



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**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 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

2014**Open to Public
Inspection**

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20													
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL</td> <td>D Employer identification number 51-0246089</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number 308-390-2968</td> </tr> <tr> <td colspan="2">P. O. BOX 10</td> <td>F Group Exemption Number ▶ 0064</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code GRAND ISLAND, NE 68802-0010</td> <td></td> </tr> </table>	C Name of organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL		D Employer identification number 51-0246089	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 308-390-2968	P. O. BOX 10		F Group Exemption Number ▶ 0064	City or town, state or province, country, and ZIP or foreign postal code GRAND ISLAND, NE 68802-0010		
C Name of organization INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL		D Employer identification number 51-0246089											
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 308-390-2968											
P. O. BOX 10		F Group Exemption Number ▶ 0064											
City or town, state or province, country, and ZIP or foreign postal code GRAND ISLAND, NE 68802-0010													
G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶													
I Website: ▶ IBEW1597.WORDPRESS.COM													
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) () ◀ (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 ▶ \$ 187,341.48													

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 ☒

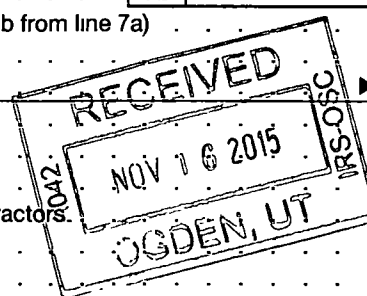
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	187,250.13
	4	Investment income	4	91.35
	5a	Gross amount from sale of assets other than inventory 5a		
	5b	Less: cost or other basis and sales expenses 5b		
	5c	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		
Expenses	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		187,341.48
	10	Grants and similar amounts paid (list in Schedule O) 10		74,586.40
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12		56,141.32
	13	Professional fees and other payments to independent contractors 13		27,227.55
14	Occupancy, rent, utilities, and maintenance 14		4,800.86	
15	Printing, publications, postage, and shipping 15		2,800.83	
16	Other expenses (describe in Schedule O) 16		28,399.59	
17	Total expenses. Add lines 10 through 16 ▶ 17		193,956.55	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		(6,615.07)
	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		150,855.00
	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		144,239.93

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2014)

SCANNED DEC 10 2015



2

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	140,877.	22	134,262.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,113.	24	2,113.
25 Total assets	142,990.	25	136,375.
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	150,855.	27	144,240.

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, optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	74,586.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	28,400.
30 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	27,228.
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	130,214.

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	16,141.14		
LARRY GRIM				
VICE PRESIDENT	20	11,505.04		
MIKE EVANS				
FINANCIAL SECRETARY	10	7,080.34		
NICK MANKLE				
TREASURER	5	4,480.76		
CORY ROWLEY				
RECORDING SECRETARY	2	4,678.15		
DOUGLAS WARD				
EXECUTIVE BOARD	2	1,670.72		
GARY HOCHREITER				
EXECUTIVE BOARD	2	1,229.44		
DONALD DUNNING				
EXECUTIVE BOARD	2	1,229.44		
BRANDON KLUTHE				
EXECUTIVE BOARD	1	369.92		
TIM STETHEM				
EXECUTIVE BOARD	2	4,011.96		
SCOTT HANSEL				
EXECUTIVE BOARD	2	1,180.63		
RON CHRISTENSEN				
EXECUTIVE BOARD	2	1,401.28		

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), 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 ▶ N/A		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	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		
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

	Yes	No
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 ☐

- 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

	Yes	No
47		
48		
49a		
49b		

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

- 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?

- 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

- 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

- 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	Signature of officer <i>Danny Quick</i>	Date <i>11/11/15</i>
	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

2014

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL

Employer identification number

51-0246089

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

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

THE OBJECTIVE IS TO PROVIDE APPROXIMATELY 335 MEMBERS WITH THE NECESSARY TRAINING AND MATERIALS.

FORM 990-EZ, PART 3, LINE 29, PROGRAM SERVICE 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 30, PROGRAM SERVICE ACCOMPLISHMENTS

BARGAINING SERVICES

GRANTS: EXPENSES: 27,228.

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

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY

PREMIUMS ON A PERSONAL BENEFIT CONTRACT

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

2014

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL

Employer identification number

51-0246089

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

91.35

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 PAYMENT: DUES

AMOUNT OF PAYMENT:

70,233.

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 ELECTRICAL 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:

1,089.

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL

Employer identification number

51-0246089

AFFILIATE NAME:

AFFILIATE ADDRESS:

PURPOSE OF PAYMENT:

AMOUNT OF PAYMENT:

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

74,586.

FORM 990-EZ, PART 1, LINE 16, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP FOR TUITION & BOOKS

GRANTEE RELATIONSHIP: CHILD OF MEMBER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 7/15/2014

AMOUNT GIVEN:

200.00

ACTIVITY CLASSIFICATION: SCHOLARSHIP FOR TUITION & BOOKS

GRANTEE RELATIONSHIP: CHILD OF MEMBER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 7/15/2014

AMOUNT GIVEN:

200.00

ACTIVITY CLASSIFICATION: SCHOLARSHIP FOR TUITION & BOOKS

GRANTEE RELATIONSHIP: CHILD OF MEMBER

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 7/15/2014

AMOUNT GIVEN:

200.00

TOTAL INCLUDED ON FORM 990-EZ, LINE 16:

600.00

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

2014

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL

Employer identification number

51-0246089

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

DESCRIPTION OF EXPENSES:	AMOUNT:
	4,800.

FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES: DESCRIPTION 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 IBEW UTILITIES UNION PROVIDES COLLECTIVE

BARGAINING FOR ITS MEMBERS TO RECEIVE FAIR BENIFITS AND WAGES AND TO PROVIDE A SAFE WORKING

ENVIRONMENT FOR ITS MEMBERS.

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

DUES PAID ON BEHALF OF EACH MEMBER OF IBEW LOCAL 1597 TO ITS INTERNATIONAL OFFICE,

AFL/CIO, NEBRASKA LABOR COUNCIL, NEBRASKA STATE UTILITY WORKERS AND

NEBRASKA STATE ELETRICAL WORKERS. THE OBJECTIVE IS TO PROVIDE IBEW LOCAL 1597

MEMBERS (APPROXIMATELY335) WITH A VOICE IN AND BENIFITS FROM THE STATE AND NATIONAL ORGANIZATIONS.

Name of the organization

Employer identification number

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS 1597 LOCAL**51-0246089****FORM 990-EZ PART 2, LINE 24 OTHER ASSETS****DESCRIPTION****BEG. OF THE YEAR****END OF THE YEAR****INVENTORY****2,113.****2,113.****TOTAL TO FORM 990-EZ, LINE 24****2,113.****2,113.**