



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

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

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	3,208	<b>22</b>	44,590
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	48,250	<b>24</b>	48,250
<b>25 Total assets</b> . . . . .	51,458	<b>25</b>	92,840
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	51,458	<b>26</b>	92,840
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	0	<b>27</b>	0

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

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

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

What is the organization's primary exempt purpose?

LABOR MANAGEMENT COMMITTEE

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

**28**

See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here

**28a**

**29**

(Grants \$ ) If this amount includes foreign grants, check here

**29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here

**30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here

**31a**

**32 Total program service expenses** (add lines 28a through 31a) **▶**

**32**

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MR DONNIE COLSTON	1 00	0	0	0
CO-PRESIDENT				
MR JAMES HUNTER	1 00	0	0	0
CO-PRESIDENT				
MS MARY MILLER	1 00	0	0	0
CO-PRESIDENT				
MR JOHN SCHLENKER	1 00	0	0	0
TREASURER				
MR JONATHAN NEWMAN	1 00	0	0	0
SECRETARY				
MR KENNETH COOPER	1 00	0	0	0
DIRECTOR				
MR LONNIE STEPHENSON	1 00	0	0	0
DIRECTOR				
MR NICK AKINS	1 00	0	0	0
DIRECTOR				
MR SALVATOR J CHILIA	1 00	0	0	0
DIRECTOR				
MR THOMAS KUHN	1 00	0	0	0
DIRECTOR				

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

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a
b If "Yes," was the related organization a section 527 organization? . . . . . 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

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

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

Sign Here Signature of officer: JOHN SCHLENKER TREASURER Date: 2018-11-15

Paid Preparer Use Only Print/Type preparer's name: HEMALI PATEL Preparer's signature Date Check if self-employed PTIN: P01337292 Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749 Firm's address: 901 N GLEBE ROAD SUITE 200 ARLINGTON, VA 22203 Phone no: (571) 227-9500

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-2620296

**Name:** NATIONAL LAMPAC

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> ANNUAL MEETING TO IMPROVE COMMUNICATIONS BETWEEN REPRESENTATIVES OF LABOR AND MANAGEMENT (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	0

**TY 2017 Transfers Personal Benefits  
Contracts Declaration**

**Name:** NATIONAL LAMPAC

**EIN:** 26-2620296

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL LAMPAC

Employer identification number

26-2620296

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEETING CATERING/SUPPLIES/FACILITIES AMOUNT 58,110 DESCRIPTION MEETING TRANSPORTATION AMOUNT 1,390 DESCRIPTION MEETING AWARDS AMOUNT 1,354 DESCRIPTION BANK SERVICE CHARGES AMOUNT 999 DESCRIPTION MEMBERSHIPS AMOUNT 7,000 TOTAL TO FORM 990-EZ, LINE 16 68,853

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION MEETING PREPAID BEG OF YEAR AMOUNT 48,250 END OF YEAR AMOUNT 48,250

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,808 END OF YEAR AMOUNT 2,000 DESCRIPTION DEFERRED INCOME BEG OF YEAR AMOUNT 48,701 END OF YEAR AMOUNT 55,896 DESCRIPTION DUE TO RELATED PARTY BEG OF YEAR AMOUNT 949 END OF YEAR AMOUNT 34,944