

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form 990-EZ

OMB No 1545-1150 **2008**

Department of the Treasury Internal-Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

-7/	Chec			a enan				
7_	appli	cable Please	C Name of organization		D	Employer	identification nun	nber
/ L	A0	dress use IRS	INTERNATIONAL BROTHERHOOD OF ELECTRICA	L	ŀ			
	Na Ch	me ange print or	WORKERS 1597 LOCAL		ł	51-0	246089	
Ī	ln	tual type turn See	Number and street (or P.O. box, if mail is not delivered to street address)	Ro	om/suite E	Telephone		
Ē	Пτε	rmin- Specific				•	390-2968	ł
Ē		nended tions	City or town, state or country, and ZIP + 4					
¥		turn plication noing	1 -			Group Exe		
			GRAND ISLAND, NE 68802-0010	. т		Number		Account
	• 5	ection 501(c)	(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete	ted	G Accounti		X Cash	Accrual
_			Schedule A (Form 990 or 990-EZ).		Other (sp			
ı			BEW1597.WORDPRESS.COM				the organization is	
J	Orga		(check only one)————————————————————————————————————				dule B (Form 990, 990-	
K	Che	:k ▶ ∐ ıf	the organization is not a section 509(a)(3) supporting organization and its gross receip	its are no	ormally not m	ore than \$2	25,000. A return is	s not
	requ	ired, but if the	organization chooses to file a return, be sure to file a complete return.					
L	Add	lines 5b, 6b, a	nd 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instea	d of For	m 990-EZ	▶ \$	134	,207.
F	art		nue, Expenses, and Changes in Net Assets or Fund Balanc			tions for Pa	rt I.)	
	1	Contributio	ons, gifts, grants, and similar amounts received			1		
	2		ervice revenue including government fees and contracts			2		
	3	=	up dues and assessments			3	133	,883.
	4	Investmen	•			4	133	324.
			1 1			4		344.
	5		ount from sale of assets other than inventory 5a					
			or other basis and sales expenses 5b					
4			ss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sched			<u>_5c</u>		
Revenue	6		ents and activities (complete applicable parts of Schedule G). If any amount is from <code>gam</code>	nıng, che	ck here ➤ 🗌			
Š			nue (not including \$ of contributions					
æ		reported o	n line 1) <u>6a</u>	··				
		b Less: direc	t expenses other than fundraising expenses 6b					
		c Net income	e or (loss) from special events and activities (Subtract line 6b from line 6a)			_6c		
	7	a Gross sale	s of inventory, less returns and allowances 7a					
		b Less: cost	of goods sold 7b					
	'	c Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	В		nue (describe 🕨) 8		
	9		nue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	134	,207.
	0			3 5	стит 2	10		,985.
	1		and to or for members	J .	JIMI Z	11		1,000.
	2	•	ther compensation, and employee benefits RECEIVED			12	20	,306.
	3		al fees and other payments to independent contractors					
	٥		ar rose and earlier payments to incorporately contractors			13		,150.
	4		r, rent, utilities, and maintenance			14		,530.
	5		as measurers, prostage, and emplains			15		,197.
	5		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ATE	MENT 1	_) 16		,151.
	7		inses Add lines to till odgit 16			17_		,319.
	_ B		(deficit) for the year (Subtract line 17 from line 9)			18	36	,888 <u>.</u>
Ş ğ	" 19	Net assets	or fund balances at beginning of year (from line 27, column (A))					
		(must agre	e with end-of-year figure reported on prior year's return)			19	93	,613.
Net Asset	20	Other chan	iges in net assets or fund balances (attach explanation)			20		
	121	Net assets	or fund balances at end of year. Combine lines 18 through 20			▶ 21	130	,501.
F	art	II Balan	ce Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Fo	orm 990	ınstead of Fo	rm 990-EZ.		
=			(See the instructions for Part II.)	(A) B	eginning of y	ear	(B) End of y	/ear
	2 0	ash, savings	and investments	. , -	93,6			,501.
2	3 i	and and build:			20,0	23	1 20	1201.
<u></u>		ther assets (d				24		
-2 -2)		93,6		120	F01
- 1		otal assets	. /dapariha		33,0		130	,501.
20 2000		otal liabilities			02.6	0 . 26	100	0.
<u>€2</u> 83		et assets or fi	und balances (line 27 of column (B) must agree with line 21)			13. 27		,501.
12	2 17 1 - 17-08	LHA F	or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	0		0	Form 990 -	∟∠ (2008)

