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

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)

▶ 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*.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

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

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 province, country, and ZIP or foreign postal code
GRAND ISLAND, NE 68802-0010

D Employer identification number
51-0246089

E Telephone number
308-390-2968

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:** ▶ IBEW1597.WORDPRESS.COM

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 LABOR UNION

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 ▶ $ 180,711.

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	180,566.
	4	Investment income	4	145.
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 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) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	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		
	b	Less: cost of goods sold — 7b		
	c	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	180,711.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	65,184.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	52,226.
	13	Professional fees and other payments to independent contractors	13	16,613.
	14	Occupancy, rent, utilities, and maintenance	14	6,159.
	15	Printing, publications, postage, and shipping	15	3,261.
	16	Other expenses (describe in Schedule O)	16	28,445.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	171,888.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,823.
	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	142,032.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	150,855.

RECEIVED
AUG 08 2014
OGDEN, UT
IRS-OSC
302

SCANNED AUG 22 2014

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	137,418.	22	140,877.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,803.	24	2,113.
25	**Total assets**	142,032.	25	142,990.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	142,032.	27	150.855

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 SCHEDULE 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 and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 62,385.

29 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a 16,613.

30 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a 42,710.

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a 20,292.

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 142,000.

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
DANNY QUICK PRESIDENT / BUSINESS MANAGER	30	11,791.	0.	0.
LARRY GRIM VICE PRESIDENT	20	9,031.	0.	0.
MIKE EVANS FINANCIAL SECRETARY	10	7,431.	0.	0.
NICK MANKLE TREASURER	5	4,382.	0.	0.
CORY ROWLEY RECORDING SECRETARY	2	4,055.	0.	0.
DOUGLAS WARD EXECUTIVE BOARD	2	2,679.	0.	0.
GARY HOCHREITER EXECUTIVE BOARD	2	1,229.	0.	0.
DONALD DUNNING EXECUTIVE BOARD	2	2,166.	0.	0.
BRANDON KLUTHE EXECUTIVE BOARD	2	475.	0.	0.
TIM STETHEM EXECUTIVE BOARD	2	4,167.	0.	0.
SCOTT HANSEL EXECUTIVE BOARD	2	1,469.	0.	0.
RON CHRISTENSEN EXECUTIVE BOARD	2	1,767	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 N/A			
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 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 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) 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		✓
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 ▶ 3302-B W. CAPITAL AVE., GRAND ISLAND, NE ZIP + 4 ▶ 68803			
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 **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? 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 N/A			
			Yes	No
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		✓
45b	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		✓

			Yes	No
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		✓

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	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 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
NONE				

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
NONE		

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 and 4947(a)(1) nonexempt charitable trusts 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

Danny Quick — Signature of officer — Date 7/31/14

DANNY QUICK / PRESIDENT - BUSINESS MANAGER — 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

2013

Open to Public Inspection

Name of the organization	Employer identification number
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL	51-0246089

FORM 990-EZ, PART 1, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	145.

FORM 990-EZ, PART 1, LINE 7 GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS	1,458.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	1,458.
4. COST OF GOODS SOLD (LINE 13)	1,458.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	0.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR	2,803.
7. MERCHANDISE PURCHASED	768.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	3,571.
12. INVENTORY AT END OF YEAR	2,113.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	1,458.

FORM 990-EZ, PART 1, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO, CLC

AFFILIATE ADDRESS: 900 SEVENTH STREET N. W. WASHINGTON, DC 20001

PURPOSE OF PARMENT: DUES

AMOUNT OF PAYMENT: 65,184.

Name of the organization: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL

Employer identification number: 51-0246089

AFFILIATE NAME: NEBRASKA STATE UTILITY WORKERS COUNCIL

AFFILIATE ADDRESS: 5808 S 110TH CIRCLE OMAHA, NE 68137

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT: 1,836.

