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SCANNED SEP 27 2017

632001 11-11-16

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.

6

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	or the	e 2016 calendar year, or tax year beginning and	ending					
В	Check if	C Name of organization		D Employer identif	fication number			
;	applicab	NATIONAL MAINTENANCE AGREEMENT						
	Addre	LABOR-MANAGEMENT POLICY COMMITTEE						
	Name Chang	e Doing business as		52-1	1289622			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb				
	Final	, 1501 LEE HIGHWAY	202	(703	3)841-9707			
	termir		·	G Gross receipts \$	3,015,575.			
	Amen	ded ADT TATOMONI 17A 22200		H(a) Is this a group return				
Ē	Applic		 R	for subordinate				
	pend			H(b) Are all subordinates				
<u> </u>	Tax-ex	empt status \square 501(c)(3) \square 501(c) (6) \triangleleft (insert no.) \square 4947(a)(1) (1 ' '	a list. (see instructions)			
		te: NMAPC · ORG	<u></u>	H(c) Group exempti				
		organization: X Corporation Trust Association Other	1 Year		M State of legal domicile: DC			
	art I	Summary	<u></u>	oriormation. 2302	141 Otale of legal definicite. DC			
	1	Briefly describe the organization's mission or most significant activities. SEE	SCHEDI	T.E.O.				
Governance	(blishy describe the organization's mission of most significant detivities.	<u> </u>	<u> </u>				
nar	2	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its not a	ecote			
Šer	3	Number of voting members of the governing body (Part VI, line 1a)	300 01 111010	3	1			
පි	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4.0			
•ජ ග	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5				
Activities &	5	Total number of volunteers (estimate if necessary)		 				
Ę	6	,		6				
¥	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a				
	<u>B</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	 			
		Contributions and greats (Dort VIII has 1b)		Prior Year 0	Current Year 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h)	 		+			
Ven	9	Program service revenue (Part VIII, line 2g)	-	2,317,179.				
Re	ř.	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	401,638.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		240,984.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,959,801.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	 			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,052,567.				
ĕ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u> ⊢	0.	0.			
쫎	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	1 255 011	1 201 006			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,357,811.				
	Į.	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	2,410,378				
	19	Revenue less expenses Subtract line 18 from line 12		549,423.				
Net Assets or			Be	ginning of Current Year				
SSE	20	Total assets (Part X, line 16)		6,993,285.				
et A	21	Total liabilities (Part X, line 26)		967,130.				
골	22	Net assets or fund balances Subtract line 21 from line 20		<u>6,026,155.</u>	6,813,378.			
	art II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is			
true	, corre	ct, and complete Tools attorn or preparer (other than efficer) is based on all information of wi	hich preparer	has any knowledge.	/			
		Signature of officer		Date P	//7			
Sig	n			Date				
He	re	STEPHEN R. LINDAUER, CEO						
_		Type or print name and title		0040	DTIN.			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai		JOANN WOODSON, CPA Jollan Woodson	1/6/17 "self-emplo					
	parer	Firm's name CALIBRE CPA GROUP PLLC	·	Firm's EIN ▶	47-0900880			
Use	Only	Firm's address 7501 WISCONSIN AVENUE, SUITE 12	00 WE	ST				
		BETHESDA, MD 20814		Phone no. 2 (02-331-9880			
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

632002 11-11-16

Form **990** (2016)

Form 990 (2016) LABOR - MANAGEMENT POLICY COMMITTEE

| Part IV | Checklist of Required Schedules |

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
	public office? If "Yes," complete Schedule C, Part I	3		X
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_		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			İ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
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_		<u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	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_		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			}
а			37	
	Part VI	11a	X	
D	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	446		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d		110		
ū	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
,	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u></u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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_		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	000	X
		Form	33U /	(2016)

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Form 990'(2016) LABOR - MANAGEMENT POLICY COMMITTEE
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\overline{}$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	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		х
23	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	Х	
24a	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		x
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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			•
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	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)		l	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		$\frac{x}{x}$
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		į	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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_	X	
		Form	990 (2016)

•••••	1					=
Part V	Statemen	ts Regarding	Other IRS I	Filings and	Tax Compliance	е

