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Department of the Treasury

Internal Revenue Service

Extended to November 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Form **990** (2017

OMB No 1545-0047

<u>A</u>	For the	2017 calendar year, or tax year beginning and	l ending										
В	Check if applicable	C Name of organization Tron Workers Local Union No. 584 Join	it	D Employer identific	cation number								
	Addres	Apprenticeship and Training Fund		į									
	Name change initial	Doing business as		73-0792884									
느	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number									
L_	Final return/	14712 East Pine Street	<u> </u>	918-	234-4980								
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	433,646.								
	Amend return	1 Idisa, Or /4110		H(a) Is this a group re	turn								
	Applica	IF Name and address of principal officer Michael Michael		for subordinates	? Yes X No								
	pendin	g same as C above	00	H(b) Are all subordinates in	cluded? Yes No								
T	Tax-exe	empt status: 501(c)(3) _X 501(c)(5) ◀ (insert no.) 4947(a)(1)	of 527	If "No," attach a	list. (see instructions)								
J	Websit	e: ► N/A		H(c) Group exemption									
ĸ	Form of	organization; Corporation X Trust Association Other	L Year	of formation: 1990 M	State of legal domicile; OK								
P	art I	Summary											
_	1 1	Briefly describe the organization's mission or most significant activities Trai	n and	educate appr	rentice and								
õ		journeymen iron workers.											
ra	2	Check this box Full if the organization discontinued its operations or disposit	sed of more	than 25% of its net as	sets								
Š		Number of voting members of the governing body (Part VI, line 1a)		131	6								
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	0								
တ္ထ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	6								
Activities & Governance	l l	Total number of volunteers (estimate if necessary)		6	0								
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.								
⋖	1	Net unrelated, business taxable income from Form 990 T, line 34		7b	0.								
	1	RECEIVED	71	Prior Year	Current Year								
a)	8	Contributions and grants (Part VIII, line 1h)	ione and grante (Part VIII line 1h)										
ž	9 1		181	398,135.	68,736. 363,632.								
Revenue	10	rogram service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4 and 7d)		15.	149.								
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	IRS-OSC	1,333.	1,129.								
		Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line (12)	1 = -	418,183.	433,646.								
_		Grants and similar amounts paid (Part IX, column (A), lines (3)		30,360.	45,600.								
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.1	0.								
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		282,906.	245,155.								
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.1	0.								
bei	Ь	Fotal fundraising expenses (Part IX, column (D), line 25)	0.		``								
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		177,928.	141,337.								
	l l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		491,194.	432,092.								
	1	Revenue less expenses Subtract line 18 from line 12	 	-73,011.	1,554.								
5			Be	ginning of Current Year	End of Year								
Net Assets Fund Baland	20	Total assets (Part X, line 16)	<u> </u>	408,201.	410,042.								
Ass	21	Total liabilities (Part X, line 26)	<u> </u>	3,200.	3,487.								
E SE	22 (Net assets or fund balances. Subtract line 21 from line 20		405,001.	406,555.								
	art II	Signature Block											
Unc	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	knowledge and belief, it is								
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.									
		\		/	*								
Sig	ın	Signature of officer	711	Date	- 1								
He		Michael Richards, Secretary	//m//	31	22/2018								
	j	Type or print name and title		·									
		Print/Type preparer's name Preparer's signature		Date Check	J PTIN \								
Pai	d þ	Kurt D. Needles, CPA Kurt D. Needles	, CPA	6/21/18 self-employer	, №00850236 ˈ								
Pre	parer	Firm's name Needles & Associates, LLC		Firm's EIN ▶	51-0435869								
Use	Only	Firm's address 350 Interlocken Blvd., STE 360											
	[Broomfield, CO 80021		Phone no. (30	3) 430-4225,								
Ма	y the IP	S discuss this return with the preparer shown above? (see instructions)			X Yes No								

LHA For Paperwork Reduction Act Notice, see the separate instructions.

