instructions)					12	2,861,801
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	99.520 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	99.920 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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 II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.
b 33 1/3% support tests-2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a			
b	A family member of a person described on 11a above?		
11b			
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c			

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2			

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1			

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3			

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a			
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization COALFIELD DEVELOPMENT CORPORATION	Employer identification number 26-3836207
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 COALFIELD DEVELOPMENT CORPORATION

Employer identification number
 26-3836207

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
COALFIELD DEVELOPMENT CORPORATION

Employer identification number

26-3836207

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization COALFIELD DEVELOPMENT CORPORATION	Employer identification number 26-3836207
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. 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 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 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 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	
_____		_____	
_____		_____	

Additional Data

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Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization COALFIELD DEVELOPMENT CORPORATION

Employer identification number

26-3836207

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, and monitoring details. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		678,410		678,410
b Buildings		14,165,652	1,455,559	12,710,093
c Leasehold improvements				
d Equipment		897,963	411,846	486,117
e Other		967,406	405,558	561,848
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				14,436,468

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	11,756,348
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	6,321	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	6,321	
3	Subtract line 2e from line 1	3	11,750,027	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-118,514	
c	Add lines 4a and 4b	4c	-118,514	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,631,513	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	13,248,217
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	13,248,217	
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	4a		
b	Other (Describe in Part XIII.)	4b	-118,514	
c	Add lines 4a and 4b	4c	-118,514	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,129,703	

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	LOSS ON SALE OF FIXED ASSETS -118,514
SCHEDULE D, PAGE 4, PART XII, LINE 4B	LOSS ON SALE OF FIXED ASSETS -118,514

Additional Data

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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization
COALFIELD DEVELOPMENT CORPORATION

Employer identification number
26-3836207

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACENET 94 COLUMBUS ROAD ATHENS, OH 45701	31-1129632	501C3	10,000				
(2) APPALACHAIN VOICES 589 WEST KING ST BOONE, NC 28607	56-2089956	501C3	166,342				
(3) BARBARA LAVALLEY BENTON 175 PINTO LANE KENOVA, WV 25530	23-6022286		6,000				
(4) CONSTRUCTION JUNCTION 214 N LEXINGTON ST PITTSBURGH, PA 15208			44,000				
(5) DOWNSTREAM STRATEGIES 911 GREENBAG ROAD MARGANTOWN, WV 26508	37-1418095		8,300				
(6) ECONOMIC DEVELOPMENT GREATER EAST 37 VALERIE STREET VALLSCREEK, WV 24815	82-3157315	501C3	20,000				
(7) GENERATION WV 601 MORRIS STREET SUITE 205 CHARLESTON, WV 25301	81-3004556	501C3	160,000				
(8) GOODWILL INDUS KYOWVA AREA INC 1102 MEMORIAL BLVD W HUNTINGTON, WV 25701	23-7374240	501C3	30,000				
(9) HIGH ROCKS EDUCATIONAL CORPORATION 195 THOMPSON RD HILLSBORO, WV 24956	55-0743755	501C3	126,000				
(10) INVEST APPALACHIA 1456 PALTON AVE SUITE D ASHEVILLE, NC 28809	84-2748180	501C3	500,000				
(11) LAYNE CONSULTING LLC 916 5TH AVENUE SUITE 410 HUNTINGTON, WV 25701	23-4925193		17,506				
(12) MARSHALL UNIVERSITY RESEARCH CORP JOHN MARSHALL DRIVE 107 CORBLY HALL HUNTINGTON, WV 257552300	55-6011111	501C3	134,447				
(13) NEIGHBORS HELPING NEIGHBORS PO BOX 1703 ASHLAND, KY 41105	61-1450110	501C3	102,597				
(14) NEW VISION RENEWABLE ENERGY PO BOX 425 PHILIPPI, WV 26416	45-4696610	501C3	50,000				

(15) REAL LIFE CHRISTIAN CENTER CHURCH 2511 9TH AVE HUNTINGTON, WV 25703	55-0783559	501C3	7,500			
(16) RENEWALL INC 610 14TH STREET WEST HUNTINGTON, WV 25704	84-3892346	501C3	19,286			
(17) RURAL ACTION 9030 HOCKING HILLS DRIVE THE PLAINS, OH 45780	31-1124220	501C3	225,732			
(18) SASSA WILKES 50 SETH LANE BARBOURSVILLE, WV 25504	23-3390096		23,250			
(19) SOLAR HOLLER PO BOX 1265 SHEPHARDSTOWN, WV 25443	46-3187775		500,000			
(20) STEP BY STEP INC 415 DICKINSON STREET CHARLESTON, WV 25301	55-0746556	501C3	55,000			
(21) STEPPING STONES PO BOX 539 LAVALETTE, WV 25535	55-0593968		20,000			
(22) UNLIMITED FUTURE INC 1650 EIGHTH AVENUE HUNTINGTON, WV 25703	55-0711154	501C3	142,389			
(23) WEST VIRGINIA MINE WARS MUSEUM 401 MATE STREET MATEWAN, WV 25678	56-4504369		66,608			
(24) WEST VIRGINIA UNIVERSITY PO BOX 6001 MORGANTOWN, WV 26506	55-6000842	501C3	89,987			
(25) WV COMMUNITY DEVELOPMENT HUB 424A SHREWSBURY STREET CHARLESTON, WV 25301	20-0022399	501C3	466,724			
(26) HUNTINGTON BLACK PASTORS MINISTERIA ASSOCIATION INC 2511 9TH AVE HUNTINGTON, WV 25703	82-3917207		22,500			
(27) HUNTINGTON MUNICIPAL DEVELOPMENT AUTHORITY 916 5TH AVE 400 HUNTINGTON, WV 25701		501C3	13,000			
(28) NEW RIVER GORGE REGIONAL DEVELOPMENT AUTHORITY'S WV HIVE 116 N HEBER ST STE B BECKLEY, WV 25801	86-3097939	501C3	140,000			
(29) WV HEALTHY KIDS AND FAMILIES COALITION INC 412 ELIZABETH ST CHARLESTON, WV 25311	45-2857448	501C3	6,667			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18

