C&E 990

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EXTENDED TO NOVEMBER 15, 2018

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable

- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final

C Name of organization

LABOR-MANAGEMENT COOPERATION TRUST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite

D Employer identification number

75-6418708

E Telephone number

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

1. PLANNING FOR EVENTS AND SERVICES TO BE RENDERED IN ACCORDANCE WITH EXEMPT FUNCTION.

2. CREATION AND DISTRIBUTION OF PUBLICATIONS WHICH PROVIDE VALUABLE INFORMATION TO MEMBERS TO AID IN BUSINESS AND TO PROMOTE THE PIPELINE

2 Did the organization undertake any significant program services during the year which were not listed on the

ODI

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		X
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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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		X
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*			

ROBERT G. DARDEN - 97 2-680-0261
101 WEST RENNER ROAD # 460, RICHARDSON, TX 75082

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ▶				0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

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

Part VIII Statement of Revenue

Check if Schedule O contains a response 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
Grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				

[redacted]

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

2. CREATION AND DISTRIBUTION OF PUBLICATIONS WHICH PROVIDE VALUABLE INFORMATION TO MEMBERS TO AID IN BUSINESS AND TO PROMOTE THE PIPELINE INDUSTRY.

3. NEWSLETTER DISCUSSES SUCH TOPICS AS OSHA SPONSORED COMPREHENSIVE SAFETY AND HEALTH REFORM ACT, NEW DOT ALCOHOL TESTING LEGISLATION, AND INDUSTRY AWARDS FOR SAFET.

4. PLANNING FOR THE PRODUCTION OF PROGRAMS ON SAFETY, GOVERNMENT, REGULATORY REQUIREMENTS, INDUSTRY PROMOTION, MANAGEMENT, AND EMPLOYEE TRAINING AND PUBLIC EDUCATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

[redacted]

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION MADE NO CHANGES TO EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	685,317.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	685,317.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
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	685,317.

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

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

1	Total expenses and losses per audited financial statements	1	612,753.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		

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Employer identification number 75-6418708

stance, and the selection ☐ Yes ☒ No

es" on Form 990, Part IV, line 21, for any

(g) Description of noncash assistance	(h) Purpose of grant or assistance
	PROMOTE EXCHANGE OF SAFETY INFO

Schedule I (Form 990) (2017)

(7) BRIAN DONOHUE EXECUTIVE DIRECTOR	0.00			X				0.	0.	0.
(8) ROBERT G. DARDEN EXECUTIVE DIRECTOR	0.00			X				0.	0.	0.

orm 990, Part IV, line 22

non- nce	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

her additional information.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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Employer identification number: 75-6418708

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