2019

DLN: 93493196000290 OMB No. 1545-0047

Open to Public Inspection

Form **990**

Department of the

Return of Organization Exempt From Income Tax

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 $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

		ue Service						
Fo	or the	2019 ca		nning 01-01-2019 , and ending 12-	-31-2019			
		plicable:	C Name of organization NATIONAL MINING ASSOCIATION			D Employe	r identif	ication number
	dress c me cha	hange				52-1916	480	
	tial retu	-	Doing business as					
		/terminated						
		return	Number and street (or P.O. box if n 101 CONSTITUTION AVENUE NW N	nail is not delivered to street address) Room/	suite/	E Telephone	e number	
□ App	olicatio	n pending				(202) 46	3-2600	
			City or town, state or province, cou WASHINGTON, DC 200012133	intry, and ZIP or foreign postal code				
			W.C.M.C., 20 20012100			G Gross red	eipts \$ 1	4,901,718
			F Name and address of principal RICH NOLAN	al officer:	H(a) I	s this a group ret	urn for	
			101 CONSTITUTION AVENUE N	W NO 500E		subordinates?		□Yes 🗹 No
			WASHINGTON, DC 200012133			Are all subordinate ncluded?	es	☐ Yes ☐No
Tax	k-exem	npt status:	☐ 501(c)(3) ☑ 501(c)(6) ◄	(insert no.) \square 4947(a)(1) or \square 527		f "No," attach a li	st. (see	instructions)
W	ebsite	e:▶ WW	W.NMA.ORG		H(c) (Group exemption	number	>
Form	n of org	ganization:	✓ Corporation ☐ Trust ☐ Asset	ociation 🔲 Other 🕨	L Year of	formation: 1995	M State	of legal domicile: DE
		_						
Pa	ırt I	Sumi						
MINE	T P	O PROMO UBLIC PO		THE PRODUCERS OF COAL AND MINERA S, THE EXECUTIVE BRANCH, AND THE J				
5	2 (Check thi	s box > if the organization di	scontinued its operations or disposed of	f more than	25% of its net as	sets	
ś				ng body (Part VI, line 1a)			3	60
<u>ه</u> ک	4	Number o	of independent voting members o	f the governing body (Part VI, line 1b)			4	59
	5	Total nun	nber of individuals employed in ca	alendar year 2019 (Part V, line 2a) .			5	32
176	6	Total nun	nber of volunteers (estimate if ne	cessary)			6	59
`	7a -	Total unr	elated business revenue from Par	t VIII, column (C), line 12			7a	0
	ь	Net unrel	ated business taxable income fro	m Form 990-T, line 39			7b	0
						Prior Year		Current Year
a.	8 (Contribut	ions and grants (Part VIII, line 1h)			0	0
Ravenue	9	Program	service revenue (Part VIII, line 2g)		7,992,5	70	8,035,774
۶۸ĕ۱	10	Investme	nt income (Part VIII, column (A),	lines 3, 4, and 7d)		1,751,5	95	1,336,918
_	11 (Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		-17,0	88	-23,716
	12	Total reve	enue—add lines 8 through 11 (mu	ust equal Part VIII, column (A), line 12)		9,727,0	77	9,348,976
	13	Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1–3)			0	0
	14	Benefits p	oaid to or for members (Part IX, c	olumn (A), line 4)			0	0
Ş	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5–10))	7,625,0	06	7,662,988
Expenses	16 a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)			0	0
e di	Ь.	Total fundr	aising expenses (Part IX, column (D),	line 25) ▶0				
a	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		7,397,8	62	6,269,135
	18	Total exp	enses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		15,022,8	68	13,932,123
	19	Revenue	less expenses. Subtract line 18 fr	rom line 12		-5,295,7	91	-4,583,147
5 9.					Begin	nning of Current Ye	ear	End of Year
Fund Balances								
Ba			ets (Part X, line 16)			39,545,0	_	51,619,297
nud.			ilities (Part X, line 26)			9,288,3		22,133,749
			s or fund balances. Subtract line	21 from line 20		30,256,7	22	29,485,548
	rt II		ature Block	nined this return, including accompanyir	aa aabadula	s and statements	20d to	the best of my
				e. Declaration of preparer (other than of				
ny ki	nowle	dge.						
		*****	•			2020-07-14		
ign		Signatu	re of officer			Date		
lere	:	ROGER	ROBERTS TREASURER/SVP F					
			r print name and title					
		P	rint/Type preparer's name	Preparer's signature	Date		TIN	
aic	1				2020-07-10	Check L if p	0029072	
	oare	r 🖪	irm's name ► RSM US LLP			Firm's EIN ► 42-0	0714325	
-	Onl	ı ⊢	irm's address ► 2021 L STREET NW 40	10		Phone no. (202) 2	03-2200	
	J	· [Filone 110. (202) 2	.93-2200	
			WASHINGTON, DC 20			1		
lay tl	he IRS	3 discuss	this return with the preparer sho	wn above? (see instructions)			✓ Y	′es □No

