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Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2016

Open to Public
InspectionDepartment 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-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning _____, 2016, and ending _____, 20		
B Check if applicable:	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	International Brotherhood of Electrical Workers Local 0365	62-6046828
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	610 Center Street	(423) 587-4959
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number ► 0064
<input type="checkbox"/> Amended return	Morristown, TN 37813	
<input type="checkbox"/> Application pending		

G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ► ibew365.org	
J Tax-exempt status (check only one) - <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	

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. ► \$ 127872

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

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 127,391
4 Investment income	4 481
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
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 \$ of contributions 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
7a Gross sales of inventory, less returns and allowances	7a
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 127,872
10 Grants and similar amounts paid (list in Schedule O)	10 70,890
11 Benefits paid to or for members	11 85
12 Salaries, other compensation, and employee benefits	12 39,153
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 271
16 Other expenses (describe in Schedule O)	16 12,939
17 Total expenses. Add lines 10 through 16	17 123,338
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 4,534
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)	19 219,937
20 Other changes in net assets or fund balances (explain in Schedule O)	20 1,437
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 225,908

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
22	Cash, savings, and investments	228,790	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	199	24
25	Total assets	228,989	25
26	Total liabilities (describe in Schedule O)	9,052	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	219,937	27
			225,908

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 What is the organization's primary exempt purpose? Promote the material & intellectual welfare of members.

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.

28 Represent members in wage negotiations with Tennessee Valley Authority to ensure fair wages.All members benefit from wage negotiations (membership count: approx. 241).(Grants \$) If this amount includes foreign grants, check here ►

28a

29 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. 241).(Grants \$) If this amount includes foreign grants, check here ►

29a

30 Represented members' interests in contract negotiation with Tennessee Valley AuthorityAll members benefit from contract negotiations (membership count: approx. 241).(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here ►

31a

32 Total program service expenses (add lines 28a through 31a) ► 32**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
Steven Cox				
President/ Business Manager	8	8,252	0	0
Jeffrey Daniel				
Vice-President	1	2,670	0	0
James Cox				
Financial Secretary	24	11,988	0	0
Jerrod Smith				
Recording Secretary	1	6,699	0	0
Roger Mustard, II				
Treasurer	2	4,353	0	0
Jerod Brantley				
Executive Board	1	0	0	0
Sean Cash				
Executive Board	1	0	0	0
David Darnell				
Executive Board	1	0	0	0
Travis Grizzle				
Executive Board	1	0	0	0
Tommy Henson, Jr.				
Executive Board	1	0	0	0
Danny Melton				
Executive Board	1	0	0	0
Paul Proffit				
Executive Board	1	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 Yes No
33 ✓

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) Yes No
34 ✓

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)? Yes No
35a ✓

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 Yes No
35b ✓

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 Yes No
35c ✓

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 Yes No
36 ✓

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

b Did the organization file Form 1120-POL for this year? Yes No
37b ✓

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? Yes No
38a ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
38b ✓

39 Section 501(c)(7) organizations. Enter: Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
39a ✓

b Gross receipts, included on line 9, for public use of club facilities Yes No
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 ► Yes No
40a ✓

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes No
40b ✓

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
40c ✓

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes No
40d ✓

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 Yes No
40e ✓

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

42a The organization's books are in care of ► Roger Mustard, II Telephone no. ► **(865) 494-6435**
 Located at ► **210 Wallace Dr., Andersonville, TN** ZIP + 4 ► **37705** Yes No
42a ✓

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: ► Yes No
 See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42b ✓

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► Yes No
42c ✓

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** Yes No
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 Yes No
44a ✓

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 Yes No
44b ✓

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c ✓

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 Yes No
44d ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
45a ✓

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No
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

1

		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

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	5-11-17 Data
James R. Cox Financial Secretary Type or print name and title		

<input type="checkbox"/> Print name and title Paid Preparer Use Only				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	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 (2016)

SCHEDULE O
(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.

OMB No. 1545-0047

2016Open to Public
Inspection

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: \$ 70,890.00 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.****Part I - Line 16: \$167.18 Office Supplies + 76.00 Depreciation + 631.20 Knoxville - Oak Ridge Area CLC + 631.20 Upper E. TN CLC + 1235.70****IBEW Panel Fund + 2734.72 AFL-CIO + 600.00 Door Prizes + 1200.20 TN State Electrical Workers Assoc. + 849.60 Bibles for funerals + 297.00****IBEW Bond + 500.00 website + 4015.83 Travel expenses = \$12,938.63.****Part I - Line 20: \$1436.50 refund from IBEW for convention expenses.****Part II - Line 24 (A): Depreciated value of 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 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 - \$72.90 (5****years' depreciation) equals a remaining value of \$0.00. 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 - \$55.88 (5.5 years' depreciation) =****a remaining value of \$45.71. 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 - \$175.60 (4 year's depreciation) equals a remaining value of \$43.89.****Total depreciated value of equipment at 2015's end is \$0.00 (paper shredder) + \$45.71 (filing cabinet) + \$43.89 (2011 printer) = \$89.60 plus****\$109.74 value of printer purchased in December of 2015 = \$199.34 Total assets at the end of 2015.****Part II - Line 24 (B): Depreciated value of Filing Cabinet (purchased in June 2010 for \$101.59), Printer (purchased in Nov. 2011 for \$219.49), &****Second Printer (purchased in December of 2015 for 109.74). Depreciation figured: 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 - \$66.04****(6.5 years' depreciation) = a remaining value of \$35.55. 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 - \$219.50 (5 year's depreciation)****equals a remaining value of \$0.00. Expected life of 2015 printer is 5 years. Straight Line Depreciation = 1 divided by 5 = Straight Line****Depreciation = 1 divided by 5 = 20%. Original value of Printer \$109.74 x .20 = yearly depreciation of \$21.95. Therefore: \$109.74 - 21.95 (1 year's****depreciation) = a remaining value of \$87.79. Total depreciated value of equipment at 2016's end is \$0.00 (2011 printer) + \$35.55 (filing cabinet)****+ \$87.79 (2015 printer) = \$123.34 Total assets at the end of 2016.**

Name of the organization

International Brotherhood of Electrical Workers Local #0365

Employer identification number

62 6046828Part II - Line 26 (A): **Outstanding Checks & Electronic Transfers** Part II - Line 26 (B):E. T. **\$6804.00 IBEW Dec. '15 Per capita** E. T. **\$5782.00 IBEW Nov. '16 Per capita**E. T. **259.17 AFL-CIO Dec. '15 Per capita** E. T. **241.45 AFL-CIO Nov. '16 Per capita**E. T. **1821.84 Dec. '15 941 tax deposit** E. T. **5852.00 IBEW Dec. '16 Per capita**E. T. **163.15 FUTA 2015** E. T. **2241.37 Dec. '16 941 tax deposit**4424 **3.74 TN Dept. of Labor 2015 4th Qtr.** E. T. **179.74 FUTA 2016****TOTAL: \$ 9051.90** 4541 **1.24 TN Dept. of Labor 2016 4th Qtr.**4535 **52.60 Upper E. TN CLC****122.80 tax deposit on discovered April 2016 wage****TOTAL: \$14,473.20**