

2012

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)

2020

Department of the Treasury
Internal Revenue Service

- 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.

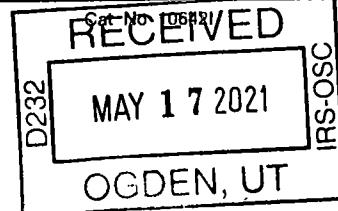
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|--|--|--|------------------------------------|
| A For the 2020 calendar year, or tax year beginning | | , 2020, and ending | |
| <input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | C Name of organization <input type="text"/> International Brotherhood of Electrical Workers Local #0365 D Employer identification number <input type="text"/> 626046828 | |
| | | Number and street (or P O box if mail is not delivered to street address) <input type="text"/> 610 Center Street | Room/suite <input type="text"/> 05 |
| | | E Telephone number <input type="text"/> (423) 587-4959 | |
| | | F Group Exemption Number <input type="text"/> 0064 | |
| G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► | | H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B <input type="checkbox"/> (Form 990, 990-EZ, or 990-PF). | |
| I Website: ► <input type="text"/> ibew365.org | | | |
| J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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 | | ► \$ 127072 | |

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 | <input type="text"/> 1 |
| | 2 Program service revenue including government fees and contracts | <input type="text"/> 2 |
| | 3 Membership dues and assessments | <input type="text"/> 3 125795 |
| | 4 Investment income | <input type="text"/> 4 1277 |
| | 5a Gross amount from sale of assets other than inventory | <input type="text"/> 5a |
| | b Less: cost or other basis and sales expenses | <input type="text"/> 5b |
| | c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | <input type="text"/> 5c |
| | 6 Gaming and fundraising events: | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | <input type="text"/> 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) | <input type="text"/> 6b | |
| c Less: direct expenses from gaming and fundraising events | <input type="text"/> 6c | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | <input type="text"/> 6d | |
| 7a Gross sales of inventory, less returns and allowances | <input type="text"/> 7a | |
| b Less: cost of goods sold | <input type="text"/> 7b | |
| c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | <input type="text"/> 7c | |
| 8 Other revenue (describe in Schedule O) | <input type="text"/> 8 | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | <input type="text"/> 9 127072 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | <input type="text"/> 10 72556 |
| | 11 Benefits paid to or for members | <input type="text"/> 11 88 |
| | 12 Salaries, other compensation, and employee benefits <input type="checkbox"/> | <input type="text"/> 12 28646 |
| | 13 Professional fees and other payments to independent contractors <input type="checkbox"/> | <input type="text"/> 13 |
| | 14 Occupancy, rent, utilities, and maintenance | <input type="text"/> 14 |
| | 15 Printing, publications, postage, and shipping | <input type="text"/> 15 253 |
| | 16 Other expenses (describe in Schedule O) <input type="checkbox"/> | <input type="text"/> 16 6982 |
| | 17 Total expenses. Add lines 10 through 16 | <input type="text"/> 17 108525 |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 9) | <input type="text"/> 18 18547 |
| | 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) | <input type="text"/> 19 273434 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | <input type="text"/> 20 50 |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | <input type="text"/> 21 292031 |

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990-EZ (2020)

| 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 <input checked="" type="checkbox"/> | | | | |
| 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | (A) Beginning of year | (B) End of year | | |
| | 281303 | 22 298136 | | |
| | | 23 | | |
| | | 27 24 0 | | |
| | | 281330 25 298136 | | |
| | | 7896 26 6105 | | |
| | | 273434 27 292031 | | |
| 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 <input type="checkbox"/> | | | | |
| 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. 204) | | | | |
| <input checked="" type="checkbox"/> (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. 204). | | | | |
| <input checked="" type="checkbox"/> (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. 204). | | | | |
| <input checked="" type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | | 30a | | |
| 31 Other program services (describe in Schedule O) | | | | |
| <input checked="" type="checkbox"/> (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 <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 |
| Jeffrey Daniel President/ Business Manager | 8 | 0 | 0 | 0 |
| John Stout Vice President | 4 | 0 | 0 | 0 |
| James Cox Financial Secretary | 24 | 13795 | 0 | 0 |
| James Lawson Recording Secretary | 1 | 4529 | 0 | 0 |
| Roger Mustard, II Treasurer | 2 | 4893 | 0 | 0 |
| Donald Carter Executive Board (C) | 1 | 0 | 0 | 0 |
| Sean Cash Executive Board (C) | 1 | 546 | 0 | 0 |
| David Darnell Executive Board (C) | 1 | 0 | 0 | 0 |
| Travis Grizzle Executive Board (C) | 1 | 0 | 0 | 0 |
| Danny Melton Executive Board (C) | 1 | 0 | 0 | 0 |
| Paul Proffit Executive Board (C) | 1 | 2183 | 0 | 0 |
| Robert Snodgrass Executive Board (C) | 1 | 0 | 0 | 0 |

