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Form **991**

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 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Inspection

2016 A For the 2015 calendar year, or tax year beginning MAR 1, 2015 and ending FEB 28, D Employer identification number C Name of organization Address CHATTANOOGA PIPE TRADES INDUSTRY FUND Name change 62-6052146 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. BOX 387 423-265-3693 201,610, City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended CHATTANOOGA, TN 37401 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer JUDY GOBER for subordinates? pendina 1404 CARTER STREET, **CHATTANOOGA** H(b) Are all subordinates included? Yes **X** 501(c) () (insert no.) 4947(a)(1) or I Tax-exempt status 501(c)(3) If "No," attach a list (see instructions) H(c) Group exemption number ▶ J Website: ► N/A X Association Other > Corporation Trust Year of formation: 1964 M State of legal domicile: TN K Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTE PIPE TRADES & NEGOTIATE Governance CONTRACTS BETWEEN LABOR AND MANAGEMENT Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2015 (Part V, line 2a) 0 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0. 0 Contributions and grants (Part VIII, line 1h) 132,844 191,767. Program service revenue (Part VIII, line 2g) 3,434 3,068. Investment income (Part VIII, column (A), lines 3, 4, and 7d)- CFIVED Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 SCANNED JUL Total revenue - add lines 8 through 11 (must equal Rant VIII) column (A) life 136,278 194,835. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 2,500. Benefits paid to or for members (Part IX, column (A), line(4)GDEN, UT 0 0. 0. 0. Salaries, other compensation, employee benefits (Part-IX-column-(A); lines-5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 92,017 97,829. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 92,017. 100,329. 44,261 94,506. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 237,680. 323,297. 20 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 0. Net assets or fund balances Subtract line 21 from line 20 680. Part II | Signature Block Under penalties of penalty, adeclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pregater (other than officer) is based on all information of which preparer has any knowledge. Sign EXECUTIVE DIRECTOR GOBER Here we or print name and title Preparer's signature, CPA PTIN Print/Type preparer's name 5/11/16 P00024743 Paid MICHAEL A. BARTO self-employed Firm's name BARTO, HOSS & COMPANY, P.C. Firm's EIN 62-1547043 Preparer Firm's address 5751 UPTAIN ROAD, SUITE 100 Use Only CHATTANOOGA, TN 37411-4077 Phone no. (423)855-0700 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2015)

<u> Page 3</u>

	·		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		х
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Det V. Ing. 45 to the property in Det V. Ing. 45 that is 50/ as more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1 <u>4</u> a	ļ	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			ļ Į
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u>-</u> _
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	├	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	├—-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18	┼	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		
	complete Schedule G, Part III	19		X

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Page 4 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 12 if "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х 26 complete Schedule L. Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Х of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable					
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	_3b_				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l		
	any contributions that were not tax deductible as charitable contributions?	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		<u> </u>		
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c				
d	•					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
•	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.	٥-				
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a				
10 10		96				
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12					
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders					
b						
~	amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?	13a				
_	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand		<u> </u>	ı		
14a		14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
		Form	990	(2015)		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line &a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	' Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	Ţ					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b	<u>)</u>					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?						
4							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		<u>X</u>			
6	Did the organization have members or stockholders?	6		<u> </u>			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		<u>X</u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		<u>X</u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		- J				
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	_8b	_^				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x			
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9					
Sec	tion b. I oncies (mis section b requests information about policies not required by the internal nevertice code)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		_				
~	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a							
b	Description of the second of t						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	_X_				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>			
b	Other officers or key employees of the organization	15b		_X_			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v			
	taxable entity during the year?	16a		<u> </u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b					
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IOD					
17	List the states with which a copy of this Form 990 is required to be filed ►TN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	———. le				
.0	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19							
	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	JUDY GOBER - (423) 265-3693						
	1404 CARTER STREET, CHATTANOOGA, TN 37402						
53200	6 12-16-15	Form	990	(2015)			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization (A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average		Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	dad	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	iğ la	, e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		, s	Bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	lonal		ploye	2 8				and related
	line)	фм	institutional trustee	Officer	ey em	Highest compensated employee	Former			organizations
	0.50	드	트	0	2	포함				
(1) JUDY GOBER	0.50	37						_	_	•
EXECUTIVE DIRECTOR	0.50	X			 -		-	0.	0.	
(2) ROB CHASE	0.50									_
TRUSTEE		X	<u> </u>	ļ		_		0.	0.	0.
(3) JAMES RAULSTON	0.50	ļ		•		1				
TRUSTEE		X						0.	0.	0.
(4) BILLY KING	0.50]		İ						
TRUSTEE		X				<u></u>		0.	0.	0.
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532007 12-16-15