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2019)				Page 2
Pa	rt III Statement	of Program Service Ac	complishments		
	Check if Sched	dule O contains a response o	note to any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:			
REAL AND MINE THE PRES THE	LIZE THE ECONOMIC AN INFLUENCE THE PUBLI E, PROCESS, TRANSPOR PRODUCTION AND USE BENCE IN THE NATION'S US MINING INDUSTRY,	ND NATIONAL SECURITY BEN C POLICY PROCESS ON THE RT, AND UTILIZE THE NATIO E OF COAL AND MINERAL RES S CAPITAL ON BEHALF OF NE	IEFITS OF AMERICA'S DOMESTIC MOST SIGNIFICANT AND TIMELY N'S VAST COAL AND MINERAL RE SOURCES PRODUCED BY THE US MA'S MEMBERSHIP,-SERVING AS RRENT AND FUTURE NEEDS OF T	FOR THE MINING INDUSTRY, AND TO MINING CAPABILITY. OUR OBJECT ISSUES THAT IMPACT OUR ABILITY. SELECTION OF THE INFORMATION CENTER FOR, A HE INDUSTRY, MINING EQUIPMENT OF THE INDUSTRY OF TH	IVE IS TO ENGAGE IN IY TO LOCATE, PERMIT, BERSHIP BY:-PROMOTING IG A STRONG POLITICAL AND A SINGLE VOICE OF,
2	Did the organization (undertake any significant pro	gram services during the year w	hich were not listed on	
	the prior Form 990 or	990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Schedule	0.		
3	Did the organization of	cease conducting, or make si	gnificant changes in how it condu	ıcts, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule O.			
4	Section 501(c)(3) and		required to report the amount o	largest program services, as mease of grants and allocations to others,	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data	, (, (
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d		es (Describe in Schedule 0.)			
	(Expenses \$	including	grants of \$) (Revenue \$)
4e	Total program serv	ice expenses ►			

18

19

Checklist of Required Schedules

ıaı	the checkinst of Required Schedules	$\neg \neg$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part \$\frac{1}{2}\$	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
	or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Yes	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	<u> </u>	No
	Schedule D, Parts XI and XII	12a	Yes	<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	<u> </u>	No
	· · · · · · · · · · · · · · · · · · ·	13	<u> </u>	No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

17

18

19

20a

20b

21

Nο

Nο

Nο

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Par	Checklist of Required Schedules (continued)			
			Yes	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
5	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
Ба	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		No
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		\Box		

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

01111	Ctatamenta Recording Other IDC Filings and Tay Compliance (continued)			rage 3
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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:	4a		No
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		No No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		NO .
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	nse to i	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 60			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 59			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
		10	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12-		NI-
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		No
	conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Yes	
14 15	Did the organization have a written document retention and destruction policy?	14	Yes	
2	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-55	, 03	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NOGER ROBERTS 101 CONSTITUTION AVENUE NW NO 500E WASHINGTON, DC 200012133 (202) 463-2600			
	·	F	orm 99 6	0 (2019)

 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. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization should be organization from the organization from t	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
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■ 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation 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. See 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
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(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	related		
	See Additional Data Table												
													—
													—

325 7TH STREET NW SUITE 400 WASHINGTON, DC 20004

ors, Trustees	, Key I	Empl	oye	es,	and I	High	nest Compe	ensate	d Employees (´contii	nued)	
Name and title Average hours per week (list any hours for related							compens from	ated of other sation the				
organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			MISC)		relat organiza	ed
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 art VII, Section	 A				>				•			
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		e liste	ed ab	oove	e) who	rece	eived more t	han \$1	00,000			
											Yes	No
							ghest compe	nsated • •	employee on	3		No
									n the	4	V	
								or indi	vidual for		163	No No
ors												110
est compensate esation for the c									ı's tax year.	npens		
(A) nd business addre	SS							Desc			(C Comper	
							COV	ISULTIN	G			684,459
							COV	SULTIN	G			625,690
							COV	SULTIN	G			504,812
							COV	SULTIN	G			311,863
							COV	SULTIN	G			216,000
	(B) Average hours per week (list any hours for related organizations below dotted line) art VII, Section but not limited organization ▶ : for such individe the sum of report segrent than \$ ye or accrue con ?If "Yes," comple ors est compensated sation for the con (A)	(B) Average hours per week (list any hours for related organizations below dotted line) The properties of the properti	(B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A	(B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A	(B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A but not limited to those listed above organization ▶ 14 Difficer, director or trustee, key employed for such individual the sum of reportable compensation for such individual the sum of reportable compensation for such individual the sum of reportable compensation for any such individual the sum of reportable compensation for such individual the sum of reportable compensation for any such individual the sum of reportable compensation for such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual the sum of reportable compensation for any such individual indiv	(B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A but not limited to those listed above) who organization ► 14 Defficer, director or trustee, key employee, or for such individual the sum of reportable compensation and organization ► 150,000? If "Yes," complete Schedule J for such per less toom pensated independent contractors are to make the sum of reportable compensation and organization For such per less toom pensated independent contractors are toom pensated independent contractors. (A)	Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) In stitutional Trustee employee more than one box, unless person is both an officer and a director/trustee) In stitutional Trustee employee employee employee or more than one box, unless person is both an officer and a director/trustee) In stitutional Trustee employee employee or more than one box, unless person is both an officer and a director/trustee) In stitutional Trustee employee employee or more than one box, unless person is both an officer and a director/trustee) Former Former Former is both an officer and a director/trustee) Former Former is both an officer and a director former is both an officer and a director former i	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director (more than 000 person in dividual) Position (do not check more than 000 person is both an officer and a director on person in dividual in the sum of reportable compensation and other compensation or person in dividual in the sum of reportable compensation and other compensation or some person in the sum of reportable compensation and other compensation of the sum of reportable compensation from any unrelated organization person in the calendar year ending with or within the organization (A) and business address CON	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a dorganization below dotted line) Individual flustrations of all the properties of the proper	(B) Average hours per week (list any hours for related organization sbelow dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or a line line line line line line line line	Average hours per week (lists and note box, unless person is both an officer and a director/trustee) and programmations for election (do not check more than one box, unless person is both an officer and a director/trustee) organizations for the director/trustee organizations below dotted line) organizations below dotted line) organizations below dotted line) organizations organ	Average hours per week (list any hours for related organizations below dotted line) Description Description

