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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

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

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

<b>A For the 2012 calendar year, or tax year beginning</b>		<b>, 2012, and ending</b>	
<b>B Check if applicable:</b>		<b>C Name of organization</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>International Brotherhood of Electrical Workers Local 0365</b> Number and street (or P O. box, if mail is not delivered to street address) <b>610 Center Street</b> Room/suite City or town, state or country, and ZIP + 4 <b>Morristown, TN 37813</b>	
<b>D Employer identification number</b>		<b>62 6046828</b>	
<b>E Telephone number</b>		<b>423-587-4959</b>	
<b>F Group Exemption Number ►</b>		<b>0064</b>	
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
<b>I Website:</b> ► <a href="http://ibew365.org">ibew365.org</a>			
<b>J Tax-exempt status (check only one) —</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Check ►</b> <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.			
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>153106</b></b>			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	0
	2 Program service revenue including government fees and contracts . . . . .	2	0
	3 Membership dues and assessments . . . . .	3	152479
	4 Investment income . . . . .	4	627
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		RECEIVED
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	0
	b Less: cost of goods sold . . . . .	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
	8 Other revenue (describe in Schedule O) . . . . .	8	0
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	153106
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	79011
	11 Benefits paid to or for members . . . . .	11	0
	12 Salaries, other compensation, and employee benefits . . . . .	12	39865
	13 Professional fees and other payments to independent contractors . . . . .	13	500
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	765
	15 Printing, publications, postage, and shipping . . . . .	15	362
	16 Other expenses (describe in Schedule O) . . . . .	16	19258
	17 <b>Total expenses.</b> Add lines 10 through 16 ►	17	139761
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	13345
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	164032
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	1
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	177378

<b>Part II Balance Sheets</b> (see the instructions for Part II)		Check if the organization used Schedule O to respond to any question in this Part II . . . . . <input checked="" type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	172034	22 185948
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe in Schedule O) . . . . .	1045	24 288
25	<b>Total assets</b> . . . . .	173079	25 186236
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	9047	26 8858
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	164032	27 177378

<b>Part III Statement of Program Service Accomplishments</b> (see the instructions for Part III)		Check if the organization used Schedule O to respond to any question in this Part III . . . . . <input type="checkbox"/>	
What is the organization's primary exempt purpose? <u>Promote the material &amp; intellectual welfare of members.</u>			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	

28	<b>Represented members in wage negotiations with Tennessee Valley Authority to ensure fair wages.</b>		
<u>All members benefit from wage negotiations (membership count: approx. 321).</u>			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>			28a
29	<b>Represented members' grievances to ensure a safe, healthy, and fair workplace free from harassment and intimidation. All members benefit from grievance representations both directly and indirectly (membership count: approx. 321).</b>		
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>			29a
30	<b>Represented members' interests in contract negotiations with Tennessee Valley Authority.</b>		
<u>All members benefit from contract negotiations (membership count: approx. 321).</u>			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>			30a
31	<b>Other program services (describe in Schedule O)</b>		
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>			31a
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ►		32

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b>		List each one even if not compensated (see the instructions for Part IV)		
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . <input type="checkbox"/>				

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steve Cox President/ Business Manager	8 hours	8762	0	0
Jeffrey Daniels Vice President	1 hour	2045	0	0
James Cox Financial Secretary	24 hours	9873	0	0
Jerrod Smith Recording Secretary	1 hour	3417	0	0
Danny Melton Treasurer	2 hours	7141	0	0
Sean Cash Executive Board	1 hour	438	0	0
David Darnell Executive Board	1 hour	2191	0	0
Ronnie Fletcher, Jr. Executive Board	1 hour	314	0	0
Karl Floyd Executive Board	1 hour	0	0	0
Chris Foerstner Executive Board	1 hour	1314	0	0
Travis Grizzle Executive Board	1 hour	0	0	0
Troy Rosenbaum Executive Board	1 hour	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0

b Did the organization file Form 1120-POL for this year? . . . . .

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** . . . . .

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities **39b** . . . . .

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .

41 List the states with which a copy of this return is filed ► **N/A**

42a The organization's books are in care of ► **Danny Melton** Telephone no. ► **423-357-0623**  
Located at ► **1666 Wolverine Lane, Knoxville, TN 37931** ZIP + 4 ► **4561**

b 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)?

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .  
If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ►  and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

c Did the organization receive any payments for indoor tanning services during the year? . . . . .

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .

	Yes	No
33	✓	
34	✓	
35a	✓	
35b		
35c	✓	
36	✓	
37a	0	
37b	✓	
38a	✓	
39a		
39b		
40b		
40e		✓

	Yes	No
42b	✓	
42c	✓	

	Yes	No
44a	✓	
44b	✓	
44c	✓	
44d		
45a	✓	
45b		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

**Part VI      Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

□

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 . . . . ►

<p>51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."</p> <table border="1"> <thead> <tr> <th data-bbox="273 1106 806 1119">(a) Name and address of each independent contractor paid more than \$100,000</th><th data-bbox="806 1106 1197 1119">(b) Type of service</th><th data-bbox="1197 1106 1373 1119">(c) Compensation</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation																		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation																					

d Total number of other independent contractors each receiving over \$100,000 . . . ►

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer	5-15-2013 Date
	<b>James R. Cox, Financial Secretary</b>	Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions.

Form 990-EZ (2012)

## 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.

Name of the organization

International Brotherhood of Electrical Workers Local #0365

Employer Identification number

62 6046828

### PART I

Line 10 : International Brotherhood of Electrical Workers, 900 Seventh Street, N. W., Washington, DC 20001

Amount: \$ 79,011.00 Purpose: This is our parent organization. This amount reflects our International Office's portion of dues received from members who wish to have membership (and thus received benefits of membership) in IBEW.