732001 11-28-17

Iron Workers Local Union No. 584 Joint Apprenticeship and Training Fund 73-0792884 Page 2

Porm	rt III Statement of Program Service Accomplishments	73-0792664 Page 2
[- 0		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission	
'	Train and educate apprentice and journeymen iron workers	•
	Journal House	······································
		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported	
4a		\$)
	Train and educate apprentice and journeymen iron workers	•

4b	(Code) (Expenses \$ Including grants of \$) (Revenue	s)
1.0	(Notating grains of the state o	* <i>'</i>
		
	_	
4c	(Code) (Expenses \$) (Revenue 5	š)
		·····
		·
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	

Iron Workers Local Union No. 584 Joint Form 990 (2017) Apprenticeship and Training Fund Part IV Checklist of Required Schedules



73-0792884 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Γ	1.00	
	If "Yes," complete Schedule A	1		Х
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		х
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 98-197 If "Yes," complete Schedule C, Part III	5		Х
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		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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, VIII, 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,	1		
_	Part VI	11a	X	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
α	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	He		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
22	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		
	Schedule D, Parts XI and XII	12a		х
h	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		х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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
8	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>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	000	X
		Form	994(1 /	20171

Form 990 (2017) Apprenticeship and Training Fund
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-=-		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.
~ 4 -	Schedule J	23		X
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 Schedule K If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		ļ
D	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			
	Schedule L, Part I	25b		
26	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," complete Schedule L, Part II	26		х
27	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 of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	l	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	38	X	
		Form	990 (2017)

Form 990 (2017) Part V

Apprenticeship and Training Fund
Statements Regarding Other IRS Filings and Tax Compliance

73-	07	792	884	<u> </u>
	_			

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	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	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	A		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	X	
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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	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			7,
	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	1	1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
Va	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Jun-		
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	}		
_	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?	71		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of core boots applicable or other vehicles did the organization file a Form 1009 CC.	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12] !	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1		
1	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
20	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	†		
	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	1		
	organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	لیپیا	100.1=
		Form	990	(2017)

Form 990 (2017) Apprenticeship and Training Fund 73-0792884 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 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			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 6			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	4,,,-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
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		X
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			
	taxable entity during the year?	16a		X
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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
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) a	vailab	ie	
	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	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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			
	Board of Trustees - 918-234-4980			
	14712 East Pine Street, Tulsa, OK 74116			

Form 990 (2017) Apprenticeship and Training Fund 73-0' Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 73-0792884 **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII	
Oriech ii Ocheudie O ochitalina a reaponae or note to any iline iit tina Falt VII	1

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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

Check this box if neither the organization (A)	(B)	İ		(1	C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos	ortion	ገ e than	опе	Reportable	Reportable	Estimated	
	hours per week	box	, unle	SS PE	erson	is bo or/trus	th an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	individual trustes or director	insblutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Michael Richards (Labor)	1.00		l						_		
Trustee		X	L_	L.			L	0.	0.	0	
(2) Willie Wright (Labor)	1.00					ĺ		j			
Trustee		X		<u> </u>	L	L		0.	0.	0	
(3) Ronald Barrett (Labor)	1.00										
Trustee		X		L	L	<u> </u>		0.	0.	0	
(4) James Caldwell (Management)	1.00										
Trustee		Х			L.			0.	0.	0	
(5) Dave Bennett (Management)	1.00						-				
Trustee		Х		L_	L			0.	0.	0	
(6) Kevin Ledbetter (Management)	1.00										
Trustee		X			L			0.	0.	0	
											
				-	\vdash	\vdash	<u> </u>				
					\vdash	-	-				
		-	L	-	\vdash	-	-				
					-	-					
					_						
					 						
											

,	T	,		_		9.,0	٠. ر	Joinpensated Employe					
(A)	(B)				C) utuar			(D)	(E)			(F)	
Name and title	Average hours per		not c		more	than		Reportable	Reportable	.		ımate	
	week					is bot or/trus		compensation from	compensation from related	1		ount (other	10
	(list any	ctor					Γ	the	organizations	j j			tion
	hours for	ar dire		[1	<u> </u>		organization	(W-2/1099-MIS	- 1			
	related	stee	ruste	1		pensa	1	(W-2/1099-MISC)			_	ınızatı	
	organizations below	ual tru	onal	1	as og	e e	1.					relati nizatio	
	line)	Individual frustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nzan	J. 13
	1	-	-		*	1	-						
						1							
						Π							
				L	L	L	L	<u> </u>					
	<u></u>				1	1							
	 	-		_	<u> </u>	ļ	<u> </u>	 	· 				
	ļ				1					- 1			
	 	\vdash	<u> </u>		├—	 		}i		{			
					}	1	1			1			
	 	-	-	-	-	 		 					
					{	1				}			
					 	1	_	<u> </u>					
						}				1			
					<u> </u>		L_	1					
						1				}			
	<u> </u>	لــا	لسا	نـــا	L	<u> </u>	<u> </u>	ļ		_			
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	at limited to th		linto	d of		ايد (د			OOD of reportable				<u> </u>
compensation from the organization	ot invited to th	056	11516	u ai	JOVE	2) WI	10 16	eceived more than \$100	,000 of reportable	9			0
Compensation work the organization												Yes	No
3 Did the organization list any former officer,	director, or tru	stee	e, ke	y en	olan	vee.	or I	highest compensated ei	mplovee on	{			
line 1a? If "Yes," complete Schedule J for s				•	•	•		,		- 1	3	- 1	X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	ition	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	J f	for such individual		- [4		X
5 Did any person listed on line 1a receive or a	-							ed organization or indivi	dual for services	- 1			
rendered to the organization? If "Yes," com	plete Schedule) J fo	or su	ıch j	pers	on				1	_5	1	X
Section B. Independent Contractors								 	<u> </u>				
Complete this table for your five highest countered the organization. Report compensation for the organization.										pens	ation tr	om	
(A)	ule calelidar yi	ear e	enun	19 W	/ICI ·	OI W	10 10	(B)	rear		(C)		
Name and business	address	NC	NE	2			- 1	Description of s	ervices	C	ompen:		ו
													
