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SCANNED DEC 10 2015

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)

2014

OMB No. 1545-1150

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2014 calend	ar year, or tax year beginning , 2014, and ending		, 20		
В	heck if ap	oplicable [.]) Employer id	lentification number			
	Address c	change	5	51-0246089			
\equiv	Name cha	_	E Telephone n	umber			
=	Initial retu Final retur	m m/terminated	30	8-390-2968			
_	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Group Exe	mption		
=		n pending	GRAND ISLAND, NE 68802-0010	Number I	0064		
G /	Account	ting Method:	☐ Cash ☐ Accrual Other (specify) ► H C	heck ▶ 🗸	of the organization is not		
	Vebsite		1597.WORDPRESS.COM		ach Schedule B		
JT	ах-ехеп	npt status (che	eck only one) — ☐ 501(c)(3)	orm 990, 99	0-EZ, or 990-PF).		
			☐ Corporation ☐ Trust ☐ Association ☑ Other LABOR UNION				
LA	dd line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets			
(Pai	t II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 ınstead of Form 990-EZ	. ► s	187,341.48		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ir	nstructions			
		Check if	the organization used Schedule O to respond to any question in this Part I .				
	1		ons, gifts, grants, and similar amounts received				
	2	Program s	ervice revenue including government fees and contracts	2			
	3	Membersh	3	187,250.13			
	4	Investment	tincome	. 4	91.35		
Revenue	5a	Gross amo	ount from sale of assets other than inventory 5a				
	b		or other basis and sales expenses				
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c			
	6		d fundraising events				
	а	Gross inc	ome from gaming (attach Schedule G if greater than				
		\$15,000) .	6a				
	b	Gross inco	me from fundraising events (not including \$ of contributions				
		from fundr	aising events reported on line 1) (attach Schedule G if the				
		sum of suc	th gross income and contributions exceeds \$15,000) 6b				
	С	Less: direc	t expenses from gaming and fundraising events 6c				
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subti	ract			
		line 6c) .		6d			
	7a	Gross sale	s of inventory, less returns and allowances				
	b	Less: cost	of goods sold				
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c			
	8	Other reve	nue (describe in Schedule O)	. 8			
	9	Total reve	nue (describe in Schedule O)	▶ 9	187,341.48		
	10	Grants and	I similar amounts paid (list in Schedule O)	? 10	74,586.40		
	11	Benefits pa	aid to or for members	Q\. 11			
es	12	Salaries, o	ther compensation, and employee benefits	12	56,141.32		
SE	13	Profession	al fees and other payments to independent contractors.	13	27,227.55		
Expenses	14	Occupancy	al fees and other payments to independent contractors. y, rent, utilities, and maintenance	. 14	4,800.86		
ш	15	Printing, pr	ublications, postage, and shipping	. 15	2,800.83		
	16	•	enses (describe in Schedule O)	16	28,399.59		
	17	Total expe	enses. Add lines 10 through 16	. ▶ 17	193,956.55		
Ø	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	(6,615.07)		
set	19	Net assets					
As	1	end-of-yea	r figure reported on prior year's return)	19	150.855.00		
Net Assets	20	Other char	iges in net assets or fund balances (explain in Schedule O)	20	0		
<u>z</u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶ 21	144,239.93		
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat No. 10642		Form 990-EZ (2014)		

A Beginning of year B End of year 140,877 22 134,262 134,262 134,262 134,262 134,262 134,262 134,262 134,262 134,262 134,262 134,262 136,375 142,990 25 136,375 142,990 25 136,375 142,990 25 136,375 142,990 25 136,375 26 136,375 26 136,375 26 136,375 27 144,240 136,375 26 136,375 27 144,240 136,375 26 136,375 27 144,240 136,375 26 136,375 27 144,240 136,375 27 144,240 136,375 27 144,240 136,375 27 144,240 136,375 28 28 28 28 28 28 28 2	Check if the organization used Schedule O to respond to any question in this Part II				- +			
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11,000,04	VICE PRESIDENT 20 11,505.04	DAN!	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title NY QUICK BIDENT / BUSINESS MANAGER	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (ff not paid, enter -0-)	pensated — see the Part IV	instru	uctions for Part IV)
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Part				C 2
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		<u> </u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
•	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		1
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,			
00	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a N/A			ئـــــا
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?			
.	teme n la calaire management de la calaire d	38a		✓
ь 39	Section 501(c)(7) organizations. Enter:			li
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
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), 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			١.
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	 	✓
С	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,			li
	4955, and 4958			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
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		<u> </u>
41	List the states with which a copy of this return is filed ► NONE			
42a		08-39		2
ь	Located at ► 3302-B W. CAPITAL AVE. GRAND ISLAND, NE ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	688	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	√
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
40	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		. !	► [_]
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	N/A 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	-	7
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			,
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	 	/
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		<u> </u>	
_	explanation in Schedule O	44d	-	/
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
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	451		