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

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 | 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: | 39a | |
| a Initiation fees and capital contributions included on line 9 | 39b | |
| 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 ► | 40b | |
| 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 | 40b | |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | 40b | |
| 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 ► | 42b | ✓ |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 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

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

Figure 1. A schematic diagram of the experimental setup.

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

Figure 1. A coordinate system.

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

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

100

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."

es, and key

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 |
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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  | <input type="text"/> Signature of officer <i>James R. Cox</i> <input type="text"/> James R. Cox Financial Secretary <input type="text"/> Type or print name and title | 5-13-21 Date |
|--|---|-----------------|

| | | | | | |
|---------------------------------------|----------------------------|----------------------|--------------|---|------|
| Paid Preparer Use Only | 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 ► 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2020

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: \$ 72,555.74 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 receive benefits of membership) in IBEW

Part I - line 16: \$248.66 Office Supplies + 27 01 Depreciation + 801.00 Knoxville - Oak Ridge Area CLC + 522 00 Upper E TN CLC + 569.70

IBEW System Council U-10 + 2646 00 AFL-CIO + 88.40 TN State Electrical Workers Association + 400 00 Door Prizes + 436 00 IBEW 10th

District + 354.16 Travel expenses + 689 00 website + 200.00 Donation to NSUJL = \$ 6,981.93

Part I - line 20. Check #4822 in the amount of \$50.00 still outstanding since June 2019. Added back into account balances

Part II - Line 24 (A): Depreciated value of Filing Cabinet (purchased in June 2010 for \$101.59) & 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 - \$96.52 (9.5 years' depreciation) = a remaining value of \$5.07
Expected life of 2015 printer is 5 years 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 (4 year's depreciation) = a remaining value of \$87.80 Total depreciated value of equipment
at 2019's end is \$5.07 (filing cabinet) + \$21.95 (2015 printer) = \$27.01.

Part II - Line 24 (B): Depreciated value of Filing Cabinet (purchased in June 2010 for \$101.59) & 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 - \$101.60 (10 years' depreciation) = a remaining value of \$0.00
Expected life of 2015 printer is 5 years 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 (5 year's depreciation) = a remaining value of \$87.80 Total depreciated value of equipment
at 2020's end is \$0.00 (filing cabinet) + \$21.95 (2015 printer) = \$0.00

Name of the organization

International Brotherhood of Electrical Workers Local #0365

Employer identification number

62 6046828

Part II - Line 26 (A): Outstanding Checks & Electronic Transfers (E. T.) Part II - Line 26 (B)

| | |
|--|--|
| E. T. \$ 5810.00 IBEW Dec. 2019 Per Capita | E. T. \$ 5695.00 IBEW Dec. 2020 Per Capita |
| E. T. 209.87 AFL/CIO Dec. 2019 Per Capita | E. T. 203.33 AFL-CIO Dec. 2020 Per Capita |
| E. T. 1652.55 2019 4th Quarter 941 Deposit | E. T. 118.23 FUTA |
| E. T. 126.95 2019 FUTA | 984 88.00 DB for Harold Wolfe |
| 4822 50.00 Door Prize | |
| 4874 46.00 Upper E TN CLC | |
| TOTAL \$ 7895.37 | TOTAL: \$ 6104.56 |