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 13

Part			of E	Pavanua						Page 9
Ган	VIII				spo	nse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
~ ×	1:	a Federated campa	igns	1	.a		-			
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	s .	1	b					
Gr.		c Fundraising even	ts .	[_1	.с					
iffs ar A		d Related organiza		<u> </u>	d					
s, G imil		e Government grants			.e					
tion r Si	1	f All other contributio and similar amounts above	ns, g s not	included	lf					
tributions, Gifts Other Similar	,	q Noncash contributio	ns in		i					
Contrand (lines 1a - 1f:\$			g					
ة ت		h Total. Add lines	1a-1	†	•	•				
	٦-	MEMBERSHIP DUES A	VND (ASSESSMENTS		Business Code	7,803,753	7,803,753		
<u>e</u>						900099		, ,		
Program Service Revenue	b	CONVENTIONS, CON	FERE	NCES, AND MEE		900099	228,021	228,021		
9 .	С	PUBLICATIONS				900099	4,000	4,000		
rvic										
<u>۔</u> ج	d	I								
grar	e	•								
δ										
		All other program								
		Total. Add lines 2 Investment income				8,035,774	1	Τ		
	5	similar amounts) .	•			•	1,350,870	0		1,350,870
		Income from invest Royalties		it of tax-exemp		nd proceeds	-			
	_	Royaldies I I I	r.	(i) Real		(ii) Personal				
	62	Gross rents	6a	263	,089		7			
		Less: rental		202	,005		-			
		expenses	6b	288	,790		4			
	С	Rental income or (loss)	6с	-26	,701					
	C	d Net rental income	or				-26,70	1		-26,701
	73	Gross amount		(i) Securitie	S	(ii) Other	+			
	, a	from sales of assets other	7a	5,250	,000					
	L	than inventory Less: cost or					+			
	b	other basis and sales expenses	7b	5,263	,952					
		•	7.		0.50		7			
		Gain or (loss) Net gain or (loss)	7c	-13	,952		_ -13,952	2		-13,952
4		Gross income from fu		ising events						
an ne		(not including \$contributions reported								
leve		See Part IV, line 18		<u> </u>	8a					
er F		Less: direct expen			8b	ante .				
Other Revenue		sivee meanie or (103	.5) 11				1			
	9a	Gross income from See Part IV, line 19	gam •		9a					
	Ŀ	Less: direct expen			9b		-			
	c	: : Net income or (los	s) fr	om gaming act	iviti	es >	_			
	10:	a Gross sales of inve	entoi	rv less						
		returns and allowa	nce	_	L0a					
		Less: cost of good			L O b					
	C	Net income or (los Miscellaneo			ento	Business Code	1			
	11	LaMISCELLANEOUS				90009	9 2,98	5		2,985
	Ł	·			\dashv					
	C									
		d All other revenue			\downarrow					
		Total. Add lines 1			L	•				
		2 Total revenue. S					2,98			
		· -					9,348,976	8,035,774	ł	0 1,313,202 Form 990 (2019)

Form	990 (2019)				Page 10
Pai	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
Do n 7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See				
9	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,757,392			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages	2,852,843			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	351,501			
	Other employee benefits	399,555			
	Payroll taxes	301,697			
	Fees for services (non-employees):				
	Management				
		380,631			
	Accounting	32,650			
	_obbying	640,900			
	Professional fundraising services. See Part IV, line 17	,			
	Investment management fees	26,317		1	
	Other (If line 11g amount exceeds 10% of line 25, column	1,537,235			
	(A) amount, list line 11g expenses on Schedule O)	2,007,200			
12	Advertising and promotion	367,191			
13	Office expenses	219,539			
	Information technology	75,428			
15	Royalties				_
16	Occupancy	1,547,378			
17	Fravel	171,822			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	505,824			
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	177,288			
	Insurance	93,362			
	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.)				
	DUES	214,392			
b	EQUIPMENT RENTAL	127,633			
c	PROPERTY TAXES	100,980			
d	BAD DEBTS	42,892			
_	All other expenses	7,673			
-	Total functional expenses. Add lines 1 through 24e	13,932,123			
1	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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				
				1	Form 990 (2019)

Form 990 (2019)

Page **11**

338.783

2,843,391

415,724

37,469,431

2,218,995

51,619,297

1,816,858

19.500.965

815.926

22.133.749

29,485,548

29,485,548

51,619,297

Form 990 (2019)

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

Accounts receivable, net

Pledges and grants receivable, net . .

Notes and loans receivable, net Inventories for sale or use

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 .

Investments-program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Grants payable .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

	Beginning of year		End of year
1 Cash-non-interest-bearing	785,007	1	2,307,1
2 Savings and temporary cash investments	6,942,164	2	6,025,7

1,766,843

1,351,119

Assets

11

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14

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16

17

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21

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25

26

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28

31

32

33

Fund Balances

٥ 29

Assets 30

Liabilities 22

- 3 4

830.141

1,221,739

559,953

871,749

39,545,043

1,432,854

6.786.569

1,068,898

9.288.321

30,256,722

30,256,722

39,545,043

28,334,290

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6 7

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Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 52-1916480

Name: NATIONAL MINING ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a:

PRESENTED THE INTERESTS OF MINING BEFORE CONGRESS, THE ADMINISTRATION, FEDERAL AGENCIES, THE JUDICIARY, AND THE MEDIA

Form 990, Part III, Line 4b: HELD SPECIALIZED EVENTS, WORKSHOPS, AND MEETINGS

Form 990, Part III, Line 4c: DEVELOPED GENERAL INDUSTRY AND ISSUE SPECIFIC EDUCATIONAL AND AWARENESS CAMPAIGNS

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally hours	anu	. a un	ecti		ustee		J Organization	(W 2/1000	mom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PHILLIPS S BAKER CHAIRMAN	1.00	х		х				0	0	0	
JIMMY BROCK VICE CHAIRMAN (BEG 9/2019)	1.00	x		x				0	0	0	
KEITH SMITH DIRECTOR	1.00	х						0	0	0	
JOSEPH W CRAFT DIRECTOR	1.00	Х						0	0	0	
PAUL LANG	1.00										

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DIRECTOR
JOSEPH W CRAFT
DIRECTOR
PAUL LANG

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

RICHARD MULLEN

ROBERT P COOPER

BRENT BILSLAND

BRETT WILSON

CRAIG NUNEZ

.......

