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Use Only

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public?

Department of the Treasa Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2009 calendar year, or tax year beginning 6-1 2009, and ending 5-31 20 10 D. Employer identification number C Name of organization LIUNA Local 620 Check if applicable use IRS Doing Business As 1180181 26 Address change label or Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Name change type. See 606 N Kiwanis Ave (605) 330 0205 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated tions. Sioux Falls, SD 57104 257309 Amended return G Gross recepts \$ F Name and address of principal officer. Pete Bardeson Application pending H(a) is this a group return for affiliates? Yes No 606 N Kiwanis Ave Sioux Falls, SD 57104 H(b) Are all affiliates included? Yes No Tax-exempt status: √ 501(c) ( 5 ) 
√ (insert no.) 
√ 4947(a)(1) or If "No." attach a list, (see instructions) Website: ▷ 0121 H(c) Group exemption number > Form of organization: ☐ Corporation ☐ Trust ☑ Association ☐ Other ▷ L Year of formation: 2007 M State of legal domicile: SD Patt I Summary 1 Briefly describe the organization's mission or most significant activities: Representing members in matters of collective bargaining. Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). **Activities &** 4 7 Number of independent voting members of the governing body (Part VI, line 1b) 5 2 6 9 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. 7h Current Year Contributions and grants (Part VIII, 刷是他自义巨) 181440 166420 Program service revenue (Part VIII, line 2g) 53075 90138 3131 751 237646 257309 Grants and similar amounts paid (Part X column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) . . 138415 138214 Salaries, other compensation, employee benefits (Part IX; column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . b Total fundraising expenses (Part IX, column (D), line 25) ▷ ....... 69857 69979 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 208394 208071 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25). 49238 29252 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 32949 83280 Total assets (Part X, line 16) . 1289 2382 21 Total liabilities (Part X, line 26) 31660 Net assets or fund balances. Subtract line 21 from line 20 80898 (Paint 0) Signature Block of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of gregorier lather than officer is based on all information of which preparer has any knowledge. Sign ture of officer Here BusiNess Type or print name and title Check if Preparer's identifying number emp:oyed ▶ 🗹 signature Paid 7-15-10 P00794881 Preparer's Firm's name (or yours

220-5443

✓ Yes □ No

Form **930** (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

PO Box 1832 Council Bluffs, IA 51502

Cat. No. 11282Y

Phone no. ▷ ( 402 )

EIN

Form	n 990 (2009)	Page 2
Pā	সুর্বামি Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
	Representing members in matters of collective bargaining.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	☐ Yes ☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	☐ Yes ☑ No
	services?	□ tes ₪ 1/10
4	Describe the exempt purpose achievements for each of the organization's three largest program services be	v expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Onder Allerance Comments of C	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)  Representing members in matters of collective bargaining.	)
	representing members in matters or consecute barganing.	
	•••••••••••••••••••••••••••••••••••••••	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
— 4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
An.	Total program capina expanses >	

, Form 990 (2009)

P	TARIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	Ĺ
3	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	3		4
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		4
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		4
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
0	Schedule D, Part VI.			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			!
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other fiabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	1	 
128	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			,
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		4
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	√_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		4_
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Ą

Pa	M IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		4
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time duning the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization 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	25b		4
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		$\checkmark$
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		4
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		4
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		4
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>/</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	4	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Pe	mt V Statements Regarding Other IRS Filings and Tax Compliance			
-			Yes	No
18	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	1	
2-				
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	]		Į
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	<b>3</b> a		1
_	this return?	3b		<u>├</u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>¢a</b>		1
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а		√
b		5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		4
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
٠,,		-00		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	i	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			<del></del>
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	]	1	
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ł	-	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	ا ۾	- 1	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the organization make any taxable distributions under section 4966?	Sp	-+	
_b	Did the organization make a distribution to a donor, donor advisor, or related person?	<del>~~</del>	-+	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12	1		
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations, Enter.			
	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 49/07(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 126	$\bot$		
		Form	880 (	(2009)