	n 990-EZ (2008) WORKERS 1597 LOCAL				51-	-02460	89 Page 2
Pa	art III Statement of Program Service Accomplishmen	nts (See the instruct	ions for	Part III.)			xpenses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	8					for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In a rided, the number of persons benefited, or other relevant information for each pr		anner, de	escribe the service	es) trusts; optional
28	SEE STATEMENT 5						
			<u>-</u>			.1	
	(Grants \$ 0 .) If this amount includes foreign of	rants, check here			<u> </u>	28a	<u>32,285.</u>
29	SEE STATEMENT 6						
						.	
	(Grants \$ 0 •) If this amount includes foreign of	rants, check here				29a	22,590.
30	SEE STATEMENT 7						
						.	10 450
	(Grants \$ 0 .) If this amount includes foreign of			···	L	30a	12,458.
	Other program services (attach schedule) SEE STATEMENT					الما	10 024
	(Grants \$) If this amount includes foreign of Total program service expenses (add lines 28a through 31a)	rants, check here			<u> </u>	31a	10,024.
	art IV List of Officers, Directors, Trustees, and Key E	mnlovees				32	77,357.
	in the most of officers, proceeds, made to be	List ea	CIT OHE EV	ren ii not compensat		ontributions	1
		(b) Title and average			on `to	employee	(e) Expense
	(a) Name and address	per week devote	d to	(If not paid, ent		efit plans &	account and other allowances
		position		-0-)		deferred apensation	other allowances
DA	N EMERY	EXECUTIVE	BOA	RD			
	WILLOW BEND, MARQUETTE, NE 68854	2.00	20	710) .	0.	0.
_		VICE PRES	IDEN				
	LAND, NE 68803	20.00	,	7,522	2.	0.	0.
		EXECUTIVE	BOA				
25	17 PARK DR., GRAND ISLAND, NE 68801	2.00		727	7.	0.	0.
ED	THOMPSON	EXECUTIVE	BOA	RD			
<u>20</u>	20 PAUL ST., ST. PAUL, NE 68873	2.00		323	3.	0.	0.
<u>GA</u>	RY HOCHREITER, 1012 W. 8TH ST.,	EXECUTIVE	BOA	RD			}
<u>GR</u>	AND ISLAND, NE 68801	2.00		366	5.	0.	0.
		EXECUTIVE	BOA				
	AND ISLAND, NE 68801	2.00		269	9.	0.	0.
		RECORDING	SEC				
	AND ISLAND, NE 68803	1.00		296		0.	0.
		PRESIDENT	/BUS				
	AND ISLAND, NE 68803	20.00		7,896	•	0.	0.
		FINANCIAL	SEC		.	^	
	22 ROTH RD., GRAND ISLAND, NE 68803 CK MANKLE, 2216 SHERIDAN AVE.,			7,203	•	0,	0.
	AND ISLAND, NE 68803	TREASURER 5.00		511		0.	0.
		EXECUTIVE	BO3		- •	<u> </u>	0.
	09 Q, ORD, NE 68862	2.00	DOA	242	,	0.	0.
		EXECUTIVE	BOA		-		- 0.
	11 HOWARD AVE., ST. PAUL, NE 68873	2.00	DOM	296	;	0.	0.
	11 HOWING HAD, DI. TROB, NE 00075	2.00		250	' '		
		1					
-							
]					
		<u> </u>					
]					
<u> </u>	72					_	<u> </u>
8321 12-1	7-08					Form	990-EZ (2008)

