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Form **990-EZ****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 Inspection**Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990-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:

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

C Name of organization
International Brotherhood of Electrical Workers Local 0365
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
610 Center Street
City or town, state or province, country, and ZIP or foreign postal code
Morristown, TN 37813

D Employer identification number
62-6046828

E Telephone number
(423) 587-4959

F Group Exemption Number ▶ 0064

G Accounting Method: ☒ 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: ▶ ibew365.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 ▶ \$ 127,872

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 ☒

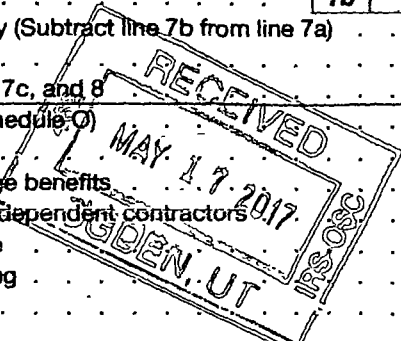
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	127,391
	4	Investment income	4	481
	5a	Gross amount from sale of assets other than inventory 5a		
	5b	Less: cost or other basis and sales expenses 5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
	6b	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		
Expenses	6c	Less: direct expenses from gaming and fundraising events 6c		
	6d	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		
	7b	Less: cost of goods sold 7b		
	7c	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
Net Assets	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	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2016)

SCANNED JUN 09 2017



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	22 240,258
23 Land and buildings		23
24 Other assets (describe in Schedule O)	199	24 123
25 Total assets	228,989	25 240,381
26 Total liabilities (describe in Schedule O)	9,052	26 14,473
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.

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

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 <input type="checkbox"/>	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 <input type="checkbox"/>	29a
30 Represented members' interests in contract negotiation with Tennessee Valley Authority All members benefit from contract negotiations (membership count: approx. 241). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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
Jerrold 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. ☐

	Yes	No
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	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)	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)?	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	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	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	36	✓
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?	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?	38a	✓
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	39a	
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), 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	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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	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		
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 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: ▶	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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	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	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)	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 **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 R. Cox 5-11-17 Date
☐ **James R. Cox** Financial Secretary
☐ Type or print name and title

Paid Preparer Use Only Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ 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 **▶** ☐ Yes ☐ No

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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open 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

Employer identification number

International Brotherhood of Electrical Workers Local #0365

62 6046828

Part 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