							T						
							4						
									1				
							-+						
							- {						
							\dashv						
							- 1		1				
2 Total number of independent contractors (ii	ncludina but n	ot lir	nite	d to	the	se lis	L ted	above) who received m	ore than				
\$100,000 of compensation from the organization					(
											O	00 /	047

Form 990 (2017) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII TOT Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 68,736 g Noncash contributions included in lines 1a-1f \$ 68,736 h Total. Add lines 1a-1f Business Code 2 a Employer Contributions 900099 209,924. 209,924 Program Service Revenue b Cherokee Nation 900099 153,708. 153,708. f All other program service revenue 363,632. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 111. 111. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 38. assets other than inventory b Less cost or other basis 0 and sales expenses 38. c Gain or (loss) 38. 38. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b C

900099

d All other revenue

e Total. Add lines 11a-11d Total revenue. See instructions.

111.

O.

1,129.

364,799.

1,129.

1,129.

433,646.

Apprenticeship and Training Fund 73-0792884 Page 10 Form 990 (2017) Part IX | Statement of Functional Expenses 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 response or note to any line in this Part IX (B) Program service expenses (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 45,600. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 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 163,442. persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include 44,296. section 401(k) and 403(b) employer contributions) 22,113. Other employee benefits 15,304. 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal 4,008. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 3,876. 12 Advertising and promotion 15,185. Office expenses 13 Information technology 14 Royalties 15 14,148. Occupancy 16 9,969. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 49,947. 22 Depreciation, depletion, and amortization 11,316. 23 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 O.) a Welding Consumables 19,983. ь Safety Harnesses 6,476. 2,147. c Safety & Instructor Cla d Apprenticeship Contests 1,121. 3,161. e All other expenses 432,092. Total functional expenses. Add lines 1 through 24e 25 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 following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	,		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	182,661.	2	155,515.
	3	Pledges and grants receivable, net	·	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		}	
	}	Part II of Schedule L		5	l
	6	Loans and other receivables from other disqualified persons (as defined under			
	į	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary		Į i	
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
	}	basis Complete Part VI of Schedule D 10a 655, 157.			
	ь	Less accumulated depreciation 10b 400,630.	225,540.	10c	254,527.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	408,201.	16	410,042.
	17	Accounts payable and accrued expenses	3,200.	17	3,487.
	18	Grants payable		18	
	19	Deferred revenue	·	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es S	22	Loans and other payables to current and former officers, directors, trustees,			
Ë		key employees, highest compensated employees, and disqualified persons.			
Liabilities	ļ	Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
	1	Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,200.	26	3,487.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es	ļ	complete lines 27 through 29, and lines 33 and 34.	107 001		405 ===
auc	27	Unrestricted net assets	405,001.	27	406,555.
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	1	Organizations that do not follow SFAS 117 (ASC 958), check here			
ğ	1	and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	405,001.	33	406,555.
	34	Total liabilities and net assets/fund balances	408,201.	34	410,042.