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CLARK MOSELEY DIRECTOR	1.00	X						0	0	0
GLENN KELLOW DIRECTOR	1.00	Х						0	0	0
KEITH B KIMBLE DIRECTOR	1.00	Х						0	0	0
RANDY SHORT	1.00	Х						0	0	0

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KEITH B KIMBLE
DIRECTOR
RANDY SHORT
DIRECTOR
RANDALL ATKINS

DIRECTOR

JC BUTLER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MERI SANDLIN

MICHAEL MORRISS

JOSEPH E USIBELLI

WALTER J SCHELLER

.......

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours for related	and	a dir	recto	or/tr	ustee))	organization	organizations	from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MARC OSTREM DIRECTOR	1.00	х						0	0	0	
DENISE JOHNSON DIRECTOR	1.00	X						0	0	0	
ROBERT J STENGER DIRECTOR	1.00	Х						0	0	0	

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DENISE JOHNSON
DIRECTOR
ROBERT J STENGER
DIRECTOR
JOE BECKO
DIRECTOR

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JACK ATWATER

DIRECTOR

JON TORPY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JEFF DAWES

TONY CALANDRA

BAPPADITYA BANERJEE

GREGORY E HINSHAW

.......

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	,					,	′	(11, 2,4,000	(14) 7/4000	avanniantian and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SHANE KUHLMEY DIRECTOR	1.00	Х						0	0	0	
SEAN K MCLANAHAN DIRECTOR	1.00	Х						0	0	0	
JON GIESEN DIRECTOR (BEG 9/2019)	1.00	Х						0	0	0	
PAUL DAVIS DIRECTOR	1.00	Х						0	0	0	
VICTOR TAPIA DIRECTOR	1.00	Х						0	0	0	
CATHERINE RAW	1.00										

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CATHERINE RAW

DIRECTOR

DIRECTOR

TIM GITZEL

DIRECTOR

DIRECTOR

DIRECTOR

RANDY K VRANES

MITCHELL J KREBS

WILLIAM GORANSON

.......

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation from related week (list person is both an officer from the compensation

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RED CONGER DIRECTOR	1.00	Х						0	0	0
ALAN L PROUTY DIRECTOR	1.00	х						0	0	0
JEAN-BAPTISTE DROMER DIRECTOR	1.00	х						0	0	0
MIKE SYLVESTRE	1.00	Х						0	0	0

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JEAN-BAPTISTE DROMER
DIRECTOR
MIKE SYLVESTRE
DIRECTOR
GUY B DIXON

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STEPHEN GOTTESFELD

PORTER W GREGORY

JEFF MCCHESNEY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JASON DAVIS

JEREMY STUMP

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organization organizations from the

	any nours	and	a dir	ecto		ustee)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ANDREW LYE DIRECTOR	1.00	Х						0	0	0	
BILL HEISSENBUTTEL DIRECTOR	1.00	Х						0	0	0	
CHRIS BATEMAN	1.00	.,									

BILL HEISSENBUTTEL	1.00	X			0	
DIRECTOR						
CHRIS BATEMAN	1.00				0	
DIRECTOR		Λ.			9	
GREG GIBSON	1.00	v			0	
DIRECTOR		^			١	

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and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

JOHN CASH

DIRECTOR

DIRECTOR

PETER T HALPIN

HAROLD QUINN

PRES & CEO (THRU 9/30)

SCOTT MELBYE

DONNA WICHERS

.......

DIRECTOR						-	-
CHRIS BATEMAN	1.00	V			0	0	0
DIRECTOR		^				0	0
GREG GIBSON	1.00	~			0	0	0
DIRECTOR		^			0	O	
TOM SYER	1.00	×			0	0	0

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69,360

1,428,865

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee)

organization

organizations

from the

26,041

35,187

41,950

30,488

24,011

0

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0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

AFFAIRS

VIRGINIA HAMISEVICZ

GERALD MULLINS

VERONIKA SHIME

ADAM ECKMAN

VP, CONGRESSIONAL AFFAIRS

VP, INTERNATIONAL POLICY

ASSOCIATE GENERAL COUNSEL

VP, GOVERNMENT AFFAIRS & COALITIONS

					,			1 (1) 2/4000	(14, 2/1,000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MARY K SWEENEY SECRETARY & SVP LEGAL & REGULATORY AFFAIRS	35.00			×				395,053	0	143,348
ROGER ROBERTS TREASURER & SVP FINANCE & ADMINISTRATION	35.00			х				236,247	0	40,944
MERLYN NOLAN SVP GOV AFFAIRS (THRU 9/30), PRES & CEO (BEG	35.00			х				430,152	0	220,389
ASHLEY BURKE SVP COMMUNICATIONS	35.00				х			410,290	0	46,996
MOYA PHELLEPS SVP MEMBERSHIP & MEETINGS	35.00				x			200,530	0	104,507
TAWNY BRIDGEFORD	35.00									

