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Form **990-EZ**

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 $500,000 and total assets less than $1,250,000 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.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL

Number and street (or P.O. box, if mail is not delivered to street address) — Room/suite
P O BOX 10

City or town, state or country, and ZIP + 4
GRAND ISLAND, NE 68802-0010

D Employer identification number
51-0246089

E Telephone number
308-390-2968

F Group Exemption Number ▶ 0064

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ IBEW1597.WORDPRESS.COM

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 144,429.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for 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	143,330.
	4	Investment income		4	405.
	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	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances STMT 4	7a	694.	
	b	Less: cost of goods sold	7b	694.	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0.
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	143,735.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3 STMT 2		10	53,537.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	38,716.
	13	Professional fees and other payments to independent contractors		13	35,201.
	14	Occupancy, rent, utilities, and maintenance		14	1,386.
	15	Printing, publications, postage, and shipping		15	1,450.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	34,055.
	17	**Total expenses** Add lines 10 through 16 ▶		17	164,345.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-20,610.
	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	130,501.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	109,891.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	130,501.	22	109,227.
23	Land and buildings		23	
24	Other assets (describe ▶ INVENTORY)	0.	24	664.
25	**Total assets**	130,501.	25	109,891.
26	**Total liabilities** (describe ▶ _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	130,501.	27	109,891.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 9

Describe what was achieved in carrying out the organization's exempt purposes. 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 and section 4947(a)(1) trusts, optional for others.)

28 SEE STATEMENT 6

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 53,437.

29 SEE STATEMENT 7

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 39,102.

30 SEE STATEMENT 8

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a 29,154.

31 Other program services (attach schedule) SEE STATEMENT 10

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a 13,075.

32 Total program service expenses (add lines 28a through 31a) ▶ 32 134,768.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN ANDERSON, 4140 MONTANA AVE., GRAND ISLAND, NE 68803	RECORDING SECRETARY 1.00	323.	0.	0.
DAN EMERY 41 WILLOW BEND, MARQUETTE, NE 68854	EXECUTIVE BOARD 2.00	2,031.	0.	0.
MIKE EVANS 4022 ROTH RD., GRAND ISLAND, NE 68803	FINANCIAL SECRETARY 10.00	7,353.	0.	0.
ROGER GOLDFISH 1109 Q, ORD, NE 68862-1828	EXECUTIVE BOARD 2.00	215.	0.	0.
SCOTT HANSEL 1111 HOWARD AVE., ST. PAUL, NE 68873	EXECUTIVE BOARD 2.00	269.	0.	0.
GARY HOCHREITER, 1012 W 8TH ST., GRAND ISLAND, NE 68801	EXECUTIVE BOARD 2.00	242.	0.	0.
NICK MANKLE, 2216 SHERIDAN AVE., GRAND ISLAND, NE 68803-1929	TREASURER 5.00	2,173.	0.	0.
DANNY QUICK, 1019 KENNEDY DR., GRAND ISLAND, NE 68802	VICE PRESIDENT 30.00	9,080.	0.	0.
MICHAEL SEMM, 4950 W WHITECLOUD RD., GRAND ISLAND, NE 68803	PRESIDENT/BUSINESS MANAGER 20.00	10,051.	0.	0.
TIM STETHEM 2020 N ST., ORD, NE 68862-1627	EXECUTIVE BOARD 2.00	108.	0.	0.
ED THOMPSON 2020 PAUL ST., ST. PAUL, NE 68873	EXECUTIVE BOARD 2.00	323.	0.	0.
JEFFEREY VODEHNAL, 1501 W DIVISION, GRAND ISLAND, NE 68801	EXECUTIVE BOARD 2.00	242.	0.	0.
DOUGLAS WARD 2517 PARK DR., GRAND ISLAND, NE 68801	EXECUTIVE BOARD 2.00	405.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
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		X
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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
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		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ MIKE EVANS Telephone no. ▶ 308-390-3422			
	Located at ▶ 210 N. WALNUT ST., GRAND ISLAND, NE ZIP + 4 ▶ 68801			
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)?	42b		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 Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S.?	42c		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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? 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."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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."