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Page 4

46 .	Did t	he organization engage, directly or in	ndirectly in political c	eampaign activities	on bobalf of	or in opposi	tion [- '	es	40
40 ,		ndidates for public office? If "Yes," of						<u>.</u>	}	
Part		Section 501(c)(3) organizations		, ruiti	<u>· · · · · · · · · · · · · · · · · · · </u>		· 4	16		✓
T GIT		All section 501(c)(3) organization	-	setione 47_49h an	d 52 and c	complete th	o tablo	s for	lina	
		50 and 51.	s must answer que	53110113 41 -43D am	u Jz, anu c	omplete ti	ie labie	5 101	imes	5
			hadula O ta raanana	d to only autootion in	this Dark V					_
	-	Check if the organization used Sci	nedule O to respond	to any question in	i inis Part v	<u> </u>	· · ·	- 1, 2		<u> </u>
47	ריים י	ha association operas is labbiling	andicial and backs		:			- Y	es l	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section but (n) elect	ion in effec	t auring the	- 1	_		
	-						<u> </u>	7	\dashv	
48		organization a school as described in					<u> </u>	18	\bot	
49a		he organization make any transfers t			nization? .			9a	\perp	
b		es," was the related organization a se						9b		
50	Com	plete this table for the organization's	five highest comper	nsated employees (d	other than of	fficers, direc	tors, tru	stees	and	key
	empi	oyees) who each received more than	\$100,000 of compe	nsation from the org			e, enter	"Non	ie."	
		į.	(b) Average	(c) Reportable		ith benefits, ns to employee	(e) Estin	natad a		٠
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS)	bonofit plan	s, and deferred		compe		
			devoted to position	(FORTIS W-22 TO93-1483X	comp	ensation				
					<u> </u>		1			
							1			
						•				
							1			
					ļ					
f	Total	number of other employees paid ov	er \$100,000	▶			·			
51		plete this table for the organization		ensated independer	nt contracto	rs who eac	h receiv	ed m	ore t	har
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."						
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	enuce	10) Compen	eation		
	(-)	Traine and beariness address of saon independ		(b) Type of st	SIVICO	") Compen	Sation		
-										
				1						
				1		1				
				1		1				
d	Total	number of other independent contra	actors each receiving	over \$100.000	. •		 			
52		the organization complete Schedu	•		· P	must attac	h a			
-		oleted Schedule A	ile Al Hote. All se		jai lizatioi is	musi allac	″•	' де Г	□ No	`
I Inder n		of perjury, I declare that I have examined this	return including accompan	vuna echedulee and etate	mente and to t	he best of my k				_
true, co	rrect, ar	id complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepare	er has any know	rledge.	iowiouge	a⊒ 101 D€	iiei, il	ıs
	Т	1 / 5 6 1		··		11 /11 /1				
Sign		Signature of officer		· · · · · · · · · · · · · · · · · · ·	<u></u>	<u> </u>	<u>. </u>			
Here		DANNY QUICK / PRESIDENT - BUS	RINESS MANAGED			-				
		Type or print name and title	SINESS MARAGEK	· ·		······································		 -		
		T	Preparer's signature	<u> </u>	Date		1 PTĪ	N		
Paid		Print/Type preparer's name			-4.0	Check L	ן זו נ			
Prep			<u> </u>	<u>_</u>	<u> </u>	self-empk	уеа			
Use	Only	Firm's name	<u> </u>			irm's EIN ▶				
May +i	na IDC	Firm's address ▶	r shown above? See	instructions	<u> </u>	hone no		/aa F	7.00	
iviay ti	e IRS discuss this return with the prepa		SHOWIT ADDVE! SEE				<u> </u>			

SCHEDULE 0 (Form 990 or 990-EZ)

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.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	Employer idenuncation number
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL	51-0246089
FORM 990-EZ, PART 3, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS	
TRAINING AND EDUCATION SERVICES, INCLUDING REPRESENTATION FEES, WAGES AND MATERI	ALS
THE OBJECTIVE IS TO PROVIDE APPOXIMATELY 335 MEMBERS WITH THE NECESSARY TRAINING	AND MATERIALS.
FORM 990-EZ, PART 3, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS	
REPRESENTATION SEVICES, INCLUDING REPRESENTATION AT EIGHT CONFERENCES / MEETINGS	AND LEGAL FEES.
THE OBJECTIVE IS TO PROVIDE LEGAL REPRESENTATION FOR MEMBERS AND TO REPRESENT AN	PPROXIMATELY 335
MEMBERS AT STATE AND NATIONAL CONFERENCES AND MEETINGS.	
FORM 990-EZ, PART 3, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS	
BARGAINING SERVICES	
GRANTS: EXPENSES: 27,228.	
FORM 990-EZ, PART 5, INFORMATION REGARDING PERSONAL BENIFIT CONTRACTS:	
THE ORGAINIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECT	LY, TO PAY
PREMIUMS ON A PERSONAL BENIFIT CONTRACT	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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2014