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227,209

237,436

174,990

162,524

SVP COMMUNICATIONS			^		410,230	
MOYA PHELLEPS	35.00		Y		200,530	
SVP MEMBERSHIP & MEETINGS			^		200,530	
TAWNY BRIDGEFORD	35.00					
DEPUTY GENERAL COUNSEL & VP REGULATORY				Х	239,890	

35.00

35.00

35.00

35.00

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any hours

Political Campaign and Lobbying Activities

DLN: 93493196000290

OMB No. 1545-0047

EZ) Department of the Treasury Internal Revenue Service

5

SCHEDULE C (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	e organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Polit	ical Campaig	ın Acı	tivities), the	n		
	ection 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.						
	Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not con	mplete Part I-l	3.				
	Section 527 organizations: Complete Part I-A only.						
	e organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lob						
	Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Pa						
	Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Comple						
	eorganization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instruction (v Tax) (see separate instructions), then	s) or Form 9:	9U-EZ	., Part V, IIII	e 350		
	Section 501(c)(4), (5), or (6) organizations: Complete Part III.						
	ne of the organization	Employer id	ontifi	ication num	hor		
	IONAL MINING ASSOCIATION	Employer id	entin	cation nun	ibei		
		52-1916480					
Par	LI-A Complete if the organization is exempt under section 501(c) or is a section	n 527 orga	nizat	ion.			
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (s "political campaign activities")	ee instruction	s for (definition of			
2	Political campaign activity expenditures (see instructions)						
3	Volunteer hours for political campaign activities (see instructions)		_				
Par	T-B Complete if the organization is exempt under section 501(c)(3).						
1	Enter the amount of any excise tax incurred by the organization under section 4955	>	\$_				
2	Enter the amount of any excise tax incurred by organization managers under section 4955	>	\$_				
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	□ No		
_					_ "		
4a	Was a correction made?			☐ Yes	∐ No		
b	If "Yes," describe in Part IV.						
Par	t I-C Complete if the organization is exempt under section 501(c), except section	on 501(c)(3).				
1	Enter the amount directly expended by the filing organization for section 527 exempt function activiti	es 🕨	\$_	_			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527	exempt					
	function activities	>	\$_				
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b		4				

(a) Name	(b) Address	(c) EIN	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1) COALPAC	101 CONSTITUTION AVE NW STE 500E WASHINGTON, DC 20001	52-1322749		7,594
(2) MINEPAC	101 CONSTITUTION AVE NW STE 500E WASHINGTON, DC 20001	52-1939409		9,042
3				
4				
5				
6				

Did the filing organization file Form 1120-POL for this year?

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

Return Reference

PART I-A, LINE 1:

activity.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Volunteers?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

(b)

Amount

(a)

Yes | No

f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)(6).	(5), o	r section			
				Yes	No	
1	. Were substantially all (90% or more) dues received nondeductible by members?					
2						
3	3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Раг	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."			`		
1	Dues, assessments and similar amounts from members	1		7,8	303,753	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			54,645	
b	Carryover from last year	2b			39,902	
С	c Total					
3		3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3				
4	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3		1,5		
	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues . If notices were sent and the amount on line $2c$ exceeds the amount on line 3 , what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?				520,849	
5	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	4 5			520,849	
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	4			520,849	
Pa	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	4 5	A lines 1 as	-5		

CONNECTED PACS: COALPAC AND MINEPAC. SEE PART I-C.

Explanation

THE NATIONAL MINING ASSOCIATION CONDUCTS ALL OF ITS POLITICAL ACTIVITY THROUGH ITS

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493196000290

OMB No. 1545-0047

2019

Supplemental Financial Statements

Department of the Treasury

(Form 990)

▶ 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.

Open to Public Inspection

Internal Revenue Service

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

	me of the organization			Employer ide	entification number	
NA	TONAL MINING ASSOCIATION			52-1916480		
Pa	rt I Organizations Maintaining Donor Advi			r Accounts.		
	Complete if the organization answered "Ye		rt IV, line 6. dvised funds	(b) Funds	s and other accounts	
1	Total number at end of year	(a) Bollot 8	avisca farias	(b) Tund	3 and other accounts	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso	rs in writing that the	assets held in donor ad	lvised funds are	the	
	organization's property, subject to the organization's ex				🗌 Yes 🗎 N	0
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	or any other purpose of			ю
Pa	Complete if the arganization answered "Vo	a" on Form 000 Da	ut TV line 7			
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organization and the conservation easements held by the organization and the conservation easements held by the organization answered "Yes and the conservation and the c					
•	Preservation of land for public use (e.g., recreation	` -	Гарріу).] Preservation of an	historically imp	autant land avea	
		Γοι education) Γ		, ,		
	☐ Protection of natural habitat	L	Preservation of a d	certified historic	structure	
_	Preservation of open space			_		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	contribution in the for		ition It the End of the Year	\neg
а	Total number of conservation easements			2a	the End of the real	-
b	Total acreage restricted by conservation easements			2b		\exists
С	Number of conservation easements on a certified histori	c structure included in	(a)	2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, an	d not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguis	hed, or terminated by	the organization	during the	
4	Number of states where property subject to conservation	on easement is located	>			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			of violations,	☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of viola	tions, and enforcing co	onservation ease	ments during the year	
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations	, and enforcing conser	vation easement	s during the year	
8	Does each conservation easement reported on line 2(d)	above satisfy the rec	uirements of section 1	70(h)(4)(B)(i)		
	and section $170(h)(4)(B)(ii)$?				☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organ				
Pai	TILL Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar As	sets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, edu	cation, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:					
	i) Revenue included on Form 990, Part VIII, line ${f 1}$			> \$		
(i)Assets included in Form 990, Part X			▶\$		
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or othe	similar assets for fina		de the	
а	Revenue included on Form 990, Part VIII, line 1			> \$		
b	Assets included in Form 990, Part X			▶\$		
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990	Cat No.	52283D Sch e	edule D (Form 990) 2	010