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ب	Other Information (Note the statement requirements in the instructions for Part VI)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description	of each activity	33	163	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a co		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among other				
••	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	.0,,			ĺ
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting	and proxy		1	
	tax requirements?	, ,	35a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete appli	cable parts of Sch. N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.			
b	Did the organization file Form 1120-POL for this year?	<u> </u>	37b		Х
38 a	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 unpaid at the start of the period covered by this return?		38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	N/A			Ī
39	Section 501(c)(7) organizations. Enter:				1
а	Initiation fees and capital contributions included on line 9	N/A			1
b	Gross receipts, included on line 9, for public use of club facilities 39b	N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright	N/A			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction	n during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		40b	N/	Α
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under				
	sections 4912, 4955, and 4958	▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization	▶ 0.			
е	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		X
41	List the states with which a copy of this return is filed. NONE				
42 a	The books are in care of \blacktriangleright MIKE EVANS	elephone no. $\triangleright 308-39$			
	Located at ► 3302-B W. CAPITAL AVE., GRAND ISLAND, NE	ZIP + 4 ▶ <u>(</u>	<u> 888</u>	3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				r
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b	ļ	X
	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fi	nancial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	1 1			
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	N/A	<u> </u>	
				Yes	No
44	Did the organization maintain any donor adjuged funds? If Nos * Form 000 must be completed instead of			162	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		44		v
A E		" Form 000 must be	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes completed instead of Form 990-EZ	FUITH 990 HIUST DE	45		х
	Completed instead of Form 330*EZ		Form 9	00.57	
			ruill 9	3U-EZ	(2000

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Pai	rt VI Section 501(c)(3) organizations only. All section 'tables for lines 50 and 51.	501(c)(3) organizations mus	t answer question	ns 46-49 and cor	nplet	te the	
46	Did the organization engage in direct or indirect political campaign activities of	on behalf of or in opposition to d	candidates for public	 		Yes	No
	office? If "Yes," complete Schedule C, Part I	,,	·		46		
	Did the organization engage in lobbying activities? If "Yes," complete Scho			L	47		
	is the organization operating a school as described in section $170(b)(1)(A)(i)$		ule E	<u> </u>	48		<u> </u>
	Did the organization make any transfers to an exempt non-charitable related of	organization?			49a		ļ
	If "Yes," was the related organization(s) a section 527 organization?	<i>"</i>		-	49b	- 040	
50	Complete this table for the five highest compensated employees (other than of compensation from the organization. If there is none, enter "None."	officers, directors, trustees and	key employees) who	each received mo	re tna	an \$10	0,000
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E	E) Expe ccount er allov	
						_	
	Complete this table for the five highest compensated independent contractors is none, enter "None." N/A	s who each received more than	\$100,000 of compe	nsation from the o	rganı	zation.	If there
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	vice (c)	Com	pensa	tion
					<u>.</u>		
Total o	number of other independent contractors each receiving over \$100,000						
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accorded, and complete Destaration of preparer (other than officer) is based on all in Signature of officer	companying schedules and statemen nformation of which preparer has any	Its, and to the best of m knowledge	y knowledge and beli Date	ef, it is	true,	
	Type or print name and title President	Business	Manage	.r			
Paid Prepa Use 0	nly	06/16/11 emp	oloyed	parer's Identifying Nu	Ь		
	firm's name (or yours of setf-employed). address, and ZIP+4 MCDERMOTT AND MILLER PO BOX 1767 GRAND ISLAND, NE 68802		Phon no.			67 , 785	
Mav ti	he IRS discuss this return with the preparer shown above? See instructions	±101					No
			· , , ,				(2008)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
BENEFIT/WAGE SURVEY DONATION RECRUITING LEGISLATIVE CONFERENCE REGISTRATION FEES BANK FEES TRAVEL COMPUTER SUPPLIES OFFICE SUPPLIES MISCELLANEOUS EXPENSES		8,874. 1,035. 76. 812. 684. 30. 16,104. 42. 1,115. 1,379.
TOTAL TO FORM 990-EZ, LINE 16		30,151.

FORM 990-EZ PAYMENTS TO	AFFILIATES	STATEMENT	
AFFILIATE'S NAME	AFFILIATES ADDRESS		
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO, CLC	900 SEVENTH STREET N.W. WASHINGTON, DC 20001		
PURPOSE OF PAYMENT		AMOUNT	
DUES		28,52	20.
AFFILIATE'S NAME	AFFILIATES ADDRESS		
NEBRASKA STATE UTILITY WORKERS	8010 S. 94TH ST.		
CONFERENCE	LA VISTA, NE 68128		
PURPOSE OF PAYMENT		AMOUNT	
DUES		1,62	20
AFFILIATE'S NAME	AFFILIATES ADDRESS		
NEBRASKA STATE COUNCIL OF ELECTRICAL	5951 EAGLE RIDGE DR.		
WORKLIND	NEBRASKA CITY, NE 68410		
PURPOSE OF PAYMENT		AMOUNT	
DUES		1,20	5 O .
AFFILIATE'S NAME	AFFILIATES ADDRESS		
CENTRAL NEBRASKA CENTRAL LABOR COUNCIL	3302-B W. CAPITAL AVE. GRAND ISLAND, NE 68803		
PURPOSE OF PAYMENT		AMOUNT	
DUES		81	85
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		32,28	85