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

	n 990 (2047) Apprenticeship and Training Fund	73-	0792884	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	· · · · · · · · · · · · · · · · · · ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			46.
2	Total expenses (must equal Part IX, column (A), line 25)	2			92.
3	Revenue less expenses Subtract line 2 from line 1	3			54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40	5,0	01.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	40	6,5	55.
Pa	rt XII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII				ليبل
	hr	_		Yes	No
1	Accounting method used to prepare the Form 990 Cash Cash Corual X Other Modifie	d Ca	<u>ish</u>		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2ь		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs	,		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C	, []		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Iron Workers Local Union No. 584 Joint

Open to Public

OMB No 1545-0047

Name of the organization

Apprenticeship and Training Fund

Employer identification number 73-0792884

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the								
	organization answered "Yes" on Form 990, Part IV, line 6										
		(a) Donor advised funds	(b) Funds and other accounts								
1	Total number at end of year										
2	Aggregate value of contributions to (during year)										
3	Aggregate value of grants from (during year)										
4	Aggregate value at end of year	<u> </u>									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds								
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No								
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only								
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring										
-	impermissible private benefit?										
Pa	·		Part IV, line 7								
1	Purpose(s) of conservation easements held by the organization	——————————————————————————————————————									
	Preservation of land for public use (e.g., recreation or e		orically important land area								
	Protection of natural habitat	Preservation of a certi	fied historic structure								
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of									
	day of the tax year		Held at the End of the Tax Year								
а	Total number of conservation easements		2a								
ь	Total acreage restricted by conservation easements		2b								
¢	Number of conservation easements on a certified historic str	, ,	2c								
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	} }								
	listed in the National Register		2d								
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax								
	year ▶										
4	Number of states where property subject to conservation ea										
5	Does the organization have a written policy regarding the per	•	n, n,								
_	violations, and enforcement of the conservation easements i		Yes L No								
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	ervation easements during the year								
_		at a structure of the structure of									
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservat	ion easements during the year								
_	> \$		1. \ (4 \ (\ \ \ \) \ (\ \ \)								
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No								
9	In Part XIII, describe how the organization reports conservati	•									
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for								
Da	conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.										
1 4	Complete if the organization answered "Yes" on Form		inci ominai Addeta.								
	If the organization elected, as permitted under SFAS 116 (AS		east and halance shoot works of art								
ıa	historical treasures, or other similar assets held for public ext	·									
	the text of the footnote to its financial statements that descri		ice of public service, provide, in Fart XIII,								
_	If the organization elected, as permitted under SFAS 116 (AS		and halance shoot works of art, historical								
D	•										
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts										
	relating to these items		~ ¢								
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$								
_	(ii) Assets included in Form 990, Part X	agurag ar other similar assets for fire a sec									
2	If the organization received or held works of art, historical tre		gain, provide								
_	the following amounts required to be reported under SFAS 1	to (Mac and) relating to these treuts.	▶ ¢								
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$								
D	Assets included in norm 990, Mart A		~ •								

		icesnip an				All	0::	73-07	92884	Pa	ge 2
3	Using the organization's acquisition, access	ion, and other recor	ds, che	ck any of the	following th	at are a	significant	use of its	collection	items	ı
	(check all that apply)			1							
а	Public exhibition	(d	l .	hange progr	ams					
þ	Scholarly research	•	e	Other							
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ın how t	they further t	he organizat	ion's exe	empt purp	ose in Par	t XIII		
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	isures, or oth	ner sımıla	ar assets				
,	to be sold to raise funds rather than to be m								Yes		No
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21										
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	r contribution	ns or other as	ssets no	t included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table.							
		·	J					[Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or ci	ustodial acco	ount liab	L	<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII	,					,				
Par											
		(a) Current year		Prior year	(c) Two yea		(d) Three	years back	(e) Four y	ears b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships		ļ		<u> </u>				 		
	Other expenditures for facilities	···		·							
	and programs										
f	Administrative expenses				 			······			
	End of year balance			······································							
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	la columa (a	l) held as		···		·		
	Board designated or quasi-endowment	0.11.) 02. 0.10 00.01.0	%	· g, oolaliii (c	.,, moia ao						
	Permanent endowment	%									
	Temporarily restricted endowment ▶	^~ %									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation th	at are held a	nd administe	ered for t	he organi	zation			
	py.	out of the organiza	u	Q: U: 0 11010 a	ria dariii iide	J. CQ 101 1	ino organia	Lation	L.	'es	No.
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule 82					3b	-	
4	Describe in Part XIII the intended uses of the								<u> </u>		
	t VI Land, Buildings, and Equipm		***************************************								
·	Complete if the organization answered), Part I	V, line 11a S	See Form 990), Part X	line 10				
	Description of property	(a) Cost or o		~~~~~~	or other		ccumulate	ed	(d) Book	value	
	F F . F . 7	basis (investr		ł · ·	(other)	, ,	preciation		,_,		
1a	Land	<u> </u>			8,266.		······		18	, 26	6.
b	Buildings				4,881.		175,6	67.	159		
	Leasehold improvements										
d	Equipment				4,397.		191,6	34.	62	,76	3.
е	Other			4	7,613.		33,3		14	, 28	4.
Total	al. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)									7.	