Line 16: \$ 232.54 Office Supplies + 756.30 Depreciation + 840.00 Knoxville - Oak Ridge Area CLC + 840.00 Upper E. TN CLC + 1180.80 IBEW Panel Fund + 3169.49 AFL-CIO + 800.00 Door Prizes + 63.60 TN State Electrical Workers Assoc. + 1943.59 Christmas & Misc.

Contributions to local organizations & events + 590.15 Conference fees & Meeting Expenses + 8841.31 Travel expenses = \$19257.78

Line20: \$1.00 due to rounding figures on this form to the nearest dollar.

### PART II

Line 24 (A): Depreciated value of Projector (purchased in 2007 for \$821.24), Printer (purchased in 2007 for \$169.32), Laptop (purchased in 2007 for \$2447.74), Paper Shredder (purchased in June 2010 for \$72.88), & Filing Cabinet (purchased in June 2010 for \$101.59).

Depreciation figured: Expected life of projector, printer, & laptop - 5 years. Straight Line Depreciation = 1 divided by 5 = 20%.

Total original value of these 3 items = \$3438.30 x .20 = a yearly depreciation of \$687.66. Therefore: \$3438.30 minus \$2750.64 (4 years'

depreciation) equals a remaining value of \$687.66. Expected life of paper shredder - 5 years. Straight Line Depreciation = 1 divided by

5 = 20%. Original value of shredder \$72.88 x .20 = yearly depreciation of \$14.58. Therefore: \$72.88 - \$21.87 (1.5 years' depreciation)

equals a remaining value of \$51.01. Expected life of filing cabinet - 10 years. Straight Line Depreciation = 1 divided by 10 = 10%.

Original value of filing cabinet \$101.59 x .10 = yearly depreciation of \$10.16. Therefore: \$101.59 - \$15.24 (1.5 years' depreciation) equals

a remaining value of \$86.35. Thus total depreciated value of all equipment at the end of 2011 = \$687.66 (printer, laptop & projector) +

\$51.01 (paper shredder) + \$86.35 (filing cabinet) + printer purchased in Nov 2011 for \$219.49 = \$1044.51

Line 24 (B): Depreciated value of Projector (purchased in 2007 for \$821.24), Printer (purchased in 2007 for \$169.32), Laptop (purchased in 2007 for \$2447.74), Paper Shredder (purchased in June 2010 for \$72.88), Filing Cabinet (purchased in June 2010 for \$101.59), & Printer (purchased in Nov. 2011 for \$219.49). Depreciation figured: Expected life of 2007 projector, printer, & laptop - 5 years. Straight Line

Depreciation = 1 divided by 5 = 20%. Total original value of these 3 items = \$3438.30 x .20 = a yearly depreciation

of \$687.66. Therefore: \$3438.30 minus \$3438.30 (5 years depreciation) equals a remaining value of \$0. Expected life of paper shredder -

5 years. Straight Line Depreciation = 1 divided by 5 = 20%. Original value of shredder \$72.88 x .20 = yearly depreciation of \$14.58.

Therefore: \$72.88 - \$36.45 (2.5 years' depreciation) equals a remaining value of \$36.43. Expected life of filing cabinet - 10 years. Straight Line  
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization

International Brotherhood of Electrical Workers Local #0365

Employer identification number

62 6046828

Line 24 (B) continued: Depreciation = 1 divided by 10 = 10%. Original value of filing cabinet \$101.59 x .10 = yearly depreciation of \$10.16.

Therefore: \$101.59 - \$25.40 (2.5 years' depreciation) equals a remaining value of \$76.19. Expected life of 2011 printer is 5 years.

Straight Line Depreciation = 1 divided by 5 = 20%. Original value of Printer \$219.49 x .20 = yearly depreciation of \$43.90.

Therefore: \$219.49 - \$43.90 (1 year's depreciation) equals a remaining value of \$175.59. Thus total depreciated value of

all equipment at the end of 2012 = \$0 (printer, laptop & projector) + \$36.43 (paper shredder) + \$76.19 (filing cabinet) + \$175.59 (2011 printer) = \$288.21

Line 26 (A): Outstanding Checks & Electronic Transfers Line 26 (B):

Check #	Amount	Check #	Amount
E. T.	\$6260.00 IBEW Dec. '11 Per Capita	E. T.	\$6478.00 IBEW Dec. '12 Per Capita
E. T.	212.25 AFL-CIO Dec. '11 Per Capita	E. T.	262.49 AFL-CIO Dec. '12 Per Capita
E. T.	1169.39 Dec. '11 941 tax deposit	E. T.	1508.64 Dec. '12 941 tax deposit
3853	700.00 F.S. salary check	4000	70.00 Knox CLC
3859	70.00 Upper E. TN CLC	4001	70.00 Upper E. TN CLC
3860	70.00 Knox CLC	4012	160.00 Upper E. TN CLC Banquet
3865	174.65 F.S reimbursement check	4024	118.93 TN Dept. of Labor '12 4th Qtr
3874	185.07 TN Dept. of Labor '11 4th Qtr	4025	189.57 2012 FUTA
3875	185.34 2011 FUTA		
178	20.41 amt. owed on 941 4th qtr. Return		
<b>TOTAL:</b>	<b>\$ 9047.11</b>	<b>TOTAL:</b>	<b>\$ 8857.63</b>