

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2014

Department of the Treasury Internal Revenue Service  $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For the	2014 cal	endar year, or tax year beginning MAR 1	, 2	014	and end	ing FE	B 28	3, 2	015		
В	Check if applicat	ole	C Name of organization							entification number		
	Addr	ess change										
	Name	e change	CHATTANOOGA PIPE TRADES I	NDU	STRY FU	ND		6:	2-60	52146		
	Initial	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite E Tel							Telephone number			
	Final termi	return/ nated	P.O. BOX 387		_			4:	23-2	65-3693		
	Amer	nded return	City or town, state or province, country, and ZIP or foreign	postal	code			F Grou	ıp Exem	ption		
	Applic	ation pending	CHATTANOOGA, TN 37401					Nun	iber ►			
G	Accour	nting Meth	od: X Cash Accrual Other (specify) ▶					H Che	ck ▶[	X If the organization is		
1	Websit	te. 🕨 <u>N</u>						noti	required	to attach Schedule B		
J	Tax-ex	empt stat	us (check only one) — 501(c)(3) 🗶 501(c) ( 6	_) <b>▼</b> (ıı	nsert no )	4947(a)(1)	or 527	(For	m 990, 9	990-EZ, or 990-PF).		
K	Form o	f organiza	tion. Corporation Trust X Asso	ociation	Othe	er		<del></del>				
L	Add lin	es 5b, 6c,	and 7b to line 9 to determine gross receipts. If gross receip	ts are \$	\$200,000 or mo	re, or if total	assets (Part I	Ι,				
		ı (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990	)-EZ					▶ \$	139,588.		
P	<u>art I</u>	Reve	enue, Expenses, and Changes in Net As	sets	or Fund Ba	alances	(see the instru	ictions	for Part	·		
	1		if the organization used Schedule O to respond to any ques	tion in t	this Part I					X		
_	1		tions, gifts, grants, and similar amounts received					Ļ	1			
?	2	•	service revenue including government fees and contracts					Ļ	2			
í	3		ship dues and assessments					-	3	132,844.		
ř	4		ent income		· I	SCHED		}	4	3,221.		
4	5a	Gross amount from sale of assets other than inventory 5a 3,367.										
١	b		st or other basis and sales expenses		<u>5</u> t		3,3	10.				
Net Assets Expenses CARevenue JOL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C		loss) from sale of assets other than inventory (Subtract line	5b fror	n line 5a)			ļ	5c	<u>57.</u>		
	6		and fundraising events									
ge-	a	1 1										
秀	١.	\$15,000)										
Net Assets Expenses CARNING JOL 1 1 2010 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	b		come from fundraising events (not including \$			contribution	S					
4		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)   6b										
<b>5</b>												
									_			
	70	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)							6d			
	7a		Gross sales of inventory, less returns and allowances 7a  Less: cost of goods sold 7b									
	b	Less: cost of goods sold  Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c				
	8		Other revenue (describe in Schedule 0)  SEE SCHEDULE O					ŀ	8	156.		
	9		renue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		BEAE!	DCIIID			9	136,278.		
	10		nd similar amounts paid (list in Schedule 0)	1	KLUL	マピン			10	130/11/01		
	11		paid to or for members	١٣	**********	1913-1914-1914-1914-1914-1914-1914-1914-	[8]	ŀ	11	·-·		
s	12		other compensation, and employee benefits	832	JUN 2	6 2015	ΙÖΙ	ľ	12			
nse	13		onal fees and other payments to independent contractors	<sup>∞</sup>	<b>D 2</b> (1) <b>2</b>	u (, D , D	TS.	Ì	13	1,520.		
Expens	14		cy, rent, utilities, and maintenance	-	0000	AL LIT	J=1	Ì	14	66,498.		
	15		publications, postage, and shipping	1	OGDE	N, UT		Ī	15			
	16		penses (describe in Schedule 0)	*******	SEE	SCHED	ULE O	Ī	16	23,999.		
	17	Total exp	penses. Add lines 10 through 16					▶	17	92,017.		
<i>(</i> 0	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)			-	- <u></u>		18	44,261.		
set	19	Net asset	is or fund balances at beginning of year (from line 27, colur	nn (A))				Ī				
Net Assets   Expenses   The Net Assets   The Net Assets		(must ag	ree with end-of-year figure reported on prior year's return)					L	19	194,451.		
Net	20	Other cha	anges in net assets or fund balances (explain in Schedule O	)	ŞEE	SCHED	ULE O	[	20	-1,032.		
_	21_	Net asse	ts or fund balances at end of year. Combine lines 18 throug	h 20	<u>-</u>				21	237,680.		
LH.	A For	Paperwor	rk Reduction Act Notice, see the separate instructions							Form <b>990-EZ</b> (2014)		