Par	t III	Organizations Maintaining Co	llections of Art, H	listori	cal T	reası	ires, or	Other	Similar As	sets (con	tinued)
3		g the organization's acquisition, accessio s (check all that apply):	n, and other records,	check	any of	the fo	llowing t	hat are a	significant u	ise of its co	llection
а		Public exhibition		d		Loan	or excha	ange prog	ırams		
b		Scholarly research		е		Othe	r				
С		Preservation for future generations									
4	Provi Part	de a description of the organization's co XIII.	llections and explain l	how the	ey furtl	her the	e organiz	ation's e	kempt purpo	se in	
5		ng the year, did the organization solicit on the to be sold to raise funds rather than to								☐ Yes	□ No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, li	ne 9, oi	r reporte	ed an amou	ınt on For	m 990, Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?								☐ Yes	□ No
b	If "Y	es," explain the arrangement in Part XII	I and complete the fo	llowina	table:		[Α	mount	
c		nning balance	·	_				1c			
	_	•									
d		tions during the year						1d			
е		ibutions during the year					1	1e			
f	Endir	ng balance					[1f			
2a	Did t	he organization include an amount on Fo	orm 990. Part X. line	21. for	escrow	or cu	ıstodial a	ccount lia	ability?	☐ Yes	□ No
b										_	
		es," explain the arrangement in Part XIII	Check here if the ex	xpianat	ion nas	been	provided	in Part	XIII	Ш	
-6	rt V	Endowment Funds.	wordd "Voc" on For	m 000	Dart	T\/ li	no 10				
		Complete if the organization answ	(a) Current year		rior yea			ears hack	(d) Three ve	ars back (e)	Four years back
1a	Beginn	ning of year balance	(a) carrein year	(5)	1101 700	-	(0) 1110)	cars back	(a) mee ye	aro back (C)	y rour years back
	-	-									
		butions									
		vestment earnings, gains, and losses									
d	Grants	s or scholarships									
е		expenditures for facilities rograms									
f	Admin	istrative expenses									
g	End of	year balance									
2	Provi	de the estimated percentage of the curr	ent year end balance	(line 1	g, colu	mn (a)) held a	s:			
а	Boar	d designated or quasi-endowment 🕨									
h	Perm	nanent endowment ►									

С		porarily restricted endowment									
За	Are t	percentages on lines 2a, 2b, and 2c shou here endowment funds not in the posse: nization by:	•	ion tha	t are h	eld an	d admini	stered fo	r the		Yes No
	-	nrelated organizations								3a(i)	
	• •	related organizations				_				3a(ii	
b		es" on 3a(ii), are the related organization		on Sche	dule R	?				3b	*
4		ribe in Part XIII the intended uses of the									
_	rt VI										
- el	ισ¥	Complete if the organization ansi		m 990	. Part	TV.∃i	ne 11a	See Fo	m 990. Pa	rt X. line	10.
	Descr	iption of property (a) Cost or ot (investm	her basis (b) Cost						lepreciation		Book value
1a	Land										
		ngs									
		nold improvements			1 1	74,361			788,066		386,295
		· ·				50,715	-		521,286		29,429
		ment					-				•
			/=	14		41,767	12())		41,767		0
Tota	ıı. Add	lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, colu	ımn (B _.), line	10(c).)		>		415,724

Part VII	Investments—Other Securities.					-	
	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	Part IV, (b) Book value	ine 111	(c) Metho	d of valua	t X, line 12. f valuation: ar market value	
(1) Financia	l derivatives						
(2) Closely- (3)Other	held equity interests						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G) (H)							
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•					
	Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV, I	ine 110	(b) Book value		ne 13. ethod of valuation:	
	(a) Description of investment			(b) Book value		end-of-year market value	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
-	n (b) must equal Form 990, Part X, col.(B) line 13.)		•				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, liı	ne 11d	. See Form 990, Pai	t X, line 1	5.	
(1)	(a) Description					(b) Book value	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•		
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art IV, liı	ne 11e	or 11f.See Form			
1. (1) Federal	(a) Description of liability income taxes				(1) Book value	
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<u> </u>		815,926	
	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check l					_	

Add lines 2a through 2d

Donated services and use of facilities . . .

Add lines 2a through 2d . .

Part XIII Supplemental Information

Return Reference

See Additional Data Table

Other (Describe in Part XIII.)

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII.) Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Schedule D (Form 990) 2019

C

d

3

4

5

b

Page 4

4,100,763

288,790

26,317

13.932.123

Schedule D (Form 990) 2019

13,905,806

a Net unrealized gains (losses) on investments	2a	2,093,673
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	2,007,090

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.

2e

288,790

26.317

2e

3

4c

5

3 3 9,322,659 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 26,317

4 4b b Add lines **4a** and **4b** 4c 26,317 C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 9,348,976 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. 14,194,596

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

2a 2b

2c

2d

4a

4b

Explanation

1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 52-1916480

Name: NATIONAL MINING ASSOCIATION

PART XI, LINE 2D - OTHER

ADJUSTMENTS:

Return Reference

Explanation

FAS 158 ADJUSTMENT 1,718,300. RENTAL EXPENSES TO PART VIII 288,790.

Supplemental Information

upplemental Information						
Return Reference	Explanation					
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSE TO PART VIII 288,790.					