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 _a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			1
_	(gambling) winnings to prize winners?		1c	x	ĺ
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	2a 0			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	ο .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	'		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		_X_
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			l
	any contributions that were not tax deductible as charitable contributions?		6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts	į		
	were not tax deductible?		6b		
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 set	vices provided to the payor?	7a		-
b	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 w to file Form 8282?	as required	- -		
٦	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7с		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	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		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	1			
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	l I			l
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				ļ
	amounts due or received from them)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 }	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
a Is the organization licensed to issue qualified health plans in more than one state?					
L	Note. See the instructions for additional information the organization must report on Schedule O				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	125			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b			
	Did the organization receive any payments for indoor tanning services during the tax year?	100	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
				990	(2016)

Form 990 (2016) LABOR - MANAGEMENT POLICY COMMITTEE 52-1289622 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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				X					
<u>Sec</u>	tion A. Governing Body and Management	·								
		1 1 .		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a .	<u>1 1 </u>							
	If there are material differences in voting rights among members of the governing body, or if the governing			ļ	ļ					
	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		10							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other	Ì		Ì					
	officer, director, trustee, or key employee?		_2_	<u> </u>	X					
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision	}	1	l					
	of officers, directors, or trustees, or key employees to a management company or other person?		3	ļ —	X					
4	Did the organization make any significant changes to its governing documents since the prior Form S		4	 	X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	_5_		X					
6	Did the organization have members or stockholders?		_6_	X	 					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint one or								
_	more members of the governing body?		7a	X	 					
p										
_	persons other than the governing body?	- 1 - M - C D	7b	ļ	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:		32						
a	The governing body?		8a	X						
b	Each committee with authority to act on behalf of the governing body?		8b	X	 -					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	cned at the			v					
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R	Overve Code \	9	ــــــــــــــــــــــــــــــــــــــ	X					
Sec	tion b. Folicies (this Section B requests information about policies not required by the internal R	evenue Code)		V						
10a	Did the organization have local chapters, branches, or affiliates?		10a	Yes	No X					
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	nantore affiliatos	iua	 						
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	iapters, armates,	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v before filing the form?		Х	 					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	y boloro lilling the form	110							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
Ŭ	In Schedule O how this was done	30, 3000	12c	x						
13	Did the organization have a written whistleblower policy?		13		Х					
14	Did the organization have a written document retention and destruction policy?		14	Х						
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		15a	X						
b	Other officers or key employees of the organization		15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a	į							
	taxable entity during the year?		16a		<u> </u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation			:					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's	Ì							
	exempt status with respect to such arrangements?	·	16b		<u> </u>					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► <u>VA</u>									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(Section 501(c)(3)s onl	y) avaılat	ole						
	for public inspection. Indicate how you made these available. Check all that apply									
		ın Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy,	and finar	icial						
	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 bo	oks and records 🕨								
	MIKE MARRONE - (703) 841-9707									
	1501 LEE HIGHWAY, #202, ARLINGTON, VA 22209			000						
63200	3 11-11-16		Forn	1 990	(2016)					

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

List persons in the following order. individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per	box,	not c	heck i ss pei	more	than o	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	$\vdash \neg$	er an	dad	recto	r/trus	tee)	from	from related	other
	l (list any hours for	directo				- P		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	(***2/1039-101130)	organization
	organizations	al trus	onal tr		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL PLEASANT	5.00	_=	=	0		Ξ.	Œ			
PRESIDENT		X		X				0.	0.	0.
(2) JOE GIACIN	5.00									
LABOR REPRESENTATIVE		X						0.	<u> </u>	0.
(3) SCOTT MALLEY	5.00									
LABOR REPRESENTATIVE		X						0.	0.	0.
(4) JERRY WESTERHOLM	5.00									
LABOR REPRESENTATIVE		X						0.	0.	0.
(5) ROBERT C HOOVER	5.00		'				Ì			
CO-CHAIRMAN		X		X				0.	0.	0.
(6) ROBERT J BRUCE	5.00									
MANAGEMENT REPRESENTATIVE		X			_	ļ		0.	0.	0.
(7) GERARD SCHREIBER	5.00	.				Į		_	_	_
MANAGEMENT REPRESENTATIVE		X						0.	0.	0.
(8) TIM J REDDINGTON	5.00	_				ļ			_	
MANAGEMENT REPRESENTATIVE		X		_		_	<u> </u>	0.	0.	0.
(9) WILLIAM COURTIEN	5.00	_				ļ				
LABOR REPRESENTATIVE		X				-		0.	0.	0.
(10) WILLIAM W BROWN	5.00	,								•
MANAGEMENT REPRESENTATIVE	25.00	Х						0.	0.	0.
(11) STEPHEN R LINDAUER	25.00			3,7				100 635		21 570
IMPARTIAL SECRETARY				X		├		188,635.	0.	31,579.
		}		,		ļ				
				_		-	-			
			-							
						 				