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_		NDUSTRY FU	ND 6	<u>52-60521</u>	46 Page 2
P					
	Check if the organization used Schedule O to res	pond to any que		T	
	, , ,	-	194,451		237,680.
	•	-	<del>-</del>	<del>    -   -   -   -   -   -   -   -   -  </del>	
		-	104 451		227 690
		}		1 1	
	•	-			
		nts (see the instr	uctions for Part III)		
		•	•	(Required	for section
Wh				501(c)(3)	
Des	cribe the organization's program service accomplishments for each of its three largest program s	services, as measured by ex	penses in a clear and concise	others.)	ons, optional for
			WEEN LABOR		
		IIdicib bhi	WILLIA DILBOR	_	
		****		_	
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		
29		,			
				_	
	(Grants \$ ) If this amount includes foreign g	rants, check here	<u> </u>	29a	
30					
				_	
		·			
		rants, check here	<u> </u>	30a	
31	Secretaria from accretate the secretaria from accretate from the control of the accretation for each strangurar time				
	· · · · · · · · · · · · · · · · · · ·	rants, check here			
		mnlovees			
F				ee the instructions f	or Part IV)
	Officer in the organization used Schedule O to les			(d) Health banefits	(a) Estimated
	An Name and title		compensation (Forms	contributions to	
	(a) Name and title		[ W-2/1099-MISC) }	plans, and deferred	
TT	IDY GOBER			- Comportation	
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BI	LLY KING				
TF	RUSTEE	0.50	0.	0.	0.
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		l <u> </u>		Earm	990-EZ (2014)
432	172 12-15-14			FOITH	33 <b>0-62</b> (2014)

Forn	990-EZ (2014) CHATTANOOGA PIPE TRADES INDUSTRY FUND 62-6052	146		Page 3
Pa	Int V Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in t	he	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	ıs Par	t V_	X
	•		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		X_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			ļ
	on lines 2, 6a, and 7a, among others)?	35a		X_
Ь	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/	Α
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			ļ
	complete applicable parts of Schedule N	36		<u>X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0	7		l
	Did the organization file Form 1120-POL for this year?	37b		<u>X</u> _
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			۱,,
_	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u>X</u> _
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9  N/A			
	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a N/A  N/A	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40 a	section 4911 $\blacktriangleright$ N/A; section 4912 $\blacktriangleright$ N/A; section 4955 $\blacktriangleright$ N/A			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $ ightharpoonup N/A$	'		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed  TN			
42 a	The organization's books are in care of ▶ JUDY GOBER Telephone no. ▶ (423)			<u> 93</u>
	Located at ► 1404 CARTER STREET, CHATTANOOGA, TN ZIP+4 ►	<u> 3740</u>	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		· ·	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<u> </u>
	If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_		420		v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and their the amount of mix exempt interest received of accorded earing the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			T
	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		T	1
-	of Form 990-EZ	44b		X_
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			T
	ın Schedule O	44d	L	1
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<u> </u>	
		Form 9	90-EZ	(2014)