È

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49319	6000	290	
Schedule J (Form 990)		Co	ompensati	ion Information	OI	MB No.	1545-0	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.						2019	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	<u>v/Form990</u> for	instructions and the latest inform	mation.	Open i	to Pul ectio		
Nar	ne of the organiz				Employer identifica				
NAT	TONAL MINING ASS	OCIATION			52-1916480				
Pa	rt I Questi	ons Regarding Compensa	tion						
							Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
	First-class	s or charter travel		Housing allowance or residence for	personal use				
		companions		Payments for business use of person					
		nification and gross-up payment	s 🔽	Health or social club dues or initiation					
	LI Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	Teur, cner)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	20.122	2	Yes		
	unectors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on the	le Ia:				
3	organization's C	EO/Executive Director. Check al	l that apply. Do r	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i					
	☐ Compens	ation committee	\checkmark	Written employment contract					
		ent compensation consultant	<u> </u>	Compensation survey or study					
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No	
b	Participate in, o	r receive payment from, a suppl	emental nonquali	ified retirement plan?		4b	Yes		
c						4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Part	t III.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5	For persons liste		n A, line 1a, did t	the organization pay or accrue any					
а	The organization	1?				5a			
b						5b			
	If "Yes," on line	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	1?				6a			
b	, -					6 b			
	· ·	6a or 6b, describe in Part III.							
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa	the organization provide any nonfixed rt III	d 	7			
8	Were any amounts reported on Form 990, Part VII, paid or accured 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				presumption procedure described in		9			
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Forn	1 990)	2019	

Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prio Form 990
See Additional Data Table								
	_							
	+							

chedule J (Form 990) 2019								
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							
PART I, LINE 1A	CLUB BENEFITS ARE PROVIDED TO THE CEO AS OUTLINED IN HIS CURRENT EMPLOYMENT CONTRACT AND INCLUDED IN HIS W-2.							
•	NMA DOES NOT HAVE A WRITTEN POLICY CONCERNING CLUB DUES. CURRENTLY ONLY THE CEO IS APPROVED BY THE BOARD TO HAVE CLUB DUES USED FOR VALID BUSINESS PURPOSES REIMBURSED BASED ON ACTUAL COSTS.							
PART I, LINE 4B	MERLYN NOLAN, \$120,000 MOYA PHELLEPS, \$70,000							

Schedule 1 (Form 990) 2019

Additional Data

itionai

1MARY K SWEENEY

& ADMINISTRA

3MERLYN NOLAN

4ASHLEY BURKE

5MOYA PHELLEPS

SVP MEMBERSHIP & MEETINGS

6TAWNY BRIDGEFORD

VP, CONGRESSIONAL

8GERALD MULLINS

& COALITIONS

9VERONIKA SHIME

10ADAM ECKMAN

ASSOCIATE GENERAL COUNSEL

AFFAIRS

DEPUTY GENERAL COUNSEL & VP REGULATO 7VIRGINIA HAMISEVICZ

VP, GOVERNMENT AFFAIRS

VP, INTERNATIONAL POLICY

SECRETARY & SVP LEGAL & REGULATORY A

2ROGER ROBERTS

TREASURER & SVP FINANCE

SVP GOV AFFAIRS (THRU 9/30), PRES &

SVP COMMUNICATIONS

(i)

(ii)

(i)

(i)

(i)

(i)

(i)

(i)

Software ID: Software Version:

96,000

40,000

139,250

85,000

30,000

45,000

30,250

40,500

21,000

22,500

299,053

196,247

290,902

325,290

170,530

194,890

196,959

196,936

153,990

140,024

EIN: 52-1916480

Name: NATIONAL MINING ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990		
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)			
1HAROLD QUINN PRES & CEO (THRU 9/30)	(i)	753,694	672,000	3,171	44,200	30,581	1,503,646	0		
	(ii)	0	0	0	0	0	0	0		

124,378

19,800

194,736

23,800

87,730

19,269

19,350

18,900

14,850

13,500

24,459

26,453

31,142

28,613

20,363

12,045

24,036

28,314

20,632

12,325

543,890

282,500

656,030

462,703

308,623

271,204

270,595

284,650

210,472

188,349

efile GRAPH	DLN:	N: 93493196000290							
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o	vide information for r 990-EZ or to prov ▶ Attach to Forn	nformation to Form 990 or 990-EZ information for responses to specific questions on EZ or to provide any additional information. Attach to Form 990 or 990-EZ. S. gov/Form990 for the latest information.					
NATIONAL MINING	Warmel BetheroFigaringation NATIONAL MINING ASSOCIATION 52-1916480 990 Schedule O, Supplemental Information								
Return Reference				Explanation					
FORM 990, PART VI, SECTION A, LINE 1	DENT, THE B L PRO ECT TO S, THE FIVE D RSHIP EE. AN BOARI DIRECT OF INC COMM CIATIC OCATI EXECU	CHAIRMAN OF THE AUDIT OARD OF DIRECTORS, WIT DUCER MEMBERS AND TWO THE FOREGOING REQUIF SEVEN DIRECTORS SHALI DIRECTORS REPRESENTING CLASSES OF THE CHAIRM BY VACANCIES SHALL BE FID. THE EXECUTIVE COMMITTORS DURING INTERVALS TO AMEND OR RECOMMEN CORPORATION, (III) ADOPT JEND TO THE MEMBERS THE DISSOLUTION, OR ON OF A DISSOLUTION, OR	AND FINANCE COM H SEVEN DIRECTOR O DIRECTORS REP REMENT TO ELECT L BE APPOINTED IN G EACH PRODUCER AN, VICE CHAIRMAI LLED BY THE EXEC TEE SHALL HAVE BETWEEN MEETING D TO THE MEMBER: AN AGREEMENT OF E SALE, LEASE OR END TO THE MEMBE E (VI) TO TAKE SUCH	COMPOSED OF THE CHAIRM MITTEE, AND NINE DIRECTORS REPRESENTING COAL PRESENTING MANUFACTUREF SEVEN DIRECTORS REPRESED A MANNER THAT ASSURES BE MEMBERSHIP CLASS AFTER AND CHAIRMAN OF THE AUTIVE COMMITTEE UNTIL THE LITHE GS OF THE BOARD, EXCEPT (SE AN AMENDMENT OF THE ASSEMENT OF THE DISSOLUTION OF THE OTHER ACTION AS MAY BE ALL ITS ACTIONS AND SUBMENT OF THE ASSEMENT OF THE ACTIONS AND SUBMENT OF THE ACTIONS AND SUBM	RS ELECTED ANN ODUCER MEMBERS AND SERVICES ENTING THE PROFESS ACCOUNTING FOR ANY METHOD THE NEXT MEETING POWERS OF THE SOCIATION'S CEDN, (IV) APPROVETANTIALLY ALL CHE ASSOCIATION LIMITED BY LAW.	IUALLY BY RS AND MINERA S MEMBERS. SUBJ DUCER MEMBER NTATION OF OR THE MEMBE E COMMITT G OF THE E BOARD OF ESE BYLAW ERTIFICATE E OR RE OF THE ASSO OR A REV			