				ľ						
		-	_	_			-			
		1		1		1	1			
								· · · · · · · · · · · · · · · · · · ·	•	Form 990 (2016)

LABOR-MANAGEMENT POLICY COMMITTEE

Par	(A) Section A. Officers, Directors, Trus	tees, Key Em (B)	ploy	ees			ghe	st C	compensated Employe (D)	es (continued) (E)		Γ	/E\	
	Name and title	Average	(C) Position (do not check more than one						Reportable	Reportable		Es	(F) stimat	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		1	nount	
		week (list any		cera	lu a u	d a director/trustee			from the	from related			other	
		hours for	direct				E		organization	organization (W-2/1099-MI		1	pensa om th	
		related	stee o	rustee			ensati		(W-2/1099-MISC)	,	,	org	anıza	tion
		organizations below	Individual trustee or director	Institutional trustee		ployee	t comp	_				ŀ	d rela	
		line)	Individ	Institul	Officer	Key employee	Highest compensated employee	Former				l	anızat	10115
			<u></u>	L	-		_	L						
			-	-	-		\vdash	-				-		
							<u> </u>							
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		-		<u> </u>	<u> </u>			_				<u> </u>		
			-											
				 	-		1-					 		
			1	İ		!			? 					
			<u> </u>		L		<u> </u>	<u> </u>	100 605					
	Sub-total	U Ca-tian A							188,635.		0.	 3	1,5	79.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							188,635.		0.	3	1 5	<u>0.</u> 79.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) w	no re		0,000 of reportab			<u> </u>	10.
	compensation from the organization													1
											1		Yes	No
3	Did the organization list any former officer,			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	ĺ			v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			omn	ensa	atior	anı	d otl	her compensation from	the organization		3		X
•	and related organizations greater than \$15	•							•	the organization		4	Х	
5	Did any person listed on line 1a receive or									idual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J	for s	uch	pen	son					5		<u>X</u>
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	den	ande	ent c	ont	ract	ore t	that received more than	\$100,000 of com	20000	ation (rom	
•	the organization Report compensation for										ipens	alloni	TOIT	
	(A)								(B)			(C		
	Name and business	address	N	ON:	E				Description of s	ervices		ompe	nsatio	n
								十	<u> </u>					
								-						
			_						<u> </u>					
2	Total number of independent contractors (ncluding but r	ot l	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	zation 🕨					0_							
												Form!	44()/	2016)

Form 990'(2016) LABOR - MANAGEMENT POLICY COMMITTEE
Part VIII Statement of Revenue

		_	Check if Schedule O conta	ıns a respo	nse	or note to any lir	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	— а	Federated campaigns	1a						
n a			Membership dues	1b	7					
ο, Ĕ			Fundraising events	1c			1			
af f			Related organizations	1d						
S,E			Government grants (contribution				ĺ			
ÖÖ			All other contributions, gifts, grants		\top		1			
her	•	•	similar amounts not included above	1	1			1		
풀히			Noncash contributions included in lines 1		.L		[
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f	Ψ		<u> </u>				
			70000			Business Code				
ġ.	2 :	а	ADMINISTRATIVE I	FEES				2,557,597.		
Š		b			_					
Sei		c						-		†
E S		d								
Program Service Revenue		e		·						
۳. يا			All other program service rever	nue						
			Total. Add lines 2a-2f				2,557,597	•		
	3		Investment income (including of	dıvıdends, ı	ntere					
			other similar amounts)			>				
	4		Income from investment of tax-	exempt bo	nd p	roceeds	205,117			205,117.
	5		Royalties	,	•	>				
				(ı) Real		(II) Personal				
	6 a	a	Gross rents							
ļ		b	Less rental expenses					į l		
		С	Rental income or (loss)							
		d	Net rental income or (loss)			>				
	7 8	а	Gross amount from sales of	(ı) Securit	ıes	(II) Other				
			assets other than inventory							
	ı	b	Less: cost or other basis							
			and sales expenses							
		С	Gain or (loss)							
		d	Net gain or (loss)			>				
une	8 8	а	Gross income from fundraising including \$	events (no	t					
e e			contributions reported on line	1c) See		Ì]]		
Other Reven			Part IV, line 18	·	а					
t te	1	b	Less direct expenses		b		1	1		
0			Net income or (loss) from fundi	raising evei	nts		<u></u>			_
	9 a	а	Gross income from gaming act	ivities See						
Ì			Part IV, line 19		а		}			}
	1	b	Less direct expenses		b]			
		С	Net income or (loss) from gami	ng activitie	s	•				<u></u>
	10 a	а	Gross sales of inventory, less r	eturns						
			and allowances		а		1			
	ı	b	Less cost of goods sold		b]			
		С	Net income or (loss) from sales	of invento	ry					ļ
			Miscellaneous Revenue	}		Business Code				
			SPONSORSHIP			900099	218,750			218,750.
	١	b	MISC INCOME			900099	34,111	. 34,111.		ļ
	•	C					 			
		d	All other revenue				250 251	 		
		е	Total. Add lines 11a-11d			>	252,861			400 000
	12		Total revenue. See instructions.			<u> </u>	<u>3,015,575</u>	.2,591,708.	0.	423,867.

