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# Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

**Open to Public** Inspection

Α	For t	he 2011 caler	ndar year, or tax year beginning , and ending			
В	Check i	if applicable	C Name of organization		D Employ	er identification number
	Address	s change	Iron Workers Local Union No. 584			
	Name o	change	Joint Apprenticeship and Training F		73-	<u>-0792884</u>
	Initial re	etum	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telepho	
Ц	Termina	ated	14712 East Pine Street			<u> -234-4980</u>
Ц	Amende	ed return	City or town, state or country, and ZIP + 4			Exemption
Ц	Applicat	tion pending	Tulsa OK 74116		Numb	er 🕨
G		ting Method	Cash Accrual Other (specify) Modified Cash	H Check	X If the c	organization is not
ı	Webs	ite: ▶ <u>N</u> /		required to	attach Sched	ule B
<u>J</u>		empt status (chec	xk only one) — 501(c)(3) <b>X</b> 501(c) ( <b>5</b> ) <b>4</b> (insert no ) 4947(a)(1) or	527 (Form 990	990-EZ, or 99	90-PF)
K	Check	If the o	rganization is not a section 509(a)(3) supporting organization or a section 527 organization and its g	ross receipts are normally	1	
	not mor	re than \$50,000 A	Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required	(see instructions) But if		
_			to file a return, be sure to file a complete return			
L	Add line	s 5b, 6c, and 7b, t	to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I			175 000
_			are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>▶\$</u>	<u>175,980</u>
17	Part I		nue, Expenses, and Changes in Net Assets or Fund Bala		structions	for Part I.)
			if the organization used Schedule O to respond to any question in	inis Part I	······································	
	1		gifts, grants, and similar amounts received		1	174 206
	2	Program se	rvice revenue including government fees and contracts		2	174,286
	3	•	dues and assessments RECEIVED		3	15
	4	Investment	income S		4	15
	5a	Gross amou	unt from sale of assets other than inventory 12 5a 5b			
	b	Coin or (loss)	or other basis and sales expenses		<sub>5c</sub>	
	6 6	Gampa and	from sale of assets other than inventory (Subtract Inp. 5b from line 5a)		30	<del> </del>
<u> </u>	_	_	I fundraising events UGDEN, U ne from gaming (attach Schedule G if greater than		] ]	
Revenue	a	\$15,000)	6a			
Š	h		<u> </u>	hutions	-	
	b		ne from fundraising events (not includir ising events reported on line 1) (attach Schedule G if the	butions	1 1	
2012			gross income and contributions exceeds \$15,000)			
7			expenses from gaming and fundraising events  6c		-1 1	
æ	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract		
<del></del>	"	line 6c)	or (1055) from garriing and fundraising events (add lines of and ob and suc	liaot	6d	
PR	7a	•	of inventory, less returns and allowances		- 54	
₹	b		f goods sold 7b		ㅋ	
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
븻	R	-	ue (describe in Schedule O)		8	1,679
SCANNED	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	ı	▶ 9	175,980
5	10		similar amounts paid (list in Schedule O)		10	15,300
S	11		d to or for members		11	
Ø	12	' <del>-</del> '	ner compensation, and employee benefits		12	121,272
Se	13		l fees and other payments to independent contractors		13	2,483
Expenses	14		rent, utilities, and maintenance		14	8,736
Щ	15		plications, postage, and shipping		15	
	16	• • •	ises (describe in Schedule O)		16	56,675
	17	•	ises. Add lines 10 through 16		17	204,466
	18		leficit) for the year (Subtract line 17 from line 9)		18	-28,486
Net Assets	19	•	or fund balances at beginning of year (from line 27, column (A)) (must agree	with		
Ass			figure reported on prior year's return)		19	344,619
et,	20	-	es in net assets or fund balances (explain in Schedule O)		20	
Z	21	_	or fund balances at end of year. Combine lines 18 through 20	1	▶ 21	316,133

Form 990-EZ (2011)

Form 990-EZ (2011) Iron Workers Local Union No	<u>. 584</u>	73-079288	4		Page 2
Part II Balance Sheets. (see the instructions for Part II.)					
Check if the organization used Schedule O to respond to	any question	n in this Part II			X
		(A) Beginning of y			(B) End of year
22 Cash, savings, and investments		180,		22	174,958
23 Land and buildings		140,			132,342
24 Other assets (describe in Schedule O)			415	_	13,482
25 Total assets		345,		25	320,782
26 Total liabilities (describe in Schedule O)			<u>819</u>	26	4,649
27 Net assets or fund balances (line 27 of column (B) must agree with line 2		344,		27	316,133
Part III Statement of Program Service Accomplishment	•				Expenses
Check if the organization used Schedule O to respond to	any question	in this Part III	X	(Re	quired for section
What is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
See Schedule O				•	anizations and section
Describe the organization's program service accomplishments for each of its the		<del>-</del>		494	7(a)(1) trusts; optional
as measured by expenses. In a clear and concise manner, describe the service	s provided, the	number of	1	for	others)
persons benefited, and other relevant information for each program title					
28 To train new apprentices in the Iron Worker's trade an	d educate j	ourneymen	ļ		
Iron Workers to keep their skill set to the highest in	dustry stan	dards.	ļ		
(Grants\$ ) If this amount includes foreign grants,	check here			28a	
29					
			l		
(Grants\$ ) If this amount includes foreign grants,	check here		44	29a	
30			ļ		
				- 1	
			ا ہے	1	
(Grants\$ ) If this amount includes foreign grants,	check here			30a	
Other program services (describe in Schedule O)			[	ĺ	4.7 .44
(Grants\$ 15,300) If this amount includes foreign grants,	check here		4.4	31a	197,362
32 Total program service expenses (add lines 28a through 31a)		· · · · · · · · · · · · · · · · · · ·		32	197,362
Part IV List of Officers, Directors, Trustees, and Key Employees. List Check if the organization used Schedule O to respond to any qu	st each one eve estion in this Pa	en it not compensate art IV	ea (see	e the in	structions for Part IV
	(a) Average	(c) Reportable compensation		tributions	
(a) Name and title	hours per week devoted to position	(Form W-2/1099-MISC)		benefit pl compens	ans 8 (e) Estimated amount of ation other compensation
<del></del>		(If not paid, enter -0-)			
Harvey A. Swift		_			
Irustee	1.00	0			0 0
John Dresher					
Irustee	1.00	0			0 0
Dave Bennett	1				
Irustee	1.00	0			0 0
Randy Bell	1				
<u> </u>	1.00	0			0 0
Charles Noble					
Secretary	1 1				
	1.00	0			0 0
Chris Kinder				<u>-</u>	
	1.00	0			0 0
				<u></u>	
				-	
Chris Kinder Trustee				-	

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	1990-EZ (2011) II'ON MOIREIS LOCAL UNION NO. 364 /3-0/92664			age
	Art 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 P	art v	Yes	No
33	Did the organization significantly engage in any activity not previously reported to the IRS? If "Yes," provide a		res	No
00	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed	133		<del>- ^</del>
-	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	ļ	X
350	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	<del>- 34</del> -		
- Va	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		İ
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
00	during the year? If "Yes," complete applicable parts of Schedule N	36		X
372		30		
-	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37b		X
500 G	- ·	3/0		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
<b>L</b>		304		- 🔼
	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 504(a)(7) arguingtune. Firther	1		
39	Section 501(c)(7) organizations Enter		ĺ	
a	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39b			
			- 1	
ŧva	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		l	
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		1	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been	405	ŀ	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1 1	Í	
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	-		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	-		
_	reimbursed by the organization	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1000		v
	transaction? If "Yes," complete Form 8886-T	40e		X
11	List the states with which a copy of this return is filed. ►NONE  The organization's books are in care of ►Board of Trustees  Telephone no ► 91	0 22	<u> </u>	000
·2a	·	0-23	4-4	901
	14712 East Pine Street	4116		
	500 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4TT0		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority	Г	I	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	$\overline{}$	Yes	No
	account)?	42b		X
_	If-"Yes," enter the name of the foreign country.	- []	ŀ	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1 1		
	and Financial Accounts.	1	- 1	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country	_		
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			<b>-</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		_	<del></del>	
			Yes	No
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			_
	explanation in Schedule O	44d		
		Form <b>990</b>	-F7	(2011)

Form 99	90-EZ (2011) Iron Workers Local Union No	<u>. 584</u> 7	3-0792884	<u> </u>	I	Page 4
	<b>k.</b>				Yes	
45a Di	d the organization have a controlled entity of the organization within the	meaning of secti	on 512(b)(13)?	45:	3	X
5b Di	d the organization receive any payment from or engage in any transaction	on with a controlle	ed entity within the	ł	1	l
	eaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may n	eed to be comple	eted instead of	ļ		
	ırm 990-EZ (see instructions)			451	'اد	X
6 Di	d the organization engage, directly or indirectly, in political campaign act	tivities on behalf o	of or in opposition		7	
to	candidates for public office? If "Yes," complete Schedule C, Part I	<del></del>		46		X
Part '		(a)(1) nonex	empt charitable tru	usts only. All s	section	1
	501(c)(3) organizations and section 4947(a)(1) nonexemption and 52, and complete the tables for lines 50 and 51.	n criamable tru:	sis musi answer ques	JONS 47-49D		
	Check if the organization used Schedule O to respond to	any question in	this Part VI			
					Yes	No
7 Die	the organization engage in lobbying activities or have a section 501(h)	election in effect	during the tax			
	ar? If "Yes," complete Schedule C, Part II			47	<del></del>	<b></b> -
o ışı 9a Did	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes	s," complete Sch	edule E	48		
b If"	I the organization make any transfers to an exempt non-charitable relate	ed organization?		498		
	Yes," was the related organization a section 527 organization?				<u>1</u>	
	mplete this table for the organization's five highest compensated employ				-	
_ <del></del>	ployees) who each received more than \$100,000 of compensation from					
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation from the organization	(a) Esimerco suid		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	compensation from it	ne organiz	alion
				[		
			<u> </u>			
				<del></del>		
,,				1		
\$10	nplete this table for the organization's five highest compensated indeper 0,000 of compensation from the organization. If there is none, enter "No	ndent contractors	who each received mor	e than	d americal	
	a) Name and address of each independent contractor paid more than \$100,000	(b) Type of a	ervice (c) Compens		pensation	
• • • • • • • • • • • • • • • • • • • •						
			<del></del>			
		4				
			<del></del>			
		1		ĺ		
		<del> </del>		<del></del>		
				i		
, Tota	Il number of other independent contractors each receiving over \$100,00	0 🕨				
Did t	the organization complete Schedule A? Note; All section 501(c)(3) organization	nizations and 494	17(a)(1)			
none	exempt charitable trusts must attach a completed Schedule A			. ▶   Yes	I I N	o-
	es of perjury, I declare that I have examined this return, including accompanying schedules and			of, it is		
, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer has any knowle	dge			
gn	Signature of officer	/	Date	2 3	~ ~	
re	Harvey Swift Haway A. Thuft	- Finar	cial Secret	ary 3-2	<u>8- 2</u>	0/2
	Type or print name and title	<u> </u>	Ta	l more		
	Prim/Type preparer's name Preparer's signature	(	Date	Check   if PTIN		
id	Kurt Needles		03/21/12	self-employed POOS		
eparer	Firm's name Needles & Associates, Inc	<del></del>	Firm's £1N	1 51 - 0435	1869	
e Only	1	220		7 . J · -		
	Broomfield, CO 80021		Phone no			
sy the If	RS discuss this return with the preparer shown above? See instructions	- <u></u>	<u> -,,</u>	X Ye		No
VA.				Form <b>99</b> 1	<b>D-EZ</b> (2	911)

## SCHEDULE:0 (Form 990 or 990-EZ)

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.

Open to Public ▶ Attach to Form 990 or 990-EZ. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Iron Workers Local Union No. 584 Joint Apprenticeship and Training F

Form 990-EZ, Part I, Line 8 - Other Revenue

Employer identification number 73-0792884

OMR No 1545-0047

Description Amount \$ Miscellaneous income 1,679 Total \$ 1,679

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations Class of Activity Name and Address Date of Gift Desc. of Property

Cash Contrib. Noncash Contrib.

Book Value BV Expl. FMV Expl.

Scholarships

14712 East Pine Street

15,300 \$ Tulsa, OK 74116 \$ 0 \$ 0

Form 990-EZ, Part I, Line 16 - Other Expenses

Description Amount

### Expenses

Office Supplies	\$ 1,061
Insurance	\$ 7,104
CWI	\$ 8,006
Welding Tests	\$ 250
Office/instructor manual	\$ 789
Classroom Supplies	\$ 1,297
Safety Harnesses	\$ 6,405

Name of the organizellon  Iron Workers Local Union	No.	584	Employer Identification number 73-0792884
Welding Consumables	\$	4,456	
Office Equipment	\$	836	
Auto Expenses	\$	2,383	
Advertising	\$	575	
Apprentice Contests	\$	1,007	
Instructors Classes	\$	2,662	
Safety Classes	\$	78	
Misc. Expenses	\$	500	
Repairs and maintenance	\$	300	
Bank/Credit Card Fees	\$	90	
Non-investment Depreciation	\$	18,876	
Total	\$	56,675	

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Ве	eg. of Year	End of Year
Furniture and computer equipement	\$	22,840	\$ 22,840
Less Accumulated Depreciation	\$	20,273	\$ 21,294
Automobiles	\$	16,989	\$ 16,989
Less Accumulated Depreciation	\$	16,989	\$ 16,989
Training equipmrnt	\$	105,907	\$ 105,907
Less Accumulated Depreciation	<b>-</b> - <b>\$</b>	84,059	\$ 93,971
	Total \$	24,415	\$ 13,482

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. o	f Year	End of	Year
Payroll Withholdings	\$	819	\$	4,649

Iron Workers Local Union No. 584

Employer identification number 73-0792884

Form 990-EZ, Part III - Primary Exempt Purpose

To train new apprentices in the Iron Worker's trade and educate journeymen Iron Workers to keep their skill set to the highest industry standards.

Form 990-EZ, Part III, Line 31 - All Other Achievements

To train new apprentices in the Iron Worker's trade and educate journeymen Iron Workers to keep their skill set to the highest industry standards.

# АРОКІVV384 Iron vvorkers Local Union No. 384 73-0792884 FYE: 12/31/2011

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<u> </u>	orm 990-EZ,	Part II, Line 23 - Land and Building	- Land	nd Buildings				•~
Description		Beginning of Year	Acc	Accumulated Depreciation		End of Year	& Q	Accumulated . Depreciation
Land Building	တ	18,266 234,735	٧٠	112,716	ဟ	18,266 234,735	s	0 120,659
Total	,   ,	253,001	ς, I	112,716	တ	253,001	ဟ	120,659