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Short Form

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2014

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

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning July 1, 2014, and ending June 30, 2015

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization

IBEW LOCAL UNION 311

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

6650 GAMBLE ROAD

City or town, state or province, country, and ZIP or foreign postal code

BIRCHWOOD TN 37308-5020

D Employer identification number

62-0247245

E Telephone number

423-667-2011

F Group Exemption Number

n/a

G Accounting Method [X] Cash [ ] Accrual Other (specify)

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:

J Tax-exempt status (check only one) - [ ] 501(c)(3) [X] 501(c)(5) (insert no.) [ ] 4947(a)(1) or [ ] 527

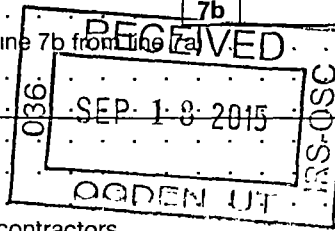
K Form of organization: [ ] Corporation [ ] Trust [ ] Association [ ] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$

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 [ ]

Table with 21 rows and 4 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 159587, 48, 159635, 13656, 2810, 167934, 184400, -24765, 50211, 25446.



P 10

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	50211 <b>22</b>	25072
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)		794
<b>25</b> Total assets	50211 <b>25</b>	25866
<b>26</b> Total liabilities (describe in Schedule O)		<b>26</b> 420
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	50211 <b>27</b>	25446

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

What is the organization's primary exempt purpose? \_\_\_\_\_

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>28</b> Provide better employment opportunities for area electrical workers and improve working conditions.		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	184400
<b>29</b> _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	184400

**Part IV List of Officers, Directors, Trustees, and Key Employees** (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

(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
Scott Trip President	part time	2561		
Jeremy Lusk Vice President	part time	600		
William Johnson Treasurer	part time	600		
J M Stacks Financial Secretary	part time	3037		
S Pittman E Board	part time	600		
Rick Pace E Board	part time	1042		
Chris Ruddell E Board	part time	400		
Mike Dagnan Local Chairman	part time	2100		
J T Vaughn Local Chairman	part time	891		
Mark Goin Local Chairman	part time	1625		

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 . . . . . 

46	Yes	No
		✓

**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 . . . . .

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	Yes	No
		✓

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

48	Yes	No
		✓

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

49a	Yes	No
		✓

b If "Yes," was the related organization a section 527 organization? . . . . . 

49b	Yes	No
		✓

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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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

**Sign Here**

Signature of officer: James M. Stacks Date: 9-13-15

Type or print name and title: James M. Stacks Fin. Sec.

**Paid Preparer Use Only**

Print/Type preparer's name: Jon Wilkey Preparer's signature: [Signature] Date: 9.5.15 Check  if self-employed PTIN: P01381026

Firm's name ▶ Jon Wilkey, CPA, P.C. Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ 3475 Brainerd Rd., Bldg A Ste E, Chattanooga TN 37411 Phone no 423-622-0636

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

International Brotherhood Local 311  
Schedules for Form 990-EZ  
Year end June 30, 2015

Payroll Taxes	3,236
Meeting Expense	993
Dues Refund	266
Per Capita IBEW	159,836
Postage	47
Office Supplies	76
Convention Expense	2,375
Travel	711
Flowers	262
Depreciation	132
Total	<u><u>167,934</u></u>