

Short Form

OMB No 1545-0047

Form 990-EZ

Return of Organization Exempt From Income Tax

2019

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning July 1, 2019, and ending June 30, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: IBEW Local 311. D Employer identification number: 62-0247245. E Telephone number: (423) 667-2011. F Group Exemption Number.

G Accounting Method: [X] Cash [ ] Accrual Other (specify) . . . . . H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

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)) 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 2 columns. Rows 1-9 are Revenue, 10-17 are Expenses, 18-21 are Net Assets. Total revenue is 142,235. Total expenses is 138,735. Net assets at end of year is 58,681.

SCANNED JUL 09 2021

For Paperwork Reduction Act Notice, see the separate instructions.

Internal Revenue Service Received US Bank - USB 744

Form 990-EZ (2019)

AUG 21 2020

Kansas City, MO

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**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	49,799	57,671
<b>23</b> Land and buildings	0	0
<b>24</b> Other assets (describe in Schedule O)	2,691	1,010
<b>25</b> Total assets	55,181	58,681
<b>26</b> Total liabilities (describe in Schedule O)	0	0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	55,181	58,681

**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? See Sch O

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.)

<b>28</b> Maintain and enhance the employment opportunities and working conditions of area Electrical Workers. As of the end of the fiscal Year, there were 145 active members.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	135,232
<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>	135,232

**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
S Tripp, President		2,502		
S Pittman, Vice President		750		
J Stacks, Fin. Sec.		2,100		
R Ricketts, Treasurer		750		
J Tweed, Executive Board		931		
H Hales III, Executive Board		2,187		
K Holt, Executive Board		814		
C Vanhorn, Executive Board		50		
J Lusk, Local Chairman CDS		3,127		
M Goin, Local Chairman Tele. Maint.		1,500		

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

Table with 3 columns: Question number, Yes, No. Row 46: Yes (empty), No (checked).

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

Table with 3 columns: Question number, Yes, No. Row 47: Yes (empty), No (empty).

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

Table with 3 columns: Question number, Yes, No. Row 48: Yes (empty), No (empty).

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

Table with 3 columns: Question number, Yes, No. Row 49a: Yes (empty), No (empty).

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

Table with 3 columns: Question number, Yes, No. Row 49b: Yes (empty), No (empty).

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."

Table with 5 columns: (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."

Table with 3 columns: (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

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 (8/18/2020), Type or print name and title (James M Stacks, Fin. Sec.).

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

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**IBEW Local 311**

Employer identification number

**62-0247245**

**Part I Line 16 Other Expenses:**

**Chattanooga State Community College Scholarship \$1,000.00**

**Bereavment Flowers and Bibles \$ 452.00**

**Charitable Contribution \$100.00**

**Retirement watches \$ 469.00**

**Commisions, Fees, taxes \$3,832**

**Per Capita Taxes Paid \$105,220.00**

**Meals and Entertainment \$3,749.00**

**Office Expenses \$437.00**

**Promotions \$ 1,122.00**

**Hotel \$2,681.00**

**Transportation \$ 1,306.00**

**Travel Meals \$699.00**

**Total Other Expenses \$121,067**

**Part II Line 24 Other Assets:**

**Inventory \$1010**

**Part III Organization's Primary Purpose**

**Maintain and enhance the employment oppourtunities and working conditions of area Electrical Workers.**