N/A

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total 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 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

▶ Dan Quick Pres / Bus Mgr 10/29/10
Signature of officer Date

▶ Dan Quick Pres / Bus Mgr.
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
David G. Fannon, CPA	10/29/10		P00172596

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MCDERMOTT AND MILLER PC
PO BOX 1767
GRAND ISLAND, NE 68802-1767

EIN ▶ 47-0608676
Phone no. ▶ 308 382-7850

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
BENEFIT/WAGE SURVEY	5,302.
DONATION	100.
RECRUITING	454.
STEWARD TRAINING	7,366.
REGISTRATION FEES	590.
BANK FEES	30.
TRAVEL	14,433.
COMPUTER SUPPLIES	307.
OFFICE SUPPLIES	3,663.
MISCELLANEOUS EXPENSES	455.
RECOGNITION	1,055.
BUILDING REPAIRS & MAINTENANCE	300.
TOTAL TO FORM 990-EZ, LINE 16	34,055.

FORM 990-EZ PAYMENTS TO AFFILIATES STATEMENT 2

AFFILIATE'S NAME	AFFILIATES ADDRESS	PURPOSE OF PAYMENT	AMOUNT
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO, CLC	900 SEVENTH STREET N.W. WASHINGTON, DC 20001	DUES	50,025.
NEBRASKA STATE UTILITY WORKERS CONFERENCE/JIM SOJKA, FINANCIAL SECRETARY	8010 S. 94TH ST. LA VISTA, NE 68128	DUES	1,728.
NEBRASKA STATE COUNCIL OF ELECTRICAL WORKERS/RICH MICHEL FINANCIAL SECRETARY	5951 EAGLE RIDGE DR. NEBRASKA CITY, NE 68410	DUES	1,459.
CENTRAL NEBRASKA CENTRAL LABOR COUNCIL/AL OGG, FINANCIAL SECRETARY	3302-B W. CAPITAL AVE. GRAND ISLAND, NE 68803	DUES	225.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 53,437.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP FOR TUITION & BOOKS	CHILD OF MEMBER	100.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		100.

FORM 990-EZ — INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A — STATEMENT 4

INCOME		
1. GROSS RECEIPTS	694	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		694
4. COST OF GOODS SOLD (LINE 13)	694	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR	0	
7. MERCHANDISE PURCHASED	1,358	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		1,358
12. INVENTORY AT END OF YEAR	664	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		694

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 5

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

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 293) WITH A VOICE IN AND BENEFITS FROM THE STATE AND NATIONAL ORGANIZATIONS.

BARGAINING SERVICES, INCLUDING SURVEYS, LEGAL FEES AND WAGES. THE OBJECTIVE IS TO BARGAIN ON BEHALF OF APPROXIMATELY 293 MEMBERS FOR FAIR BENEFITS AND WAGES AND A SAFE WORKING ENVIRONMENT, WHICH REQUIRES THE CONDUCTION OF SURVEYS AND LEGAL REPRESENTATION.

REPRESENTATION SERVICES, INCLUDING REPRESENTATION AT EIGHT CONFERENCES/MEETINGS AND LEGAL FEES. THE OBJECTIVE IS TO PROVIDE LEGAL REPRESENTATION FOR MEMBERS AND TO REPRESENT APPROXIMATELY 293 MEMBERS AT STATE AND NATIONAL CONFERENCES AND MEETINGS.

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.

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 10

DESCRIPTION	GRANTS	EXPENSES
TRAINING AND EDUCATION	0.	13,075.
TOTAL TO FORM 990-EZ, LINE 31		13,075.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL		51-0246089
	Number, street, and room or suite no If a P O box, see instructions P O BOX 10		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions GRAND ISLAND, NE 68802-0010		

Check type of return to be filed (File a separate application for each return)

[ ] Form 990 [X] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ MIKE EVANS 210 N. WALNUT ST. - GRAND ISLAND, NE 68801
  Telephone No ▶ 308-390-3422 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE AN ACCURATE TAX RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶

923832
05-26-09

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ..... ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return. See instructions.	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL		47-0785547
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 10		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND ISLAND, NE 68802-0010		

Check type of return to be filed (File a separate application for each return):

[ ] Form 990 [X] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ MIKE EVANS 210 N. WALNUT ST. - GRAND ISLAND, NE 68801
  Telephone No. ▶ 308-390-3422 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE AN ACCURATE TAX RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ CPA Date ▶ 8/13/10

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL	47-0785547
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 10	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND ISLAND, NE 68802-0010	

Check type of return to be filed(file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ MIKE EVANS 210 N. WALNUT ST. - GRAND ISLAND, NE 68801
  Telephone No. ▶ 308-390-3422 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 4-2009)

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05-26-09