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, Schedule O. See instructions.	7b b	elow hang	, an ges i
Sec	ction A. Governing Body and Management		1	1
			Yes	Mo
12	Enter the number of voting members of the governing body	1	{	
b		-	1	Ì
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2	<u> </u>	1
3	Did the organization delegate control over management duties customarily performed by or under the direct		1	İ
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	L	1
Ą	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		ļ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u> </u>	1
6	Does the organization have members or stockholders?	6	1	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ļ '	ļ	ļ
	of the governing body?	7a	4	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
2		8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
	renue Code.)			
			Yes	Ио
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
••	form?	11		1
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	126	1	
		-		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	
	Does the organization have a written document retention and destruction policy?	14		1
14 15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
13		i	ł	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a		√
		15b		<del>-</del>
Ð	Other officers or key employees of the organization			_ <u>*</u>
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	. 1	ĺ	
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		1
	with a taxable entity during the year?	100		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	İ	1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	165	ļ	
800	tion C. Disclosure	1001		
	<del></del>			
17 40	List the states with which a copy of this Form 990 is required to be filed >	1/21	nes	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(J)S C	лиу)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	or inte	rest	
••	policy, and financial statements available to the public.		<b>4</b> L	
20	State the name, physical address, and telephone number of the person who possesses the books and recording the person of the person who possesses the books and recording the person of the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who possesses the books and recording the person who person the person of	us of	tne	
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Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- o List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- O List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not		ipensate	any o	cum	ent	offi	cer, d	lirec	tor, or trustee		
(A)		(B)				C)			(D)	(E)	(F)
Name and Title		Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Mikael Folin Pres	1				1				0	0	0
Kenny Brooke Sgt at Arms	1				√				0	0	0
Aaron Knudsen VP	1				1			~	0	0	0
Pete Bardeson SecTreas/Bus. Mgr	4	0			1				56082	0	0
Paulla Tunge Rec Sec	1				1				0	0	0
Janoct Ajda Sgt at Arms	1				1			V	0	0	0
Don Henjum EBd	1				1				0	0	0
Mike Peysakhovich EBd	1				1				0	0	0
Ken Jackson EBd	1				1			~	0	0	0
Paul Mayer EBd	1				1			V	0	o	0
Greg Mielke Auditor	1				1				0	0	0
Ken Westra Auditor	1				1				0	0	0
Bruce Pearson VP	1				1				0	0	0
Matt Mampton EBd	1				1				0	0	0
				1							
+											

Name and title    A   A   A   A   A   A   A   A   A	Pa	Pent VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compansated Employees (continued)												
Total Interpretation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  1 Did the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  2 For any individual sized on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  3 July Seption St. Independent Companization for Species Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for Species schedule J for such individual.  6 Species Schedule J for such individual.  7 Section St. Independent Companization? If "Yes," complete Schedule J for such individual.  8 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization for species schedule J for such individual.  8 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization for species schedule J for such person.  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.		· · · · · · · · · · · · · · · · · · ·		(B)			_	-						
West   State	Name and title	hairm our compens												
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 0  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If *Yes, *Complete Schedule J for such individual is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If *Yes, *Complete Schedule J for such individual.*  5 Did any person listed on line 1a, it he sum of reportable compensation and other compensation from the organization sisted on line 1a receive or accruse compensation from any unrelated organization for services rendered to the organization? If *Yes, *Complete Schedule J for such person  5 Did any person listed on line 1a receive or accruse compensation from any unrelated organization for services frendered to the organization? If *Yes, *Complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of services  Compensation  Mons					Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	from related organizations	othe compens from organiz and rel	er sation the ation ated
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 0  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  (B)  Obscription of services  (C)  Compensation														
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 0  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  (B)  Obscription of services  (C)  Compensation			1						_					
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 0  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  (B)  Obscription of services  (C)  Compensation			1											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▷ 0    Ves No				,										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▷ 0    Ves No														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▷ 0    Ves No														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▷ 0    Ves No														·
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▷ 0    Ves No			-											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▷ 0    Ves No							_	_		_				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▷ 0    Ves No						_	_	_				<del></del>		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▷ 0    Ves No						_	_					······································		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▷ 0    Ves No				<u>-</u>		_	_	_		-				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▷ 0    Ves No														
reportable compensation from the organization > 0    3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   1.   3   4   4				<del></del>							1		L	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  None	2	Total number of individuals (including but a reportable compensation from the organization)	not	limited 1	to tho	se l	iste	d a	bove)	wh	o received mo	re than \$100,00	00 in	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  Description of services  Occupants of services  Description of services		reportable compensation from the organiza	1119	0									Ves	- No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	3	Did the organization list any former office	er, c	lirector	or tru	stee	e, ko	ey e	empio	yee	, or highest co	ompensated		
individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  Description of services  None	4	For any individual listed on line 1a, is the s	sum	of repo	rtable	: co	mpe	ensa	ation	and	other comper	sation from		
services rendered to the organization? If "Yes," complete Schedule J for such person	-	individual	_					-					4	1
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  None  (B)  Compensation  Compensation		services rendered to the organization? If "	es,	" comp	lete S	che	dule	e <i>J</i>	for su	ich	person	inization for	5	1
Compensation from the organization  (A)  Name and business address  Description of services  Compensation  None			4	<del></del>	<del></del>			<del></del>					0.000	
Name and business address Description of services Compensation  None	1		omp	ensated	inde	pen	iden	nt cx	ontrac	ctors	that received	more than \$10	10 000,01	
		Name and business add	ress									rvices		n
2 Total number of independent contractors (including but not limited to those listed above) who received	Non		+		<del></del>									
2 Total number of independent contractors (including but not limited to those listed above) who received			士											
2 Total number of independent contractors (including but not limited to those listed above) who received			4						-					
more than \$100,000 in compensation from the organization ▷ 0	2							o th	nose li	 isted	d above) who r	eceived		