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  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  Yes  To bid the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  If "Yes," was the related organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received me than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours per week devoted to employee benefits, contributions to employee benefits, employee benefits, contributions to employee benefits, amount of compensation.	orm 990-EZ (	2014) CHATTANOOGA	PIPE TRADES	INDUSTRY	FUND	·	62-60521	.46	Page
## 1 Treat roumber of other employees paid over \$100,000    Total number of other employees paid over \$100,000   Total number of other em							_	Yes	s No
All section 501(c)(3) organizations only All section 501(c)(3) comparizations analy All section 501(c)(3) comparizations as such as section 501(n) electron in effect during the taxyser? If 'Yes,' complete Sch C, Part II   47    If the organization engage in lobbying activities or have a section 501(n) electron in effect during the taxyser? If 'Yes,' complete Sch C, Part II   47    If the organization engage in lobbying activities or have a section 501(n) electron in effect during the taxyser? If 'Yes,' complete Sch C, Part II   47    If the organization makes any transfer is an exercity into characteristic schedule E   48    If the organization makes any transfer is an exercity into characteristic schedule E   49    If If the organization is school as escribed in section 501(n) (i) (ii) (ii) (ii) (ii) (ii) (ii) (i			, in political campaign activ	vities on behalf of or i	n oppositio	on to candidates for p	ublic office?		,,
All section 501 (c)(2) organization must answer questions 47.49b and 55, and complete the tables for lines 50 and 51  Check if the organization used Schedule Q to respond to any question in this Part VI  In the organization engage in licibitying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schild E  a Did the organization make any transfers to an exempt non-charitable related organization of the practication and any transfers to an exempt non-charitable related organization of the practication and any transfers to an exempt non-charitable related organization of the practication as extend 57 organization of the practication is like highest compensated employees (complete Schild E  a Did the organization make any transfers to an exempt non-charitable related organization of the exploration of the practications is like highest compensated employees (compensation from the organization). Here is one, enter None.*  (a) Name and title of each employee  (b) Novarage thours  per week devoted to provide the provided to provide the stable for the organization of the employees paid over \$100,000  Complete this table for the organizations is two highest compensated independent contractors who each reserved more than \$100,000 of compensation from the organization of their so inone, entire through the position of their employees paid over \$100,000  Complete this table for the organizations is two highest compensated independent contractors who each reserved more than \$100,000 of compensation from the organization of their so inone, entire through the provided to provide the provided to provide the provided to the organization of their provided to the organization of their provided to the organization of the organization of the organization of their provided to the organization of their provided to the organization organization complete Schedule A? Note. All section \$510(3) organizations must attach a complete of provided to the organization organization organization organizat			iana anto			<del></del>		46	X
Check if the organization used Schedule O to respond to any question in this Part VI    Yes	art VI		<del>-</del>					Yes Made and belief, it was a strong from the compensation of the	
Ves						te the tables for line	es 50 and 51		
bid the organization analog in lobbying activities or have a section 50 (1h) electron in effect during the tax year? If "ves," complete Sch C, Part II 47 (49 49 49 49 49 49 49 49 49 49 49 49 49 4		Check if the organization used Scho	edule O to respond to a	any question in this	Part VI			Va	 -   Nia
Is the organization as school as described in section 17(b)(1)(A)(ii)? If Yes,' complete Schedule E  ### 49  #	• D. J. II								s No
bit More; was the related organization ascelan 527 organization?  If I'ves, was the related organization ascelan 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, fursitions, directors, busiless and key employees) who each recorded men \$100,000 of compensation from the organization. If there is none, enter None.  (a) Name and title of each employee  N/A  I Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each recoved more than \$100,000 of compensation. If there is none, enter Yone.  N/A  (a) Name and business address of each independent contractor.  (b) Type of service  (c) Compensation  (d) Total number of other employees paid over \$100,000  (e) Total number of other employees paid over \$100,000  (e) Type of service  (e) Compensation  (f) Type of service  (e) Compensation  (f) Type of service  (e) Compensation  (e) Type of service  (e) Compensation  (f) Type of service  (f) Compensation  (f) Type of service  (f) Type of service  (f) Type of service  (f) Type of service  (f) Compensation  (f) Type of service  (f) Compensation  (f) Type of service  (f) Compensation  (f) Type of service  (f) Type of service  (f) Compensation  (f) Type of service  (f) Type o						'ear' If "Yes," complet	e Sch C, Part II		-
b if Yes, was the related organization a section S27 organization?  Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and key employees) who can be described in the S100,000 of compensation from the organization. If there is none, enter Mone?  (a) Name and title of each employee  (b) Average hours  (c) Reportation  (d) Average hours  (e) Average hours  (ii) Average hours  (iv) Average hours  (i					t.		<u> </u>		
Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and key employees) who each received in this \$100,000 of compensation from the organization. If there is none, enter None.  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable provided a compensation from the organization.  (d) Health benefits.  (e) Estimation of other employees paid over \$100,000  (f) Total number of other employees paid over \$100,000  (g) Reportable 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.  (g) Name and business address of each independent contractor  (h) Type of service  (e) Compensation  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (c) Reportable for the organization organization organization complete Schedule A**  (d) Total number of other independent contractors each receiving over \$100,000  (e) Total number of other independent contractors each receiving over \$100,000  (e) Type of service  (e) Compensation  (f) Type of service  (e) Compensation organization complete Schedule A**  (e) Compensation organization complete Schedule A**  (e) Compensation organization complete Schedule A**  (f) Type of service  (g) Compensation organization or		•	•	organization?					
than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours  per week devoted to position  (c) Reportation compensation from the compensation of the position	-	~	•				_	Yes    Yes	
(a) Name and title of each employee (b) Average hours per week devoted to progression from some water devoted to position (c) representations to sample to compensation from the position (c) Position (compensation from the position (c) Pos					rs, uirectoi	is, ii ustees and key ei	iipioyees) wiio ea	ar received	1111016
Provided Schedule A Note, and seach received more than \$100,000 of compensation from the organization complete Schedule A? Note, All section 501(c)(3) organizations must attach a completed Schedule A not person of present of long from the property of present of long from the property of present of long from the property of the present of the presen	шапфіо			1	houre	(0) -	(d) Health benefits	(a) Ecti	matad
N/A position position position plants. and is deterred compensation of their employees paid over \$100,000  ↑ Total number of other employees paid over \$100,000  ↑ Complete this table for the organization's live highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None: N/A  (a) Name and business address of each independent contractor  (b) Type of service (c) Compensation  (c) Compensation  † Total number of other independent contractors each receiving over \$100,000  Did the organization there is none, enter None: N/A  (a) Name and business address of each independent contractor  (b) Type of service (c) Compensation of present of the third in the present in the present in the last of my knowledge and belief, use, correct, and complete. Obligating of present of the third in the present in t		(a) waine and title of each emp	loyee			compensation (Forms	contributions to		
1 Total number of other emptoyees paid over \$100,000  1 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." N/A  (a) Name and business address of each independent contractor  d Total number of other independent contractors each receiving over \$100,000  2 Did the organization complete Schedule A? Note. All section \$01(c)(3) organizations must attach a completed Schedule A? A Note. All section \$01(c)(3) organizations must attach a complete Schedule A? Total number of other independent tontractors each receiving over \$100,000  2 Did the organization complete Schedule A? Note. All section \$01(c)(3) organizations must attach a completed Schedule A? Total number of other independent tontractors each receiving over \$100,000  2 Did the organization complete Schedule A? Note. All section \$01(c)(3) organizations must attach a complete Schedule A?  Total number of other independent contractors each receiving over \$100,000  2 Did the organization complete Schedule A? Note. All section \$01(c)(3) organizations must attach a complete Schedule A?  Total number of other independent contractors  Total number of other independent contractors  (b) Type of service  (c) Compensation  (c) Compensation  (d) Type of service  (e) Compensation  (b) Type of service  (c) Compensation  (d) Type of service  (e) Compensation  (d) Type of service  (e) Compensation  (d) Type of service  (e) Compensation  (e) Type of service  (o) Compensation  (e) Type of service  (o) Compensation  (d) Type of service  (e) Compensation  (e) Type of service  (o) Type of service  (o) Compensation  (e) Type of service  (o) Type of service  (o) Compensation  (o) Type of service  (o) Compensation  (o) Type of service  (o) T			NT / Z	1 '		W-2/1099-MISC)	plans, and deferred		
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.' N/A  (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     d   Total number of other independent contractors each receiving over \$100,000     d   Total number of other independent contractors each receiving over \$100,000     d   Total number of other independent contractors each receiving over \$100,000     d   Total number of other independent contractors each receiving over \$100,000     d   Total number of other independent contractors each receiving over \$100,000     d   Total number of other independent contractors each receiving over \$100,000     d   Total number of other independent contractors     d   Total number of ot			N/A				compensation	<del> </del>	
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. N/A  (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  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. Independent that I have explained this return, including accompanying schedules and statements, and to the best of my knowledge and belief, le, correct, and complete. Declaration of prenty (other) than officer) is based on all information of which preparer has any knowledge.    Print/Type preparer's name   Preparer's signature   Date   Check   if   PTIN   Self-employed   Print's name and title   PTIN   Self-employed   P00024743									
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.' N/A  (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  Dot the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A complete. Declaration of prenate (other) than officer) is based on all information of which preparer has any knowledge and belief, let, correct, and complete. Declaration of prenate (other) than officer) is based on all information of which preparer has any knowledge.    Obtain the preparer of the independent contractors each receiving over \$100,000   Obtain the preparer of the independent contractor (b) Type of service (c) Compensation (c) Chapter (c) Compensation (c) Compensation (c) Compensation (c) Chapter (c) Compensation (c) Co			<del></del>			<del> </del>			
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.' N/A  (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  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A complete Declaration of prenator (other than officer) is based on all information of which preparer has any knowledge and belief, le, correct, and complete. Declaration of prenator (other hame and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  AICHAEL A. BARTO  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's signature BAR									
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." N/A  (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  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  derived 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, e, correct, and complete. Declaration of prenty (other than officer) is based on all information of which preparer has any knowledge.    Output   OBBER   EXECUTIVE DIRECTOR			<del></del>			-	-	<del> </del>	
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.' N/A  (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  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.  Independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type									
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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.' N/A  (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  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A complete Declaration of prenator (other than officer) is based on all information of which preparer has any knowledge and belief, le, correct, and complete. Declaration of prenator (other hame and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  AICHAEL A. BARTO  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's signature BAR									
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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.' N/A  (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  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A complete Declaration of prenator (other than officer) is based on all information of which preparer has any knowledge and belief, le, correct, and complete. Declaration of prenator (other hame and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  AICHAEL A. BARTO  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's signature BAR									
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.' N/A  (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  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.  Independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type of the independent contractors each receiving over \$100,000  Print Yes   Type	f Total nur	nher of other employees paid over \$100	000			· · · · · · · · · · · · · · · · · · ·	l	<del></del>	
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a  completed Schedule A  der 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, e, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  gn ere  JUDY GOBER, EXECUTIVE DIRECTOR  Type of print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self- employed  Print's name BARTO, HOSS & COMPANY, P.C.  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's address > 5751 UPTAIN ROAD, SUITE 100  CHATTANOOGA, TN 37411-4077  By the IRS discuss this return with the preparer shown above? See instructions					·				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Index 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, the correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of efficer									
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A    Ves						<u></u>			
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a  completed Schedule A  der 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, e, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  gn ere  JUDY GOBER, EXECUTIVE DIRECTOR  Type of print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self- employed  Print's name BARTO, HOSS & COMPANY, P.C.  Firm's name BARTO, HOSS & COMPANY, P.C.  Firm's address > 5751 UPTAIN ROAD, SUITE 100  CHATTANOOGA, TN 37411-4077  By the IRS discuss this return with the preparer shown above? See instructions	d Total aug	mher of other independent contractors of	ach receiving over \$100.00	20					
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nder 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, use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    JUDY GOBER, EXECUTIVE DIRECTOR		•	000		-		▶□	່   Yes ໂ	N
Let correct, and complete. Declaration of prepty (other than officer) is based on all information of which preparer has any knowledge.    Signature of Afficer			ed this return, including ac	companying schedul	es and stat	tements, and to the be	est of my knowled		
ign lere    JUDY GOBER, EXECUTIVE DIRECTOR			11						,
JUDY GOBER, EXECUTIVE DIRECTOR   Type & print name and title		Market NO	uer				6/17	15	
Type & grint name and title    Print/Type & grint name and title   Preparer's signature   Date   Check   If self- employed	ign 📙	Signature of afficer		• •			Date		
Type print name and title  aid reparer se Only    Print/Type preparer's name   Preparer's signature   Date   Self- employed	ere 👠	JUDY GOBER, EXEC	UTIVE DIRECT	ror			, ,		
aid reparer se Only  MICHAEL A. BARTO  Firm's name ▶ BARTO, HOSS & COMPANY, P.C.  Firm's address ▶ 5751 UPTAIN ROAD, SUITE 100  CHATTANOOGA, TN 37411-4077  ay the IRS discuss this return with the preparer shown above? See instructions  Self- employed  P00024743  Phone no. (423)855-0706									
reparer se Only  MICHAEL A. BARTO Firm's name ▶ BARTO, HOSS & COMPANY, P.C. Firm's address ▶ 5751 UPTAIN ROAD, SUITE 100 CHATTANOOGA, TN 37411-4077  ay the IRS discuss this return with the preparer shown above? See instructions  P00024743 Phone no. (423)855-0706 Phone no. (423)855-0706		Print/Type preparer's name	Preparer's signatu	ire	Date	Check	if PTIN		
reparer se Only    MICHAEL A. BARTO   P00024743	oid		in in the same	of an	1/2	self- emplo	yed		
Firm's name ▶ BARTO, HOSS & COMPANY, P.C.  Firm's address ▶ 5751 UPTAIN ROAD, SUITE 100  CHATTANOOGA, TN 37411-4077   ay the IRS discuss this return with the preparer shown above? See instructions  Firm's name ▶ BARTO, HOSS & COMPANY, P.C.  Firm's EIN ▶ 62-1547043  Phone no. (423)855-0700		MICHAEL A. BARTO	Diameter 10	BEE, CAA	4/8/	15	P000	2474	3
Firm's address > 5751 UPTAIN ROAD, SUITE 100 CHATTANOOGA, TN 37411-4077  ay the IRS discuss this return with the preparer shown above? See instructions	•		SS & COMPAN	Y. P.C.	1 <del>.</del>	Firm's EIN			
CHATTANOGA, TN 37411-4077  ay the IRS discuss this return with the preparer shown above? See instructions   X Yes   ✓	se Only								0.0
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## SCHEDULE O

Department of the Treasury

(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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Inspection Employer identification number

CHATTANOOGA PIPE TRADES INDUSTRY FUND 62-6052146 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: DIVIDEND INCOME 2,332. CAPITAL GAINS DISTRIBUTIONS 889. TOTAL INCLUDED ON FORM 990-EZ, LINE 4 3,221. FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: 156. INTEREST INCOME FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 600. DONATIONS 150. INSURANCE 1,349. INVESTMENT EXPENSE 21,900. MCAT CONVENTION TOTAL TO FORM 990-EZ, LINE 16 23,999. FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS: CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT: UNREALIZED GAIN/LOSS ON INVESTMENTS -1,032. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: 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, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.lrs.gov/form990. Employer identification number

Open to Public Inspection

OMB No 1545-0047

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