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Par	t VII Section A. Officers, Directors, Trus	1	ploy	ees,			ghe	st C	ľ	ì			(F)	_	
	、 (A) Name and title	(B) Average	(C) Position (do not check more than one				one	1		(E) oortable Es			ed		
		hours per week	box,	, un!e	ss per	rson	ıs bot	h an	compensation	compensation					
		(list any							from the	from related organizations			other pensa	ition	
		hours for	Individual trustee or director				g g		organization	(W-2/1099-MISC)		om th		
		related	stee 0	Institutional trustee		43	Highest compensated employee		(W-2/1099-MISC)			_	anızat		
		organizations below	ual tru	ponal		ploye	E al	_					d relat anızatı		
		line)	Dwipu	nstitu	Officer	Key employee	Highes	Former			- 1	orga	ııızaıı	UIIS	
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	Sub-total	1		-			1		0.		0.			0.	
	Total from continuation sheets to Part V	II, Section A						•	0.		0.		_	0.	
d	Total (add lines 1b and 1c)								0.		0.			0.	
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bov	e) wl	ho re	eceived more than \$100	,000 of reportable					
	compensation from the organization											1		C	
_	5.11	.1							LL		Г		Yes	No	
3	Did the organization list any former officer			е, ке	ey er	npic	oyee	, or	nignest compensated e	mpioyee on		3		х	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si			amn	ensa	atior	n and	d otl	her compensation from	the organization		3			
•	and related organizations greater than \$15									ano organization		4		X	
5	Did any person listed on line 1a receive or									idual for services					
	rendered to the organization? If "Yes," con	plete Schedu	le J i	for s	uch	pers	son				\perp	5		X	
Sec	tion B. Independent Contractors														
1	Complete this table for your five highest co										ensa	tion f	rom		
	the organization Report compensation for	the calendar y	ear	end	ing v	vith	or w	/ithir	·	year					
	(A) Name and business	address	N	ON	F:				(B) Description of s	services	Cc	(C ompe	∕) nsatio	n	
				<u> </u>				\neg							
														_	
								\dashv							
2	Total number of independent contractors (including but i	not li	mite	d to	the	se li	stec	d above) who received n	nore than					
	\$100,000 of compensation from the organ	zation 🕨					0								

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Form **990** (2015)

		Check if Schedule O cont	ains a response	or note to any line	n this Part VIII			
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Gran	b	Membership dues	1b					
P,G	С	Fundraising events	1c					
業計	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribut	ions) 1e					
	f			·				
돌림		similar amounts not included abo	ve 1f					
d di	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u> €	h	Total. Add lines 1a-1f						
		DTDE		Business Code	101 767			101 565
ig	2 a		OLION &	900099	191,767.			191,767.
e e	b			-				
n S	С							
Program Service Revenue	d							
5	е							
۵	f	. •	enue	L				
	g	Total. Add lines 2a-2f			191,767.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	2,334.			2,334.
	4	Income from investment of ta	x-exempt bond p	roceeds -			-	
	5	Royalties		•				
İ			(ı) Real	(II) Personal				
	6 a							
	þ	•	-		ĺ			
	С	, ,		L				
		Net rental income or (loss)		D				-
İ	7 a	Gross amount from sales of	(i) Securities	(II) Other				
1		assets other than inventory	7,509.					
	b	Less: cost or other basis	6 555					
		and sales expenses	6,775.					
	С	, ,	734.	L	= 0.4			
	d	• , ,			734.	734.		-
e	8 a	Gross income from fundraisin						
en l		including \$	of	1				
- Be		contributions reported on line	1c) See					
Other Reven		Part IV, line 18	а					
₹		Less direct expenses	. b	L				
		Net income or (loss) from fund		P				
	9 a	Gross income from gaming a						
	_	Part IV, line 19	a					
		Less direct expenses	b	<u> </u>				
		Net income or (loss) from gan					-	
	10 a	Gross sales of inventory, less						}
	_	and allowances	a					
		Less: cost of goods sold	b					
-	С	Net income or (loss) from sale	= :	Duainasa Carta				
ŀ	44	Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C			 		 		+
	d	All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructions.			194,835.	734.	0	194,101.
	12_	TOTAL LEAGUE. SEG INSTRUCTIONS.			<u> </u>	/ <u>/ J + • </u>		Eorm 990 (2015)

Part IX Statement of Functional Expens	ses
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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a respon		this Part IX	(0)			
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	2,500.					
2	Grants and other assistance to domestic						
	individuals See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals See Part IV, lines 15 and 16	- J+n					
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees						
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)		 				
7	Other salaries and wages		-		·		
8	Pension plan accruals and contributions (include						
_	section 401(k) and 403(b) employer contributions)		- -				
9	Other employee benefits						
10	Payroll taxes		<u> </u>				
11	Fees for services (non-employees)						
a	Management						
b	Legal Accounting	1,558.					
c d	Lobbying	1,550.					
u	Professional fundraising services. See Part IV, line 17						
f	Investment management fees	1,326.					
g	Other. (If line 11g amount exceeds 10% of line 25,				-		
9	column (A) amount, list line 11g expenses on Sch O.)						
12	Advertising and promotion	1,350.					
13	Office expenses						
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	25,716.					
20	Interest						
21	Payments to affiliates	61,500.					
22	Depreciation, depletion, and amortization	150					
23	Insurance	150.		 			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)						
а	NEGOTIATION EXPENSE	6,199.					
b	BANK CHARGES	30.					
С							
d							
е	All other expenses						
25	Total functional expenses. Add lines 1 through 24e	100,329.		ļ <u>.</u>			
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (55.45)		

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 240,362. 147,360. Cash - non-interest-bearing 1 90,320. 82,935. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10b b Less accumulated depreciation 10c 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 237,680. 323,297 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 0 26 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 237,680. <u>323,297.</u> 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> 323,297. Form 990 (2015)

323,297.

31

32

33

237,680

237,680.

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form 990 (2015)

Act and OMB Circular A-133?

SCHEDULE 0

(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.

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	CHATTANOOGA PIPE TRADES INDUSTRY FUND	62-6052146
FORM 990, PART	VI, SECTION B, LINE 11:	
EACH TRUSTEE R	EVIEWS THE 990 BEFORE IT IS FILED.	
FORM 990, PART	VI, SECTION B, LINE 12C:	
THE CONFLICT O	F INTEREST POLICY IS DISCUSSED AT MEETINGS	S
FORM 990, PART	VI, SECTION C, LINE 19:	
INFORMATION IS	AVAILABLE UPON REQUEST.	
<u> </u>		
		-
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