Form 990 (2016) LABOR - MANAGEMENT POLICY COMMITTEE
Part IX Statement of Functional Expenses

52-1289622 Page 10

Secti	on 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A)	
	Check if Schedule O contains a respon	(A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			·	
5	Compensation of current officers, directors,	220,214.			
	trustees, and key employees Compensation not included above, to disqualified	220,214.			
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	597,594.		 	
8	Pension plan accruals and contributions (include	33,7031			
Ŭ	section 401(k) and 403(b) employer contributions)	113,336.			
9	Other employee benefits	63,196.			
10	Payroll taxes	51,977.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	<u>34,759.</u>			
С	Accounting	30,000.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	45 204			
	column (A) amount, list line 11g expenses on Sch O.)	45,294.			
12	Advertising and promotion	81,804.		-	
13	Office expenses Information technology	01,004.		 	
14 15	Royalties				
16	Occupancy	191,420.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	338,140.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,292.			
23	Insurance	25,082.		<u> </u>	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SAFETY AWARDS PROGRAM	230,417.			
b	SOFTWARE DEVELOPMENT &	107,506.			
С	CONTRIBUTIONS	100,609.			
d	MARKETING PROGRAM	82,768.			
е	All other expenses	45,205.			
25	Total functional expenses. Add lines 1 through 24e	2,367,613.		<u> </u>	
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		L	<u> </u>	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 1,774,861. 2,103,933. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 20,507. 5,450. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 8 Inventories for sale or use 10,256. 4,155. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 268,248. 258,720. basis Complete Part VI of Schedule D 10a 17,820. <u>9,528.</u> b Less accumulated depreciation 10b 10c 5,724,359. 5,184,898. 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 6,993,285. Total assets. Add lines 1 through 15 (must equal line 34) 16 <u>7,862,482.</u> 16 774,579. 844,360. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 122,770. 274,525. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 967,130. 1,049,104. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 6,026,155. 27 6,813,378. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 6,026,155. 6,813,378. 33 33 Total net assets or fund balances 7,862,482. 6,993,285. Total liabilities and net assets/fund balances

Form 990 (2016)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133?

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Form 990 (2016)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

NATIONAL MAINTENANCE AGREEMENT

LABOR-MANAGEMENT POLICY COMMITTEE

Employer identification number 52-1289622

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		YesNo
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g , recreation or e	education) Preservation of a histori	ically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements	-	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	• ,	
	violations, and enforcement of the conservation easements		└── Yes
6	Staff and volunteer hours devoted to monitoring, inspecting.	, handling of violations, and enforcing conse	rvation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
_	> \$	470//	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(n	
_	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes th	e organization's accounting for
Pai	conservation easements t III Organizations Maintaining Collections of	of Art Historical Treasures or Oth	per Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		iei Olilliai Assets.
4-	If the organization elected, as permitted under SFAS 116 (Al		ant and balance sheet works of art
ia	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		ce of public service, provide, in Part XIII,
.	If the organization elected, as permitted under SFAS 116 (A)		and halange sheet works of art, historical
Ь	treasures, or other similar assets held for public exhibition, e		•
		ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items		• •
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	and the complete and the first of the control of	
2	If the organization received or held works of art, historical tre		gain, provide
_	the following amounts required to be reported under SFAS	TO (ASC 956) relating to these items	▶ ¢
a	Revenue included on Form 990, Part VIII, line 1		S
<u>b</u>	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2016