FORM 990-EZ CASH GRANTS AND ALLOC	CATIONS STA	ATEMENT 3
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP FOR TUITION & BOOKS ALYSHA KOENIG 1505 W. PRAIRIE RD. GRAND ISLAND, NE 68803	CHILD OF MEMBER	100.
SCHOLARSHIP FOR TUITION & BOOKS KARI SCHNEIDER 4064 ALLEN AVE. GRAND ISLAND, NE 68803	CHILD OF MEMBER	100.
SCHOLARSHIP FOR TUITION & BOOKS NATHAN KARR 4001 MASON AVE. GRAND ISLAND, NE 68803	CHILD OF MEMBER	100.
SCHOLARSHIP FOR TUITION & BOOKS SARA JENSEN 2115 N. HOWARD AVE. GRAND ISLAND, NE 68803	CHILD OF MEMBER	100.
SCHOLARSHIP FOR TUITION & BOOKS SARAH KAMINSKI 79929 HWY 2 BROKEN BOW, NE 68822	CHILD OF MEMBER	100.
SCHOLARSHIP FOR TUITION & BOOKS SAMANTHA METTENBRINCK 2515 PARK DR. GRAND ISLAND, NE 68801	CHILD OF MEMBER	100.
SCHOLARSHIP FOR TUITION & BOOKS SHAYLA BIGLEY 1921 W. CHARLES ST. GRAND ISLAND, NE 68803	CHILD OF MEMBER	100.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		700.

FO:	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		_	S'	PATEI	TNAM	4
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?		[]	YES	[X]	NO
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	•	[]	YES	[X]	NO

STATEMENT

5

DUES PAID ON BEHALF OF EACH MEMBER OF IBEW LOCAL 1597 TO ITS INTERNATIONAL OFFICE, AFL/CIO, CENTRAL NEBRASKA LABOR COUNCIL, NEBRASKA STATE UTILITY WORKERS AND NEBRASKA STATE ELECTRICAL WORKERS. THE OBJECTIVE IS TO PROVIDE IBEW LOCAL 1597 MEMBERS (APPROXIMATELY 275) WITH A VOICE IN AND BENEFITS FROM THE STATE AND NATIONAL ORGANIZATIONS.

STATEMENT

TRAINING AND EDUCATION SERVICES, INCLUDING REGISTRATION FEES, WAGES AND MATERIALS. THE OBJECTIVE IS TO PROVIDE APPROXIMATELY 275 MEMBERS WITH THE NECESSARY TRAINING AND MATERIALS.

10

STATEMENT

REPRESENTATION SERVICES, INCLUDING REPRESENTATION AT CONFERENCES/MEETINGS AND LEGAL FEES. THE OBJECTIVE IS TO PROVIDE LEGAL REPRESENTATION FOR MEMBERS AND TO REPRESENT APPROXIMATELY 275 MEMBERS AT STATE AND NATIONAL CONFERENCES AND MEETINGS.

11

STATEMENT

8

LOCAL 1597 IBEW UTILITIES UNION PROVIDES COLLECTIVE BARGAINING FOR ITS MEMBERS TO RECEIVE FAIR BENEFITS AND WAGES AND TO PROVIDE A SAFE WORKING ENVIRONMENT FOR ITS MEMBERS.

12

FORM 990-EZ	RM 990-EZ OTHER PROGRAM SERVICES		STATEMENT		
DESCRIPTION		GRANTS	EXPENSES	3	
AND WAGES. THE OBJECTAPPROXIMATELY 275 MEMIAND A SAFE WORKING EN	INCLUDING SURVEYS, LEGAL FEES FIVE IS TO BARGAIN ON BEHALF OF BERS FOR FAIR BENEFITS AND WAGES VIRONMENT, WHICH REQUIRES THE AND LEGAL REPRESENTATION.	0.	. 10,02	24.	
TOTAL TO FORM 990-EZ,	LINE 31		10,02	24.	