Per	0V 9	Statement of Revenue				ſ	
<u> </u>	<u> </u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats st	16	Federated campaigns 1a	1				
Contributions, gifts, grants and other similar amounts	1	Membership dues 1b					
S, (s	1	Fundraising events 1c					1
ar gir		Related organizations 1d					
ξ, H	e	Government grants (contributions).		]			
iĝi 97.8	1	All other contributions, gifts, grants,					
혈	]	and similar amounts not included above	166420			j	
걸	g	Noncash contributions included in lines 1a-1f: \$					
<u>0</u> 8	h	Total. Add lines 1a-1f	.] , >	166420			
9		1	Business Code				
Ven	2a	Dues		90138	90138		
æ	b	1					
25	C	j	LL				
Sen	d						
Ë	e	-					
Program Service Revenue	f	All other program service revenue	Ų		<del></del>		
	g	Total. Add lines 2a-2f	>	90138			<u> </u>
	3	Investment income (including dividends	s, interest, and				
		other similar amounts)	>				<del></del>
	4	Income from investment of tax-exempt bon-					
	5	Royalties					
	1	(i) Real	(ii) Personal				
	6a	Gross Rents	<del> </del>	1			
		Less: rental expenses					
		Rental income or (loss)	ļ <u></u>				
	d	Net rental income or (loss)	D				
	7a	Gross amount from sales of (i) Securities	(ii) Other	' I			
		assets other than inventory		1			
	b	Less: cost or other basis		1			
		and sales expenses	<del> </del>			į	
		Gain or (loss)	<del> </del>				
	Q	Net gain or (loss)	D				<del></del>
Revenue	8a	Gross income from fundraising		į			
ě		events (not including \$		į		1	
å		of contributions reported on line 1c).		j			
9		See Part IV, line 18 a		ļ			
Other		Less: direct expenses , <b>b</b> Net income or (loss) from fundraising e		1		ł	
١		1	vents D				
1	<b>9</b> a	Gross income from garning activities.					
- 1		See Part IV, line 19	<del> </del>			1	
- 1		Net income or (loss) from gaming activi	ties >				
		` ` `					<del></del>
	IU	Gross sales of inventory, less returns and allowances a	1		1		
	h	Less: cost of goods sold b		1	1		
1		Net income or (loss) from sales of invento	yy ▷	f	1		
ı		Miscellaneous Revenue	Business Coda				
	 11a	Refunds and reimbursements		751	751		
- {	b						
	-						
i		All other revenue					
		Total. Add lines 11a-11d	D	751			
- 1-		Total revenue. See instructions.		257309	20889		

d Misc

Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▷ ☐ if following | SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

f All other expenses .....

fundraising solicitation

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . 53242 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages . . . . . . 29392 7 Pension plan contributions (include section 401(k) 26807 and section 403(b) employer contributions). 21632 Other employee benefits . . . . . 7131 10 Payroll taxes . . . . . . Fees for services (non-employees): 11 a Management . . . . . . . . **b** Legal . . . . . . . . . . . . c Accounting . . . . . . . . . . 2536 d Lobbying . . . . . . . . . e Professional fundraising services. See Part IV, line 17 f Investment management fees . . . . . 12 Advertising and promotion . . . . 5380 13 Office expenses . . . . . . . . 14 Information technology . . . . . 15 14220 16 3076 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . 19 20 36334 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization. 2189 23 Other expenses, Itemize expenses not covered above. (Expenses grouped together) and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) Contributions 50 Refunds and reimbursements 122 5128 Officer and employee expense 822