Schedule D (Form 990) 2017

Schedule D (Form 990		hip and Trai	ning Fund	73-0792884 Page
	ments - Other Securities.	F 000 D. I.W.	44.0	v. 1 . 40
(a) Description of secu	e if the organization answered "Yes" Irity or category (including name of security)	(b) Book value		X, line 12. Ion Cost or end-of-year market value
(1) Financial derivativ		(4) 230% (4.00	(0) (100)0 01 (4100	ion observed and on your manner value
(2) Closely-held equit		 		
(3) Other	y interests			
(A)				
(B)				
(C)		 	·	
(D)				
(E)	·····			
(F)	····			
(G)				
(H)			···	
	al Form 990, Part X, col. (B) line 12.)			
	nents - Program Related.			
	e if the organization answered "Yes"	on Form 990 Part IV III	ne 11c See Form 990 Part	X line 13
	cription of investment	(b) Book value	(c) Method of valuat	ion Cost or end-of-year market value
(1)		<u> </u>		
(2)		 		
(3)		 		
(4)				
(5)				······································
(6)				
(7)				
(8)				
(9)				
	al Form 990, Part X, col. (B) line 13.)			
Part IX Other	Assets.			
Complete	e if the organization answered "Yes"	on Form 990, Part IV, III	ne 11d. See Form 990, Part	X, line 15
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			~_	
	st equal Form 990, Part X, col. (B) lin	e 15)	···	<u></u>
L	Liabilities.			
	of the organization answered "Yes"	on Form 990, Part IV, III), Part X, line 25
1.	(a) Description of liability		(b) Book value	
(1) Federal incom	e taxes			
(2)				
(3)				
(4)				
(5)		-		
(6)				
(7)		,	1	

◀.

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Apprenticeship and Training Fund 73-0792884 Page 4 Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Part X, Line 2: The Plan is considered exempt from federal income taxes under Section 501(c)(5) of the Internal Revenue Code. Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Based on this review, no reserves for uncertain tax positions were required to have been recorded or disclosed for the years ended December

The Plan is subject to routine audits by taxing jurisdictions; however,

31, 2017 and 2016.

Iron Workers Local Union No. 584 Joint Apprenticeship and Training Fund 73-0792884 Page 5 Schedule D (Form 990) 2017 Part XIII | Supplemental Information (continued) there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to income tax examinations by tax authorities for years preceding December 31, 2013.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. Union No. 584 Joint ► Attach to Form 990. Training Fund Iron Workers Local Apprenticeship and Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

Open to Public OMB No 1545-0047 2017

% ⊠ Employer identification number 73-0792884 Inspection ______Yes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part | General Information on Grants and Assistance criteria used to award the grants or assistance?

	(h) Purpose of grant or assistance					Schedule I (Form 990) (2017)
	(g) Description of noncash assistance					
	(f) Method of valuation (book, FMV, appraisal, other)					
Jed	(e) Amount of non-cash assistance					
onal space is nee	(d) Amount of cash grant				e line 1 table	
be duplicated if additi	(c) IRC section (if applicable)				ganizations listed in the	ions for Form 990.
bo, uou Part II can	(b) EIN				nd government or	see the instruct
recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	1 (a) Name and address of organization or government				2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	1 -

Schedule (Form 990) (2017)

Schedule (Form 990) (2017)

Apprenticeship and Training Fund

Part III Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

Page 2

73-0792884

Schedule I (Form 990) (2017) (f) Description of noncash assistance, (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information 0.Cash received (d) Amount of non-cash assistance (c) Amount of cash grant 45,600, (b) Number of recipients 20 (a) Type of grant or assistance Apprenticeship Scholarships 732102 11-01-17

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Iron Workers Local Union No. 584 Joint

Employer identification number

73-0792884 Apprenticeship and Training Fund Form 990, Part VI, Section B, line 11b: Form 990 is provided to the governing body prior to filing. Form 990, Part VI, Section C, Line 18: Form 990 is available for public inspection upon request. Form 990, Part VI, Section C, Line 19: The organization makes its governing documents available to the public upon request.