MINING.

Return

Reference	
FORM 990,	NMA HAS TWO CLASSES OF MEMBERSHIP: 1. PRODUCER MEMBERSHIP - ANY ORGANIZATION, CORPORATION,
PART VI,	PARTNERSHIP, COMPANY, OR INDIVIDUAL ENGAGED IN THE MINING AND PRODUCTION OF COAL OR MINER
SECTION A,	ALS. PRODUCER MEMBERS SHALL BE DIVIDED INTO TWO SEPARATE CLASSES: (A) COAL PRODUCER MEMBER
LINE 6	S, AND (B) MINERAL PRODUCER MEMBERS. 2. MANUFACTURERS AND SERVICES MEMBERSHIP - ANY ORGANI
	ZATION, CORPORATION, PARTNERSHIP, COMPANY OR INDIVIDUAL ENGAGED IN THE MANUFACTURE OF MINI
	NG MACHINERY, EQUIPMENT AND SUPPLIES, MINING RELATED SERVICES, OR CLOSELY ASSOCIATED WITH
	AND INTERESTED IN PROMOTING THE GENERAL WELFARE OF THE MINING INDUSTRY, BUT NOT ENGAGED IN

Explanation

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
SECTION A,
LINE 7A

THE BOARD OF DIRECTORS SHALL CONSIST OF DIRECTORS SELECTED BY, AND REPRESENTING AS CLASSES
ADDITION, THE PRESIDENT OF THE ASSOCIATION SERVES AS AN EX OFFICIO MEMBER OF THE BOARD OF
DIRECTORS. DIRECTORS ARE ELECTED BY A MAJORITY VOTE AT THE ANNUAL MEETING OF THE ASSOCIATION.

Return Explanation
Reference

FORM 990, PART VI, D BY SENIOR MANAGEMENT AND GENERAL COUNSEL, AND ANY CHANGES ARE COMMUNICATED TO THE OUTSID E ACCOUNTANTS PRIOR TO FILING THE RETURN.

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 15 CENTRAL SECTION S. UTILIZES A COMPENSATION CONSULTANT TO PERFORM A BI-ANNUAL COMPENSATION SU RVEY OF COMPARABLE TRADE ASSOCIATIONS. NATIONAL MINING ASSOCIATION'S GOAL WHEN SETTING SAL ARIES FOR ALL EMPLOYEES, IS TO HAVE THEIR COMPENSATION AT THE 75TH PERCENTILE OF COMPARABL E TRADE ASSOCIATIONS, UTILIZING THE RESULTS FROM THE SURVEY. FURTHERMORE, THE PRESIDENT AN D CEO'S SALARY IS NEGOTIATED VIA CONTRACT WITH THE FOLLOWING BOARD MEMBERS: CHAIRMAN AND V ICE CHAIRMAN.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

Reference	
FORM 990,	PAYROLL SERVICES 6,355. PERSONNEL AND EMPLOYMENT FEES 252,878. GENERAL CONSULTING 1,095,17
PART IX.	1. WEB DEVELOPMENT / MANAGEMENT 105.803. FIELD TEAMS 48.000. LIST BUILD 25.000. TEMPORARY

LINE 11G HELP 4.028.

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9:

Return Explanation
Reference

LINE 2C:

FORM 990, THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.
PART XII,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. 2019

DLN: 93493196000290

OMB No. 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2019

Employer identification number

Department of the Treasury Internal Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the
Name of the organization	

52-1916480 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (a) (b) (c) (d) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (c) (d) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? No Yes (1)MINEPAC POLITICAL ACTION DC 527 Yes 101 CONSTITUTION AVE STE 525E COMMITTEE N/A WASHINGTON, DC 20001 52-1939409 (2)COALPAC POLITICAL ACTION DC 527 Yes 101 CONSTITUTION AVE STE 525E COMMITTEE N/A WASHINGTON, DC 20001 52-1322749

Cat. No. 50135Y

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

Page **3**

nsactions With Related	Organizations.	Complete if the organiza	tion answered "Yes	" on Form 990,	Part IV, line 34,	35b, or 36.	
------------------------	----------------	--------------------------	--------------------	----------------	-------------------	-------------	--

Ра	Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
C	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	\vdash
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Method of determining at	mount i	nvolved	<u> </u>

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or 'g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
												П	
				_						Schedul	e R (Form	1990)) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	upplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation							