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Form **990-EZ**

OMB No 1545-1150

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 frust or private foundation)

Sponsoring 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. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the pand of the year may use this form

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

Open to Public Inspection

Ā	For th	e 2011 calendar year, or tax year beginning MAR 1, 2011 and ending FEB	29,	2012			
R	Check if applicab	O Name of organization		identification number			
Г		ess change	- •				
_	_	change CHATTANOOGA PIPE TRADES INDUSTRY FUND	62-6	052146			
F		Number and street (or P.O. box if mail is not delivered to street address) Room/suite F.	Telephone number				
늗	=-1	D.O. DOW 2007	•	265-3693			
늗	=	City or town, state or country, and 7IP + 4	Group Exe				
늗	~~	(add folding	•	•			
			Number	- <u></u>			
				X if the organization is not			
		· · · <u></u>	•	o attach Schedule B			
), 990-EZ, or 990-PF).			
		if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross					
		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions)	. But if the	e organization chooses to file			
		n, be sure to file a complete return.					
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		445.005			
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	<u> </u>			
P	<u>art l</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ons for Pa				
		Check if the organization used Schedule O to respond to any question in this Part I		X			
	1	Contributions, gifts, grants, and similar amounts received	1				
	2	Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3	108,525.			
	4	Investment income SEE SCHEDULE O	4	1,806.			
	5a	Gross amount from sale of assets other than inventory 5a 6,333					
<u>≈</u>	Ь	Less: cost or other basis and sales expenses 5b 7,545	<u>. </u>				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-1,212.			
⊘	6	Gaming and fundraising events					
Beyenué 3 2012	a	Gross income from gaming (attach Schedule G if greater than	F				
Ì,		\$15,000) 6a					
***	Ь	Gross income from fundraising events (not including \$ of contributions					
Ď	-	from fundraising events reported on line 1) (attach Schedule G if the sum of such	,				
	۱	gross income and contributions exceeds \$15,000)					
W		Less: direct expenses from gaming and fundraising events 6c					
5	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d				
	72	Gross sales of inventory, less returns and allowances	1				
) , b	Less: cost of goods sold 7b	┤,				
₩.	ָרֶר וּיִינ ^י	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other revenue (describe in Schedule O) SEE SCHEDULE, O	8	543.			
	9			109,662.			
_	10	Total levelies, ride into 1, 2, of 1, od, od, 1, quite o	10				
Expenses	11	Grants and similar amounts paid (list in Schedule 0) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors	11				
	12	Salaries, other compensation, and employee benefits Substances of the compensation of	12				
	13	Professional fees and other payments to independent contractors	13	1,410.			
	14	1 1	14	72,200.			
	15	Printing, publications, postage, and shipping	15	72,200.			
	1	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) SEF SCHEDULE O	16	23,103.			
	16 17		► 10 17	96,713.			
_		Total expenses Add lines 10 through 16 Expense or (defeat) for the year (Subtract line 17 from line 9)	18	12,949.			
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	10	14,343.			
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A))	40	104 260			
Net Assets		(must agree with end-of-year figure reported on prior year's return)	19	194,260. 2,415.			
ž	20	Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O	20	209,624.			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u>≥ 21</u>	Form 990-EZ (2011)			
LH	101 A	Paperwork Reduction Act Notice, see the separate instructions.		roini 330-E& (2011)			
				_			

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	990-EZ (2011) CHATTANOOGA PIPE TRADES I	NDUSTRY FUN	D	<u>62-605</u>	2146	Page 2
Pa	rt II Balance Sheets. (see the instructions for Part II.	,				
	Check if the organization used Schedule O to re-	spond to any ques			_	
	•	_	(A) Beginning of year		(B) End of	
22	Cash, savings, and investments	ļ_	<u>194,260</u>		209	,624.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)	_		24		
25	Total assets	<u>.</u>	194,260		209	,624.
26	Total liabilities (describe in Schedule 0)	-	0	. 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) rt-III Statement of Program Service Accomplishme	nto (occ the instru	194,260			,624.
Pa		•			Expense urred for se	
14/1 1	Check if the organization used Schedule O to res		stion in this Part III		c)(3) and 50	
	is the organization's primary exempt purpose? <u>BOARDS</u> OF TRAI				nizations an '(a)(1) trust	
	ibe the organization's program service accomplishments for each of its three largest program ar, describe the services provided, the number of persons benefited, and other relevant inform		enses in a clear and concise		thers.)	s, optional
	PROMOTE PIPE TRADES & NEGOTIATE CON		FEN LABOR			
	PROMOTE FIFE TRADES & NEGOTIATE CON AND MANAGEMENT	VIRACIS BEIN	EEN LABOR			
-	AND MANAGEMENT					
-	Grants \$) If this amount includes foreign	grants check here		28a		
29	The this amount includes to eight	grants, or ook nore		204		
-			·	_		
- (Grants \$) If this amount includes foreign	grants, check here		29a		
30	The second secon					· · · · · · · · · · · · · · · · · · ·
-						
-						
(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		
Pa	rt IV List of Officers, Directors, Trustees, and Key E				tions for Part I	V)
	Check if the organization used Schedule O to re-	spond to any ques	tion in this Part IV	!		
		(b) Title and average ho		(d) Health ber contribution:	eto I '''	Estimated
	(a) Name and address	per week devoted to	W-2/1099-MISC)	employee be plans, and del	nefit annot	ant of other opensation
		<u>'</u>	(if not paid, enter -0-)	compensati		
	DY GOBER, 1404 CARTER STREET,	EXECUTIVE D	1 1			_
	ATTANOGA, TN 37402	0.50	0.		0.	<u> </u>
-	B CHASE, 1404 CARTER STREET,	TRUSTEE				•
	ATTANOOGA, TN 37402	0.50	0.		0.	0.
	MES RAULSTON, 1404 CARTER STREET,	TRUSTEE				•
	ATTANOGA, TN 37402	0.50	0.		0.	0.
	LLY KING, 1404 CARTER STREET, ATTANOOGA, TN 37402	TRUSTEE				^
CHA	ATTANOOGA, TN 3/402	0.50	0.		0.	0.
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13217 02-06	-12			-	-orm 990 -	EZ (2011)

	990-EZ (2011) CHATTANOOGA PIPE TRADES INDUSTRY FUND)		62-605			Page
Pa	Other Information (Note the Schedule A and personal benefit cont	ract stat	temen	t requiremen	nts in	the	_
	instructions for Part V.) Check if the organization used Sch. O to re-	spona to	any	question in t	nis Pa		<u> </u>
						Yes	N
3	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide	a detailed d	escriptio	n of each			
	activity in Schedule O				33		7
4	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	ed copy of t	he amen	ded			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule	•			34		2
5 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	ess activities	s (such a	is those reported			
	on lines 2, 6a, and 7a, among others)?				35a	<u>L</u>	7
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	N/	A
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$	notice, repo	rting, an	id proxy tax	1		
	requirements during the year? If "Yes," complete Schedule C, Part III				35c		2
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	during the	year? If	"Yes,"			
	complete applicable parts of Schedule N				36		2
7 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a		0	•	-	
b	Did the organization file Form 1120-POL for this year?				37b		2
3a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or v	vere any su	ch loans	made		-	-
	in a prior year and still outstanding at the end of the tax year covered by this return?				38a		3
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		N/A	_		
9	Section 501(c)(7) organizations. Enter:	- 1			7 . `		-
	Initiation fees and capital contributions included on line 9	39a		N/A	:	-	
b	Gross receipts, included on line 9, for public use of club facilities	39b		N/A	7 -	١.	
) a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				7		
	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 495	55 🕨	N/A	1	1 .		_
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess be						
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of it			-	h		-
	If "Yes," complete Schedule L, Part I	p			40b	N/	Δ
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers				100		Ė
	or disqualified persons during the year under sections 4912, 4955, and 4958			N/A	į		l
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			11/21			, -
	organization			N/A		,	
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			14/21			l
	transaction? If "Yes," complete Form 8886-T				40e		2
	List the states with which a copy of this return is filed. NONE				100		
	The organization's books are in care of ▶ JUDY GOBER	Teler	nhone no	0.▶ (423)	265	-36	9:
	Located at ▶ 1404 CARTER STREET, CHATTANOOGA, TN		7110110 110	ZIP+4 ►:			<u> </u>
	At any time during the calendar year, did the organization have an interest in or a signature or other author	ıtv		_ 2" +4 💌 .	3 / 4 0	4	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	•				Yes	N
	account)?	ı			42b	103	3
	If "Yes," enter the name of the foreign country:	•			420		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	k and Einar	nial Acc	haunda	-		
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	K allu Fillal	ICIAI ACC	ounts.	42c		3
	If "Yes," enter the name of the foreign country:				420		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here						_
	and enter the amount of tax-exempt interest received or accrued during the tax year			▶ 43	BT / B		_
	and direct the amount of the exempt interest received of accrace during the tax year		•	40	N/A		
						Yes	N
_	Did the exampleton maintain any dense advised funds during the user of Maria * Form 000 must be come.		-6		ſ	res	
ж.	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed from 990-EZ	etea mstead	01				├-,
							2
	Did the appearance as a set on a second base to be a set of a disease of the control of the second o				44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be con	mpleted inst	tead				-
b	of Form 990-EZ	mpleted inst	tead		44b		
b C	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?						
b c d	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an experiments of the services of the services during the year?				44b 44c		
b c d	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an early Schedule O				44b		2
b c d	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an eightharpoonup of the organization have a controlled entity within the meaning of section 512(b)(13)?	explanation	1		44b 44c		2
b c d a b	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an early Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within	explanation	1	ion	44b 44c 44d		2
b c d	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an eightharpoonup of the organization have a controlled entity within the meaning of section 512(b)(13)?	explanation	1	ion	44b 44c 44d	- to to	

orm 990-EZ (,2011)	CHATTA								146	Yes	Page
6 Did the o	organization ei	ngage, direct	ly or indirectly	y, in politica	al campaign ac	tivities on behalf of	or in oppositio	n to candidates for p	ublic office?			
If "Yes," (complete Sch	edule C, Part	1 !					·		46		X
Part VI								charitable tru	_			(c)(3
							-	ns 47-49b and 52,	and complete	the tal	oles	_
	Tor lines 50	and 51 Cn	eck if the or	ganizatio	n usea Sched	iule O to respond	to any ques	tion in this Part VI			Yes	N
7 Did the o	organization ei	ngage in lobt	ying activities	s or have a	section 501(h)	election in effect d	uring the tax ve	ear? If "Yes," complet	te Sch. C. Part II	$\overline{}$	103	- 1
						es," complete Sche		, , , , , , , , , , , , , , , , , , ,		48		_
		-		-		ed organization?				49a		
	was the related	-		_						49b		
					pensateo empio nere is none, en		ticers, directors	s, trustees and key e	mpioyees) who e	each rec	eived r	nore
Litan Wilo			ess of each e		1010 15 110110; 011		average hours	(C) Reportable	(d) Health benefit	ts, (e)	Estim	ated
	, .	paid more t	than \$100,000	0 .			devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefi	amo	unt of	oth
				N/A		pos	sition -		plans, and deferre compensation	cor	npensa	tioi
								 				
										+		

	·							ł				
Complete organizat	tion. If there is	the organiza none, enter	ntion's five hig "None."	hest comp	pensated indepe		who each recei	ved more than \$100	· · · · · · · · · · · · · · · · · · ·	cation fro		
d Total nun	e this table for tion. If there is d address of e	the organiza s none, enter each indepen	"None." dent contract contractors e	N/A or paid mo	ore than \$100,0	000 000 000 panizations and 494	(b) Type o	of service	(c)	Compe	nsation	
d Total nun Did the o charitable der penalties o claration of pre	mber of other organization color perjury declar apparer (other than	the organiza s none, enter each indepen	"None." dent contract contractors e	N/A or paid mo	ore than \$100,0	000 000 000 panizations and 494	(b) Type o	of service	d belief, it is true, co	Compe	nsation	
d Total nun Did the o charitable der penalties oclaration of pre	e this table for tion. If there is d address of e	the organiza s none, enter each indepen	"None." dent contract contractors e	N/A or paid mo	ore than \$100,0	000 000 lanizations and 494 schedules and statemy knowledge	(b) Type o	empt est of my knowledge and	(c)	Compe	nsation	
d Total nun Did the o charitable der penalties declaration of pre	mber of other organization coe trusts must of perjury, declar part of the signature of the	the organiza s none, enter each indepen	contractors edule A? Note pleted Sched parmined this relection all informations.	nhest comp N/A or paid mo	ore than \$100,0	000 000 000 000 000 000 000 000 000 00	(b) Type o	empt est of my knowledge and	d belief, it is true, co	Compe	nsation	
d Total num Did the o charitable der penalties o claration of pre	mber of other organization color perjury, declar apparer (other than Type or print/Type MI CHAI	independent omplete Sche aftech a com are that I have en officer on ame and title preparer's name and title	contractors edule A? Note pleted Sched parmined this relection all informations.	nhest comp N/A or paid mo each receiving: All section ule A turn, including altern of which	ing over \$100,0 organization in the companying of the companying o	000 000 000 000 000 000 000 000 000 00	(b) Type of	empt est of my knowledge and	d belief, it is true, co	Compe	nsation	
d Total num Did	mber of other organization color perjury, declar parer that signature of the print/Type of the print/T	independent omplete Sche attach a compare in officer is basing and tittle preparer's name and tittle	contractors e edule A? Note edule A? Note edule A? Note edule A? In the second all information arme	nhest comp N/A or paid mo ach receivi : All section ule A turn, includir attor of who	ing over \$100,0 n 501(c)(3) org	000 000 000 000 000 000 000 000 000 00	(b) Type of	empt est of my knowledge and Check self- emplo	d belief, it is true, co	Yes	asation	
d Total num Did the o claration of pre ign ere	mber of other organization core trusts must of perjury, declar eparer (other than Type or print Print/Type MICHAI CPA Firm's nam	independent omplete Sche attach a compare in the late of the late	contractors e edule A? Note edule A? Note edule A? Note edule A? In the education of the ed	Pr	ing over \$100,0 n 501(c)(3) org	000 000 000 000 000 000 000 000 000 00	(b) Type of	empt est of my knowledge and Check self- emplo	d belief, it is true, co	Yest and Yes	3 Comple	I N
d Total num Did the o charitable der penalties o claration of pre ign ere	mber of other organization core trusts must of perjury, declar eparer (other than Type or print Print/Type MICHAI CPA Firm's nam	independent properties of the organization independent omplete Scheattach a compare that I have en original properties of the preparer's name and title preparer's name and ti	contractors e edule A? Note pleted Sched educamend this relection and BARTO,	Property of the control of the contr	ing over \$100,0 ing over \$100,0 in 501(c)(3) org in peparer this and reparer's signate COMPAN ROAD, S	000 000 panizations and 494 schedules and statement of the statement of	(b) Type of	empt est of my knowledge and Check self- emplo	d belief, it is true, co	Yest and Yes	3 Comple	Nete
d Total num Did the o Charitable der penalties o claration of pre ign ere aid reparer se Only	mber of other organization core trusts must appear (other than Type or print Print/Type MICHAI CPA Firm's nam Firm's addr	independent omplete Sche attach a com are that thave en officer is barrens and title preparer's name and title preparer's	contractors e edule A? Note pleted Sched examined this red contract mane BARTO, TO, HC TO, HC LATTANC	Property of the control of the contr	ing over \$100,0 ing over \$100,0 in 501(c)(3) org in peparer this and reparer's signate COMPAN ROAD, S	ooo janizations and 494 schedules and statement of the control of	(b) Type of	empt est of my knowledge and Check self- emplo	d belief, it is true, co	Yest and Yes	743 13	Nete

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

CHATTANOOGA PIPE TRADES INDUSTRY FUND

Employer identification number 62-6052146

CHATTANOOGA PIPE TRADES INDUSTRY FUND	62-6052146
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
CITIGROUP GLOBAL	1,806.
	
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
CAPITALMARK BANK & TRUST	543.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
TRUSTEE MEETING EXPENSE	1,279.
DONATIONS	3,531.
INVESTMENT EXPENSE	1,073.
CONVENTION EXPENSE	17,020.
INSURANCE	200.
TOTAL TO FORM 990-EZ, LINE 16	23,103.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN ON INVESTMENTS	2,415.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNI	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRA	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUN	4S, DIRECTLY,
132211	e O (Form 990 or 990-EZ) (2011)
01-23-12	