		ANAGEMENT						289622 P	
Par									
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sıgr	nificant use of it	s collection item	18
	(check all that apply):								
а	Public exhibition	d			hange progra	ams			
b	Scholarly research	е		Other			<u> </u>		
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizati	on's exemp	ot purpose in P	art XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or oth	er sımılar a	ssets		_
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	"Yes" on F	orm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	contribution	s or other as	sets not in	cluded		_
	on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able					
								Amount	
С	Beginning balance						1c		
d	Additions during the year	_					1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt hability		Yes	No
	If "Yes," explain the arrangement in Part XIII					-	_		֓֞֞֟֝֟֓֟֝֟ <u>֟</u>
Par									
		(a) Current year		rior year	(c) Two year			k (e) Four years	back
1a	Beginning of year balance								
b	Contributions								
~	Net investment earnings, gains, and losses								
٦	Grants or scholarships								
ū	Other expenditures for facilities								
е	·							}	
	and programs								
T	Administrative expenses		 		 				
g	End of year balance	L							
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as				
а	Board designated or quasi-endowment		%						
	Permanent endowment	%							
¢	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administe	red for the	organization		
	by							Yes	No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's ende	owment f	unds					
Par	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990), Part X, lir	ne 10		
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulated	(d) Book valu	е
_		basis (investi	ment)	basis	(other)	depre	eciation		
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment			26	8,248.	2!	58,720.	9,5	28.
	Other								
	. Add lines 1a through 1e (Column (d) must e	equal Form 990. Part	t X. colun	nn (B), line 1	10c)			9.5	28.

LABOR-MANAGEMENT POLICY COMMITTEE

Complete if the organization answered "Yes"				of year market value
(a) Description of security or category (including name of security)	(b) Book value	(C) Method of Va	duation Cost of end	-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)		_		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes'				
(a) Description of investment	(b) Book value	(c) Method of va	aluation Cost or end	of-year market value
(1)	<u> </u>			
(2)	 			
(3)		<u> </u>		
(4)	_	<u> </u>		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes		ne 11d. See Form 990, I	Part X, line 15	
(a)) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lii Part X Other Liabilities.	ne 15)		>	
Complete if the organization answered "Yes	" on Form 990, Part IV, Iir	ne 11e or 11f See Form	n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
\~/				
Total (Column (b) must equal Form 990, Part X, col. (R) In	ne 25) ▶	ï		
Fotal. (Column (b) must equal Form 990, Part X, col (B) III 2. Liability for uncertain tax positions. In Part XIII, provid		e to the organization's fi	inancial statements	hat reports the

632053 08-29-16

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 LABUR-MANAGEMENT POLICY			1289622 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	•	Return) .
Complete if the organization answered "Yes" on Form 990, Part IV, lin	le 12a.		
1 Total revenue, gains, and other support per audited financial statements	•	1	3,015,575.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1	1 1	
a Net unrealized gains (losses) on investments .		-	
b Donated services and use of facilities	2b	- 1	
c Recoveries of prior year grants	2c	-	
d Other (Describe in Part XIII)	2d	- 1	_
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1	•	3	3,015,575.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1	1 [
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 1	
b Other (Describe in Part XIII.)	4b	4	
c Add lines 4a and 4b	-	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	3,015,575.
Part XII Reconciliation of Expenses per Audited Financial St		r Hetu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, lin	ıe 12a.		
1 Total expenses and losses per audited financial statements		1	2,367,613.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
a Donated services and use of facilities	2a	-	
b Prior year adjustments	2b	-	
c Other losses	2c	_	
d Other (Describe in Part XIII)	2d	-	•
e Add lines 2a through 2d	-	2e	0.
3 Subtract line 2e from line 1		3	2,367,613.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b Other (Describe in Part XIII)	4b	- !	•
c Add lines 4a and 4b		4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	8)	5	2,367,613.
Part XIII Supplemental Information.	4 D. 4 IV Less 4b and 6b D. 4 V Les	4.5.4	V I 0 D . I VI
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4		4, Part	X, line 2; Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
DADM V IING 2.			
PART X, LINE 2:			
THE COMMITTEE ACCOUNTS FOR INCOME TAXES I	N ACCODDANCE WITHE	TUT :	A CCOINTENIC
THE COMMITTEE ACCOUNTS FOR INCOME TAKES I	N ACCORDANCE WITH	11115 4	ACCOUNTING
STANDARDS CODIFICATION (ASC) TOPIC INCOME	. ጥልእድሬ <u>ሴክድሬድ</u> ይወህ	TOTO	אוכ ספטידטים
DIMIDARDS CONTINUATION (ASC) TOFIC INCOME	TAKED: THESE PRO	<u> </u>	OND PROVIDE
CONSISTENT GUIDANCE FOR THE ACCOUNTING FO	OR INCERPATION TO T	NCOM	ም ጥል ሃፑር
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OF "MORE LIKELY THAN NOT" FOR RECOGNITION	AND DERECOGNITION	OF '	ГАХ
POSITIONS TAKEN OR EXPECTED TO BE TAKEN I	N A TAX RETURN. T	HE C	OMMITTEE
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PERFORMED AN EVALUATION OF UNCERTAIN TAX	LOSTITONS LOW THE	LEAK	2 ชหกฐก
DECEMBER 31, 2016 AND 2015, AND DETERMINE	D THAT THERE WERE	NO M	ATTERS THAT

EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2016, THE STATUTE OF LIMITATIONS FOR FISCAL YEARS 2013 THROUGH 2015 REMAINS OPEN WITH THE U.S.

WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN

Schedule D (Form 990) 2016

NATIONAL MAINTENANCE AGREEMENT LABOR-MANAGEMENT POLICY COMMITTEE 52-1289622 Page 5 Schedule D (Form 990) 2016 Part XIII Supplemental Information (continued) FEDERAL JURISDICTION. _IT_IS_THE COMMITTEE'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN UNRELATED BUSINESS INCOME TAX EXPENSE.

SCHEDULE J (Form 990)

Compensation Information

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. NATIONAL MAINTENANCE AGREEMENT

Employer identification number LABOR-MANAGEMENT POLICY COMMITTEE 52-1289622

Questions Regarding Compensation Part I Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments X Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee J Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? <u>4</u>a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

LABOR-MANAGEMENT POLICY COMMITTEE

52-1289622

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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 instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title comp (I) STEPHEN R LINDAUER (I) (II) (II) (II) (II) (II) (II) (II)	(i) Base compensation 188, 635.	(i) Base (ii) Bonus & (iii) Other compensation incentive reportable	(iii) Other reportable	other deferred compensation	benefits	(B)(I)-(D)	
and Title AUER (I) (II) (II) (II) (II) (II) (II)	(i) Base impensation [88,635.	(ii) Bonus & ncentive	(iii) Other reportable	compensation			
(i) (ii) (ii) (ii) (ii) (ii) (ii)		compensation	compensation		_		reported as deterred on prior Form 990
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		0	0		0		0.
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Schedule J (Form 990) 2016

52-1289622

Page 3

LABOR-MANAGEMENT POLICY COMMITTEE Part III Supplemental Information Schedule J (Form 990) 2016

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 HEALTH CLUB DUES IN THE AMOUNT OF \$139 PER MONTH ARE PAID ON BEHALF OF PART I, LINE 1A: STEVE LINDAUER.