238071

Form 990 (20				Page 1
Part X	Balance Sheet			<del> – –</del> – –
	'	(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	9617	<del></del>	59942
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	·	3	
4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
왕 7	Notes and loans receivable, net		7	
Assets 8	inventories for sale or use		8	
≪ 9	Prepaid expenses and deferred charges	<del></del> _	9	<del> </del>
1	Land, buildings, and equipment: cost or 10a 23338 other basis. Complete Part VI of Schedule D			
ь	Less: accumulated depreciation	23338	10c	23338
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	<u>.</u>
16	Total assets. Add lines 1 through 15 (must equal line 34)	32949		83280
17	Accounts payable and accrued expenses	1289	17	2382
18	Grants payable		18	<del></del>
19	Deferred revenue		19	·
20	Tax-exempt bond liabilities		20	
8 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 23	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
-1	persons. Complete Part II of Schedule L		22	<del></del>
23	Secured mortgages and notes payable to unrelated third parties		23	
1	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
25 26	Other liabilities. Complete Part X of Schedule D	1289	26	2382
8900	Organizations that follow SFAS 1,17, check here ▷ □ and complete lines 27 through 29, and lines 33 and 34.	1209	20	2302
E 27	Unrestricted net assets		27	·
an i	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	
or Fu	Organizations that do not follow SFAS 117, check here ▷ ☑ and complete lines 30 through 34.			
<b>2</b> 30	Capital stock or trust principal, or current funds		30	
an i	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds	31630	32	80898
		24560	33	80898
<b>≗</b> 33	Total liabilities and net assets/fund balances	31660 32949	33	83280

Page	12
raue	46

Eam	aga	(2009)

Pa	水划 Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🖸 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	}		
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a_		<u> </u>
b		2b	4	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
Q	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			_
	the Single Audit Act and OMB Circular A-133?	3a		4
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		}	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▷ Complete if the organization answered "Yes," to Form 990,
Part IV, line 8, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▷ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Nan	e of the organization					or identification number
					26	1180181
Pa			Advised Funds or Other Similar	<b>Fund</b>	s or A	ccounts. Complete if
	the organization answered "Yes"	to	Form 990, Part IV, line 6.			
			(a) Donor advised funds		(b) Fur	nds and other accounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year) .					
4	Aggregate value at end of year					
5	Did the organization inform all donors and d					
	funds are the organization's property, subject		_			
6	Did the organization inform all grantees, donused only for charitable purposes and not for purpose conferring impermissible private be	r 1 ne	he benefit of the donor or donor advis	sor, or	for any	other
∗Pa	rt II. Conservation Easements. Comple	ete	if the organization answered "Yes"	to For	m 990	), Part IV, line 7.
1	Purpose(s) of conservation easements held I	οу	the organization (check all that apply).			
	Preservation of land for public use (e.g.,				histori	ically important land area
	☐ Protection of natural habitat	-	☐ Preservation	on of a	certifi	ed historic structure
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organizat easement on the last day of the tax year.	ioi	n held a qualified conservation contribu	ition in	the for	m of a conservation
	• • • • • • • • • • • • • • • • • • • •					Held at the End of the Tax Year
а	Total number of conservation easements .				2a	
ь	Total acreage restricted by conservation eas	- 1			2b	
c	Number of conservation easements on a cer	- 1			2c	
d	Number of conservation easements included	J	• •		2d	· · · · · · · · · · · · · · · · · · ·
		- 1	• • •			the expension during
3	Number of conservation easements modified the tax year ▶	, [	ransierred, released, extinguisned, or i	terriiria	ated by	the organization during
4	Number of states where property subject to	сф	nservation easement is located ▶		. <b></b>	
5	Does the organization have a written policy r violations, and enforcement of the conservat					
6	Staff and volunteer hours devoted to monitor					
	<b>&gt;</b>	1	g,p 20g, and 0eg 0e.			g ,
7	Amount of expenses incurred in monitoring,	ins	specting, and enforcing conservation e	aseme	nts du	ring the year
8	Does each conservation easement reported of	on n	line 2(d) above satisfy the requirement	ts of se	ection	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?					Tyes No
9	In Part XIV, describe how the organization re-	po	rts conservation easements in its reve	nue an	d expe	ense statement, and
	balance sheet, and include, if applicable, the the organization's accounting for conservation	te n	xt of the footnote to the organization's easements.	s financ	cial sta	tements that describes
<b>IP</b> ar	Organizations Maintaining Collect	tic	ons of Art, Historical Treasures, or	Other	Simil	ar Assets.
<u> </u>	Complete if the organization answer	ręd	d "Yes" to Form 990, Part IV, line 8.			
		T.	25.0.440			d halanaa abaat warka of
1a	If the organization elected, as permitted under art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to	he	eld for public exhibition, education, or re	esearch	ı in furt	therance of public service,
b	If the organization elected, as permitted under historical treasures, or other similar assets he provide the following amounts relating to the	id se	for public exhibition, education, or resitems:	search	in furth	nerance of public service,
	(i) Revenues included in Form 990, Part VIII,	lir	ne 1		▶	· \$
	(ii) Assets included in Form 990, Part X				>	· \$
2	If the organization received or held works of following amounts required to be reported un	a	rt, historical treasures, or other similar	r assets	s for fi	nancial gain, provide the
а	Revenues included in Form 990, Part VIII, line	1			>	\$
b	Assets included in Form 990, Part X	]			. >	<b>\$</b>