3 Enter total number of other organizations listed in the line 1 table 11

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COALFIELD DEVELOPMENT CORPORATION

Employer identification number

26-3836207

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

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Software Version:

2023

Open to Public Inspection

SCHEDULE O
(Form 990)**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.

Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
COALFIELD DEVELOPMENT CORPORATION

Employer identification number

26-3836207

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	TO SOLVE THE PROBLEM OF GENERATIONAL POVERTY IN RURAL COMMUNITIES CAUSED BY EXTRACTIVE MONO-ECONOMIES THROUGH FOUR CORE CAPABILITIES: INCUBATION AND INVESTING IN EMPLOYMENT-BASED SOCIAL ENTERPRISE, FACILITATING PROFESSIONAL, PERSONAL, AND ACADEMIC DEVELOPMENT FOR PEOPLE FACING BARRIERS TO EMPLOYMENT,
FORM 990, PAGE 2, PART III, LINE 4A	WORKFORCE DEVELOPMENT: WE WHOLLY OR PARTIALLY OWN A FAMILY OF EMPLOYMENT-BASED SOCIAL ENTERPRISES DESIGNED TO DIVERSIFY THE REGIONAL ECONOMY TO BE LESS DEPENDENT ON COAL. BY "EMPLOYMENT-BASED" WE MEAN ENTERPRISES THAT EXIST FOR THE PURPOSE OF ADVANCING THE WELL-BEING OF ITS EMPLOYEES, WHICH WE DO PRIMARILY THROUGH OUR PERSONAL AND ACADEMIC DEVELOPMENT PROGRAMMING. OUR ENTERPRISES' SUCCESSES ARE MEASURED ACCORDING TO A TRIPLE BOTTOM LINE: PEOPLE, PLANET, PROFIT. REVENUE FROM OUR SOCIAL ENTERPRISES ENABLES OUR ORGANIZATION TO CREATE HUNDREDS OF JOBS AND TO BE LESS GRANT-DEPENDENT AND MORE FINANCIALLY SUSTAINABLE. OUR COMMUNITITES ARE SEVERELY ECONOMICALLY DISTRESSED AS A RESULT OF OVER-RELIANCE ON THE COAL INDUSTRY. THEREFORE, CREATING NEW BUSINESSES IS CRITICAL TO REALIZING OUR VISION; OTHERWISE, OUR TRAINEES AND GRADUATES WOULD OFTEN HAVE NOWHERE TO PUT THEIR NEW TRAINING AND CREDENTIALS TO USE. AS A LICENSED GENERAL CONTRACTOR, COALFIELD DEVELOPMENT CAN ADVANCE BOLD, CREATIVE PROJECTS IN DEEP COLLABORATION WITH THE COMMUNITITES WE SERVE. OUR PROJECTS ARE DESIGNED AND ULTIMATELY OWNED BY THE COMMUNITY. WE KEEP A PROJECT PIPELINE FULL AND ADVANCE PROJECTS THROUGH THIS PIPELINE BEGINNING WITH PREDEVELOPMENT AND FINANCING, ENTERING INTO CONSTRUCTION, AND THEN INTO OPERATION AS COMMUNITY ASSETS. OUR PROJECTS ARE MIXED-USE, MIXED INCOME, MEANING THEY BLEND RESIDENTIAL AND COMMERCIAL PURPOSES FOR A VARIETY OF DIFFERENT INCOME DEMOGRAPHICS, THUS ALSO CONTRIBUTING TO ECONOMIC DIVERSIFICATION AND OPPORTUNITY CULTIVATION. OUR CONSTRUCTION CREW IS ALSO A SOCIAL ENTERPRISE, HAVING 33-6-3 CREW MEMBERS AS CARPENTERS, REJUVENATING EMPTY BUILDINGS OR FORMER MINE-LANDS CAN BE A MAJOR STRATEGY FOR BREATHING NEW LIFE INTO OUR COMMUNITITES, PRESERVING CULTURAL TREASURES, ATTRACTING FRESH INVESTMENT, PROVIDING OPPORTUNITIES FOR ENTREPRENEURSHIP AND CREATING QUALITY, AFFORDABLE HOUSING.