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Department of the Treasury Internal Revenue Service

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Open to Public Inspection

Name of the organization	Employer identification number
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL	51-0246089
AMOUNT	
DESCRIPTION OF PROPERTY: AMOUNT:	
INTEREST INCOME	91.35
FORM 990-EZ, PART 1, LINE 10, PAYMENTS TO AFFILIATES	
TOTAL TOTAL TOTAL TO A TELEVISION OF THE PROPERTY OF THE PROPE	
AFFILIATE NAME: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO, CLC	
AFFULLATE ADDRESS AND SEVENTU STREET ALLW WASHINGTON DO SOOM	
AFFILIATE ADDRESS: 900 SEVENTH STREET N. W. WASHINGTON DC, 20001	
PURPOSE OF PAYMENT: DUES	
AMOUNT OF PAYMENT:	70,233.
AFFILIATE NAME: NEBRASKA STATE UTILITY WORKERS COUNCIL	
AFFILIATE ADDRESS: 5808 S 110TH CIRCLE OMAHA, NE 68137	
ATTEMPTE ADDRESS. SOUD STIGHT GINGLE SHAFING HE SOUD!	
PURPOSE OF PAYMENT: DUES	
AMOUNT OF PAYMENT:	1,836.
AMOON OF PAINCEN.	1,000.
AFFILIATE NAME, NEDDACKA STATE COUNCE OF ELECTRICAL WORKERS / DICH MICHEL EINANC	MAI CECHTARV
AFFILIATE NAME: NEBRASKA STATE COUNCIL OF ELECTRICAL WORKERS / RICH MICHEL, FINANC	IAL SECRIARY
AFFILIATE ADDRESS: 5951 EAGLE RIDGE DR. NEBRASKA CITY, NE 68410	
DUDBOOF OF BANKAFAIT DUFO	
PURPOSE OF PAYMENT: DUES	
AMOUNT OF PAYMENT:	1,428.
AFFILIATE NAME: CENTRAL NEBRASKA CENTRAL LABOR COUNCIL / AL OGG, FINANCIAL SECRET	ARY
AFFILIATE ADDRESS: 3302-B W. CAPITAL AVE. GRAND ISLAND, NE 68803	
PURPOSE OF PAYMENT: DUES	
AMOUNT OF PAYMENT:	1,089.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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Name of the organization	Employer identification number
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKE	RS 1597 LOCAL 51-0246089
	·
FORM 990-EZ, PART 1, LINE 14, OCCUPANCY, RENT UTILITI	ES , AND MAINTEANCE:
DESCRIPTION OF EXPENCES:	AMOUNT: 4,800.
	·····
FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES: DESCRI	PTION OF OTHER EXPENSES
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
GREIVANCE, ARBITRATION, AND LEGAL FEES (Line 13)	27,228.
DONATION	2,010.
REGISTRATION	5,206.
BANK FEES	30.
TRAVEL, MEALS, & ENTERTAINMENT	20,760.
TOTAL TO FORM 990-EZ, LINE 16	28,400.
FORM 990-EZ PART 3, PRIMARY PURPOSE - LOCAL 1597 IB	EW UTILITIES UNION PROVIDES COLLECTIVE
BARGAINING FOR ITS MEMBERS TO RECEIVE FAIR BENIFIT	
ENVIRONMENT FOR ITS MEMBERS.	
FORM 990-EZ, PART 3 LINE 28, PROGRAM ACCOMPLISHME	NTS:
DUES PAID ON BEHALF OF EACH MEMBER OF IBEW LOCAL	L 1597 TO ITS INTERNATIONAL OFFICE,
AFL/CIO, NEBRASKA LABOR COUNCIL, NEBRASKA STATE	
NEBRASKA STATE ELETRICAL WORKERS. THE OBJECTIVE	
MEMBERS (AFFROAIMATELTSSS) WITH A VOICE IN AND BE	NIFITS FROM THE STATE AND NATIONAL ORGANIZATIONS.

Schedule O (Form 990 or 990-EZ) (2014)		Page Page	<u> 2</u>
Name of the organization		Employer identification number	_
NTERNATIONAL BROTHERHOOD OF ELECTRICAL	L WORKERS 1597 LOCAL	51-0246089	
FORM 990-EZ PART 2,LINE 24 OTHER ASSETS			
DESCRIPTION	BEG. OF THE YEAR	END OF THE YEAR	
NVENTORY	2,113.	2,113	
TOTAL TO FORM 990-EZ, LINE 24	2,113.	2,113.	
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