AFFILIATE NAME: NEBRASKA STATE COUNCIL OF ELETRICAL WORKERS / RICH MICHEL

FINANCIAL SECRETARY

AFFILIATE ADDRESS: 5951 EAGLE RIDGE DR. NEBRASKA CITY, NE 68410

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT: 1,428.

AFFILIATE NAME: CENTRAL NEBRASKA CENTRAL LABOR COUNCIL / AL OGG, FINANCIAL SECRETARY

AFFILIATE ADDRESS: 3302-B W. CAPITAL AVE. GRAND ISLAND, NE 68803

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT: 1,020.

AFFILIATE NAME: IBEW 11TH DISTRICT CONVENTION

AFFILIATE ADDRESS: 6601 WINCHESTER AVE, SUITE 150 KANSAS CITY, MO 64113

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT: 2,499.

TOTAL INCLUDED ON FORM 99-EZ, LINE 10 65,184.

FORM 990-EZ, PART 1, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP FOR TUITION & BOOKS

GRANTEE RELATIONSHIP: CHILD OF MEMBER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 8/29/2013

AMOUNT GIVEN: 100.

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

2013

Open to Public Inspection

Name of the organization	Employer identification number
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL	51-0246089

ACTIVITY CLASSIFICATION: SCHOLARSHIP FOR TUITION & BOOKS

GRANTEE RELATIONSHIP: CHILD OF MEMBER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT:

AMOUNT GIVEN: 0.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 100.

FORM 990-EZ, PART 1, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES: AMOUNT: 5,779.

OTHER EXPENSES: 6,159.

TOTAL TO FORM 990-EZ, LINE 14 6,159.

FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

GREIVANCE, ARBITRATION, LEGAL FEES 6,314.

DONATION 258.

REGISTRATION FEES 2,825.

BANK FEES 35.

TRAVEL, MEALS & ENTERTAINMENT 22,131.

TOTAL TO FORM 990EZ, LINE 16 28,445.

Name of the organization: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL

Employer identification number: 51-0246089

FORM 990-EZ, PART 2, LINE 24 OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY	2,803.	2,113.
TOTAL TO FORM 990-EZ, LINE 24	2,803.	2,113.

FORM 990-EZ, PART 3, PRIMARY EXEMPT PURPOSE - LOCAL 1597 IBEW UTILITIES UNION PROVIDES COLLECTIVE BARGAINING FOR ITS MEMBERS TO RECEIVE FAIR BENIFITS AND WAGES AND TO PROVIDE A SAFE WORKING ENVIROMENT FOR ITS MEMBERS.

FORM 990-EZ, PART 3 LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

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 335) WITH A VOICE IN AND BENIFITS FROM THE STATE AND NATIONAL ORGANIZATIONS.

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

2013

Open to Public Inspection

Name of the organization	Employer identification number
INTERNAIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL	51-0246089

FORM990-EZ, PART 3, LINE 29, PROGRAM SEVICE ACCOMPLISHMENTS:

TRAINING AND EDUCATION SERVICES, INCLUDING REPRESENTATION FEES, WAGES AND MATERIALS.

THE OBJECTIVE IS TO PROVIDE APPOXIMATELY 335 MEMBERS WTH THE NECESSARY TRAINING AND MATERIALS.

FORM 990-EZ, PART 3, LINE 30, PROGRAM SEVICE ACCOMPLISHMENTS:

REPRESENTATION SERVICES, INCLUDING REPRESENTATION AT EIGHT CONFERENCES / MEETINGS AND LEGAL FEES.

THE OBJECTIVE IS TO PROVIDE LEGAL REPRESENTATION FOR MEMBERS AND TO REPRESENT APPROXIMATELY 335 MEMBERS AT STATE AND NATIONAL CONFERENCES AND MEETINGS.

FORM 990-EZ, PART 3 LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

BARGAINING SERVICES

GRANTS $0 EXPENSES $ 20,292.

FORM 990-EZ, PART 5, INFORMATION REGARDING PERSONAL BENIFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENIFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENIFIT CONTRACT.