

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2018

Open to Public  
Inspection

A For the 2018 calendar year, or tax year beginning January 1, 2018, and ending December 31, 2018

B Check if applicable	C Name of organization United Mine Workers of America - Local Union 1702		D Employer identification number 550523843
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 475 Ohio Avenue		E Telephone number 304-291-6283
<input type="checkbox"/> Name change	F City or town, state or province, country, and ZIP or foreign postal code Westover, WV 26501-3972		G Group Exemption Number ► 5333
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ► None

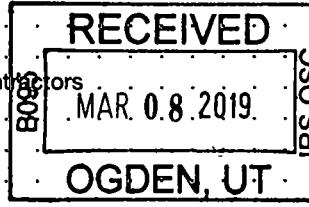
J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) ▲ (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other Labor Union

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 139,175

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ► 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	0
	2 Program service revenue including government fees and contracts . . . . .	2	0
	3 Membership dues and assessments . . . . .	3	136,085
	4 Investment income . . . . .	4	3,073
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	0	
c Less: direct expenses from gaming and fundraising events . . . . .	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0	
7a Gross sales of inventory, less returns and allowances . . . . .	7a	0	
b Less: cost of goods sold . . . . .	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0	
8 Other revenue (describe in Schedule O) . . . . .	8	17	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	139,175	
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	10,425
	11 Benefits paid to or for members . . . . .	11	0
	12 Salaries, other compensation, and employee benefits . . . . .	12	89,243
	13 Professional fees and other payments to independent contractors . . . . .	13	0
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	600
	15 Printing, publications, postage, and shipping . . . . .	15	245
	16 Other expenses (describe in Schedule O) . . . . .	16	38,372
	17 Total expenses. Add lines 10 through 16 ►	17	138,885
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	+290
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	197,947
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	290
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	198,237



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

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## Part II Balance Sheets (see the instructions for Part II)

**Check if the organization used Schedule O to respond to any question in this Part II**

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments . . . . .	197,947	22	198,237
23 Land and buildings . . . . .	0	23	0
24 Other assets (describe in Schedule O) . . . . .	0	24	0
<b>25 Total assets . . . . .</b>	<b>197,947</b>	<b>25</b>	<b>198,237</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>26</b>	<b>0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .</b>	<b>197,947</b>	<b>27</b>	<b>198,237</b>

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

Check if the organization used Schedule O to respond to any question in this Part

What is the organization's primary exempt purpose? Labor Union representing employees

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	Wage Agreement Enforcement for approximately 800 members	
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29	Enforcement of applicable state and federal coal mine health and safety regulations for approximately 360 members	
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30	Organizing the unorganized for all members and workers nationwide!	
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) . . . . .	
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	32

**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)**

Check if the organization used Schedule Q to respond to any question in this Part IV.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . . Yes  No   
**33** ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . . Yes  No   
**34** ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . . Yes  No   
**35a** ✓

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . . Yes  No   
**35b** ✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . Yes  No   
**35c** ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . . Yes  No   
**36** ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0 Yes  No   
**37b** ✓

b Did the organization file Form 1120-POL for this year? . . . . . Yes  No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . . Yes  No   
**38a** ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . Yes  No   
**38b** ✓

39 Section 501(c)(7) organizations. Enter: Yes  No   
 a Initiation fees and capital contributions included on line 9 . . . . . Yes  No   
**39a** ✓

b Gross receipts, included on line 9, for public use of club facilities . . . . . Yes  No   
**39b** ✓

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ Yes  No   
**40b** ✓

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . Yes  No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . Yes  No   
**40c** ✓

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . Yes  No

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . . Yes  No   
**40e** ✓

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42a The organization's books are in care of ► William Keechel Telephone no. ► 304-291-6283  
 Located at ► 475 Ohio Ave Westover, WV ZIP + 4 ► 26501-3972 Yes  No   
**42b** ✓

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Yes  No   
**42c** ✓

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► \_\_\_\_\_ Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ►  and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► **43** Yes  No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . Yes  No   
**44a** ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . Yes  No   
**44b** ✓

c Did the organization receive any payments for indoor tanning services during the year? . . . . . Yes  No   
**44c** ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . Yes  No   
**44d** ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . Yes  No   
**45a** ✓

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . . Yes  No   
**45b** ✓

46. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

## Part VI      **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

**Check if the organization used Schedule O to respond to any question in this Part VI**

**Yes** **No**

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a
b	If "Yes," was the related organization a section 527 organization?	49b
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  Yes  No

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.

<b>Sign Here</b>	<i>William Keechel</i>	3-4-19			
	Signature of officer	Date			
	William Keechel - Financial Secretary Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions

**Form 990-EZ (2018)**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**Open to Public  
InspectionName of the organization  
United Mine Workers of America - Local Union 1702Employer identification number  
550523843**Part I, Item 8 "Other Revenue"**

(1) Refund from BrickStreet Insurance (WV Worker's Comp ) for overpayment = \$ 17 00

**Part I, Item 16 (Other Expenses)**

(1) Officer and employee expenses	\$ 3,110
(2) WV Unemployment Tax	1,603
(3) Federal Unemployment Tax	846
(4) Local Union share FICA	8,027
(5) Withholding Taxes Paid	14,666
(6) Supplies & Materials	360
(7) BrickStreet Insurance	411
(8) Bereavement Flowers	560
(9) AFL-CIO Labor Day Picnic	1,000
(10) Safe Deposit Box	29
(11) WV University Schooling	1,125
(12) Partners In Education Lunch	635
(13) Hotel Expenses	1,445
(14) Union Golf Tournament Hole Sponsorship	150
(15) WV AFL-CIO Conference	125
(16) Bank Errors	1
(17) Mylan Park Elementary School Coat Drive	1,000
(18) Laptop Computer	1,049
(19) WV Alliance for Retired Persons membership	35
(20) UMW General Fund - share of mailing	282
(21) Bank Fee	25
(22) Dues Refund	1,268
(23) Donations	620

Name of the organization

United Mine Workers of America - Local Union 1702

Employer identification number

550523843

Total

\$ 38,372