FORM 990, PAGE 2, PART III, LINE 4B	COMMUNITY AND ECONOMIC DEVELOPMENT: COALFIELD DEVELOPMENT TRAINS UNEMPLOYED PEOPLE IN MODERN WORKFORCE SKILLS. THROUGHOUT THE YEAR, WE FACILITATE DOZENS OF LEARNING OPPORTUNITITES FOR COMMUNITY MEMBERS. OUR NETWORK OF EMPLOYERS ENSURES OUR TRAINING IS RELEVANT TO THEIR NEEDS. THIS WAYM GRADUATES OF OUR TRAINING CAN QUICKLY FIND GAINFUL EMPLOYMENT AND OUR LOCAL BUSINESSES CAN HAVE AN EFFECTIVE WORKFORCE WITH WHICH TO GROW. OUR MOST IN-DEPTH OPPORTUNITY IS FOR THE PERSONAL AND ACADEMIC DEVELOPMENT OF OUR CREW MEMBERS WHO STAFF OUR SOCIAL ENTERPRISES. CREW MEMBERS WORK OUR 33-6-3 MODEL WHERE EACH WEEK THEY COMPLETE 33 HOURS OF PAID WORK, 6 CREDIT HOURS OF HIGHER EDUCATION, AND 3 HOURS OF PERSONAL DEVELOPMENT MENTORSHIP. WE MAKE UP TO A THREE-YEAR EMPLOYMENT COMMITMENT TO CREW MEMBERS AS THEY EARN AN ASSOCIATE DEGREE OR TRADE CERTIFICATION AND GAIN TRACTION ON LIFE GOALS. PRIOR TO BECOMING A CREW MEMBER, PEOPLE MUST COMPLETE A SIX-MONTH COURSE CALLED WORKFORCE READINESS AND PROFESSIONAL SUCCESS (WRAPS). WRAPS TRAINEES ARE PAID FOR 33 HOURS OF WORK AND THREE HOURS OF PROFESSIONAL DEVELOPMENT EACH WEEK. INSTEAD OF PURSUING HIGHER EDUCATION AT THIS STAGE, TRAINEES IDENTIFY BARRIERS TO LONG-TERM EMPLOYMENT SUCCESS AND CAN SPEND UP TO FOUR HOURS OF THEIR PAID TIME EACH WEEK WORKING WITH OUR HUMAN DEVELOPMENT STAFF TO ADDRESS THESE ISSUES. AFTER SIX MONTHS, WRAPS TRAINEES ARE BETTER PREPARED TO ENTER THE WORKFORCES AS A 33-6-3 CREW MEMBER OR TO BE A SUCCESSFUL EMPLOYEE OUTSIDE OF COALFIELD DEVELOPMENT. IT IS IMPORTANT TO HELP PEOPLE IMAGINE WHAT A SUSTAINABLE, DIVERSIFIED ECONOMY CAN LOOK LIKE AND HOW IT CAN FUNCTION. THROUGH OUR PROGRAM AND SECTOR DEVELOPMENT TEAM WE ARE DESIGNING AND SCALING PROGRAMS THAT CAN TANGIBLY DEMONSTRATE WHAT A BETTER ECONOMY LOOKS LIKE. CURRENTLY, WE ARE INCUBATING PROGRAMS IN SUSTAINABLE AND REGENERATIVE AGRICULTURE, CLEAN ENERGY, DECONSTRUCTION AND RE-USE AND MINE LAND RECLAMATION. WE ARE ALSO WORKING WITH NONPROFIT PARTNERS TO HELP BUILD THEIR CAPACITY AND EXPAND THEIR PLACE-BASED WORKFORCE TRAINING PROGRAMS. AT THE SAME TIME, WE ARE DEVELOPING A NETWORK OF EMPLOYERS WHO ARE EAGER TO HIRE OUR EMERGING WORKFORCE PARTICIPANTS AND CHANGE THEIR OWN EMPLOYMENT BEHAVIORS TO BE MORE SUPPORTIVE AND ENGAGED IN REBUILDING THE APPALACHIAN ECONOMY FROM THE GROUND UP.
FORM 990, PAGE 6, PART VI, LINE 11B	EXECUTIVE DIRECTOR PRESENTS TO BOARD OF DIRECTORS, BOARD OF DIRECTORS APPROVE.
FORM 990, PAGE 6, PART VI, LINE 12C	ANNUAL BOARD AND STAFF TRAINING; OPPORTUNITY GIVEN TO ALERT ANY POTENTIAL CONFLICTS.
FORM 990, PAGE 6, PART VI, LINE 15A	SET BY BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 15B	SET BY BOARD OF DIRECTORS.
FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9	LOSS ON SALE OF FIXED ASSETS 118,514 LOSS ON SALE OF FIXED ASSETS -118,514

Additional Data

Return to Form

Software ID:

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