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

Name of the organization

NATIONAL MAINTENANCE AGREEMENT LABOR-MANAGEMENT POLICY COMMITTEE

Employer identification number 52-1289622

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. MEMBERSHIP IN THE CORPORATION CONSISTS OF ONE REGULAR MEMBER AND ONE ALTERNATE MEMBER FROM EACH INTERNATIONAL UNION AND A LIKE NUMBER OF MEMBERS FROM EMPLOYERS SIGNATORY TO THE NATIONAL MAINTENANCE AGREEMENTS. FORM 990, PART VI, SECTION A, LINE 7A: THE INTERNATIONAL UNION MEMBERS SHALL ELECT AN INTERNATIONAL UNION MEMBER TO BE LABOR CO-CHAIRMAN AND A MEMBER OF THE BOARD OF DIRECTORS. THE LABOR CO-CHAIRMAN SHALL APPOINT FOUR OTHER INTERNATIONAL UNION MEMBERS TO SERVE AS MEMBERS OF THE BOARD OF DIRECTORS. THE EMPLOYER MEMBERS SHALL ELECT AN EMPLOYER MEMBER TO BE THE EMPLOYER CO-CHAIRMAN AND A MEMBER OF THE BOARD OF DIRECTORS. THE EMPLOYER CO-CHAIRMAN SHALL APPOINT FOUR OTHER EMPLOYER MEMBERS TO SERVE AS MEMBERS OF THE BOARD OF DIRECTORS. THE ELEVENTH MEMBER OF THE BOARD OF DIRECTORS SHALL BE THE IMPARTIAL SECRETARY. FORM 990, PART VI, SECTION B, LINE 11B: EACH BOARD MEMBER RECIEVES A COPY OF THE RETURN. ANY QUESTIONS AND CONCERNS ARE SUBSEQUENTLY ADDRESSED BY THE CPA PRIOR TO FILING A FINAL RETURN. FORM 990, PART VI, SECTION B, LINE 12C: COPY OF POLICY IS PROVIDED TO EACH OFFICER, BOARD MEMBER, AND ALL EMPLOYEES

POLICY MANDATES THAT ANY CONFLICT BE REPORTED TO THE BOARD.

CONFLICT OF INTEREST BROUGHT TO THE ATTENTION OF THE BOARD IS REVIEWED AND

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

ANNUALLY.

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization NATIONAL MAINTENANCE AGREEMENT Employer identification number LABOR-MANAGEMENT POLICY COMMITTEE 52-1289622 APPROPRIATE ACTION TAKEN. FORM 990, PART VI, SECTION B, LINE 15: CURRENT SALARY SURVEY INFORMATION ON CEO AND OTHER STAFF POSITIONS IS GATHERED USING APPROPRIATE CRITERIA SUCH AS LOCATION, ASSOCIATION TYPE, SIZE, ETC. COMPILED INFORMATION IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO DETERMINING APPROPRIATE SALARY CHANGES FOR THE CEO. SURVEY INFORMATION IS PROVIDED TO THE CEO TO BE USED IN CONJUNCTION WITH PERFORMANCE APPRAISALS TO DETERMINE APPROPRIATE SALARY CHANGES FOR THE REMAINDER OF STAFF. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART XI, LINE 2C THE BYLAWS MANDATE THAT AN AUDIT OF THE CORPORATION'S ACCOUNTS AND FUNDS SHALL BE MADE BY A CERTIFIED PUBLIC ACCOUNTANT AT LEAST ONCE ANNUALLY. WITH THE APPROVAL OF THE BOARD OF DIRECTORS, THE IMPARTIAL SECRETARY IS RESPONSIBLE FOR EMPLOYING OR RETAINING SUCH PERSONS, INCLUDING ATTORNEYS, ACCOUNTANT, AND PUBLIC RELATIONS PERSONNEL, AS HE DEEMS NECESSARY TO CARRY ON THE FUNCTIONS OF THE NMAPC. FORM 990, PART I & III, LINE 1 THE NATIONAL MAINTENANCE AGREEMENTS POLICY COMMITTEE NEGOTIATES AND ADMINISTERS THE NATIONAL MAINTENANCE AGREEMENTS, A SERIES OF COLLECTIVE

Schedule O (Form 990 or 990-EZ) (2016)

BARGAINING AGREEMENTS UTILIZED BY MORE THAN 2,000 INDUSTRIAL

632212 08-25-16

Schedule O (Form 990 or 990 EZ) (2016)	
Name of the organization NATIONAL MAINTENANCE AGREEMENT LABOR-MANAGEMENT POLICY COMMITTEE	Employer identification number 52-1289622
DIDON MENAGEMENT TODICT COMMITTED	32 1203022
CONTRACTORS WHO EMPLOY MEMBERS OF FOURTEEN BUILDING TRADI	ES
INTERNATIONAL UNIONS. ALTHOUGH THERE ARE 14 SEPARATE AGRI	EEMENTS, THEY
ARE 99% SIMILAR. THE AGREEMENTS PROVIDE A COST-EFFECTIVE	VEHICLE FOR
COMMUNICATION OF THE PRINT BY THE WORKERS AND DEPTH OF	D14
CONTRACTORS AND SKILLED BUILDING TRADES WORKERS TO PERFORM	KM
CONSTRUCTION, MAINTENANCE AND REPAIR WORK FOR THE COUNTRY	Y'S INDUSTRIAL
AND MANUFACTURING BASE.	