Sche	dute D (Form 990) 2009						·	Page 2
Pa	rt III Organizations Maintain	ing Collections	of Art, H	istoric	al Treasur	res, or	Other Similar	r Assets (continued)
3	Using the organization's acquisition collection items (check all that app		other reco	ords, ct	neck any of	the folio	wing that are	a significant use of its
а	Public exhibition		d		Loan or exc	change	programs	
b	Scholarly research		е					
c	Preservation for future genera	tions						
4	Provide a description of the organizer XIV.	zation's collection	s and exp	olain ho	w they furti	ner the o	organization's	exempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maint	ained as p	art of t	he organizat	ion's col	lection?	
Pa	rt IV Escrow and Custodial / IV, line 9, or reported an					n answe	ered "Yes" to	Form 990, Part
	Is the organization an agent, truste included on Form 990, Part X?					utions o	r other assets	not Yes No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	e tollow	ring table:		<del></del>	Amount
_	Reginning balance	•				10		Anount
C	<u> </u>	• • • • • •				10		<del></del>
d	Additions during the year Distributions during the year					10		<del></del>
f	Ending balance					11		
2a	Did the organization include an am-				?			Yes No
	If "Yes," explain the arrangement in		,,					
"Pa	rt V Endowment Funds. Co		ganizatio	n ansv			rm 990, Parl	t IV, line 10.
		(a) Current year	(b) Pno	r year	(c) Two ye	ars back	(d) Three years t	back (e) Four years back
1a	Beginning of year balance	<u> </u>	<b></b>					
b	Contributions		ļ		<del></del>			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships	<del></del>	L					
0	Other expenditures for facilities and programs					<del></del>		
f g	Administrative expenses End of year balance							
2	Provide the estimated percentage of	f the year end ba	lance held	as:				
а	Board designated or quasi-endown		%					
þ	Permanent endowment ▷							
C	Term endowment ▶ %							
3a	Are there endowment funds not in the	e possession of th	e organiza	ation th	at are held a	and adm	imistered for th	Yes No
	organization by: (i) unrelated organizations							3a(i)
	(i) unrelated organizations (ii) related organizations			• •		• •		3a(ii)
ь	If "Yes" to 3a(ii), are the related organizations	nizations listed a	s required	on Sc	hedule R?		 	. 3b
4	Describe in Part XIV the intended us							
Par	t VI <sub>2</sub> Investments—Land, Bu	ildings, and Eq	uipment	. See I	Form 990, I	Part X,	line 10.	
	Description of investment	(a) Cost or oth			ost or other as (other)		Accumulated epreciation	(d) Book value
1a	Land							
	Buildings					ļ		
c	Leasehold improvements					<u> </u>		
	Equipment	.				<u> </u>	<u></u>	
e_	Other	.	20.00		23338	L	0	23338
Total	. Add lines 1a through 1e. (Column (d) r	nust equal Form 98	ου, raπ X,	COIUMIN	(D), IITH TU(	<i>-).</i>		23338

Part VII. Investments—Other Secur	rities. See Form 990, Part X, lin	ie 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
••••••			
•••••			
		<del></del>	
		<del></del>	
***************************************			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
	lated. See Form 990, Part X, lin	13	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
·			
· · · · · · · · · · · · · · · · · · ·			
		· · ·	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>D</b>		
Part IX: Other Assets. See Form 990	· · · · · · · · · · · · · · · · · · ·	(A) D-1	-1
	(a) Description	(b) Book v	aiue
		····	
		<del></del>	
·····			
	······································		
otal. (Column (b) must equal Form 990, Part X,		. , . , <b>.</b>	
	90, Part X, line 25.		
art X. Other Liabilities. See Form 9	90, Part X, line 25. (b) Amount		
Part X. Other Liabilities. See Form 9 (a) Description of liability			
Part X. Other Liabilities. See Form 9 (a) Description of liability			-
Part X. Other Liabilities. See Form 9			·· <u>··</u> ··
Part X. Other Liabilities. See Form 9 (a) Description of liability			·· <u>·</u>
Part X. Other Liabilities. See Form 9 (a) Description of liability			···
Part X. Other Liabilities. See Form 9 (a) Description of liability			
Part X. Other Liabilities. See Form 9 (a) Description of liability			
Part X. Other Liabilities. See Form 9 (a) Description of liability			
Part X. Other Liabilities. See Form 9 (a) Description of liability			
Part X. Other Liabilities. See Form 9 (a) Description of liability			
Part X. Other Liabilities, See Form 9 (a) Description of hability ederal income taxes	(b) Amount		
Part X. Other Liabilities. See Form 9 (a) Description of liability	(b) Amount	o's financial statements that reports the	

Sche	dule D (Form 990) 2009			Page 4
<sub>*</sub> Pa	rt XI. Reconciliation of Change in Net Assets from Form 99	90 to Audited Financial S	Stateme	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	257309
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	208071
3	Excess or (deficit) for the year. Subtract line 2 from line 1	. <i></i>	3	49238
4	Net unrealized gains (losses) on investments	<i></i>	4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Com  **T XII Reconciliation of Revenue per Audited Financial Statements.	totomonts With Poven	10	49238 Poture
			te per r	257309
1	Total revenue, gains, and other support per audited financial stateme	ents	·	207009
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	1 1	
a b	Net unrealized gains on investments	2b	-	
C	Recoveries of prior year grants	2c	- 1	
d	Other (Describe in Part XIV.)	2d	7	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	257309
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIV.)	4b	7	
C	Astal Bank An and All		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 1 <u>2.)</u>	5	257309
Pa	t XIII Reconciliation of Expenses per Audited Financial S	Statements With Expen	ses per	
1	Total expenses and losses per audited financial statements		1	208071
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities		_	
b	Prior year adjustments		-	
С	Other losses	2c		
đ	Other (Describe in Part XIV.)	_2d	-  _	
е	Add lines 2a through 2d	· · · · · · · · ·	2e	208071
3	Subtract line 2e from line 1		3	208071
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b	-	
b	Other (Describe in Part XIV.)		4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	! line 18 \	5	208071
	XIV Supplemental Information	<u>., </u>		20071
and :	plete this part to provide the descriptions required for Part II, lines 3, 5 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4 part to provide any additional information.			
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# SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Employer identification number

1180181 26 Part VI, #4-- The Constitution that governs our organization was changed to reflect an increase to the rate of contribution to the Laborers Staff and Affiliates Pension Fund effective 1-1-10 from 17% of gross salary to 26% of gross salary. In addition, a per capita tax increase that was to go into effect 1-1-10 was suspended. Part VI, #11-- Business Manager/Secretary Treasurer reviews prior to signing. Part VI, #12c-The written conflict of interest policy is included in the Ethics and Disciplinary Procedure that is part of the Constitution by which our organization is governed. Any member or employee of the organization can contact the LIUNA Inspector General with any complaint arising under the Constitution, the Ethical Practice Code, or any other disciplinary rule, regulation, practice or procedure adopted by the LIUNA General Executive Board. The Ethical Practices Code explains the disciplinary procedures that must be followed when necessary and the independent officers who are entrusted to enforce the Code. The US DOL requires all non-clerical employees to report on potential conflict of interest situations on Form LM-30 which is open to the public. Part VI, #19- The Constitution and Ethics and Disciplinary Procedure is available through the US DOL, OLMS, online public disclosure room. The information is filed under LIUNA, who files the information on behalf of all affiliated organizations. In addition, our organization files an annual financial report with the DOL which can also be obtained on the online public disclosure room.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. Attach to Form 980.

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OMB No. 1545-0047

Inspection Employer Identification number Open to Public

Schedule R (Form 990) 2009 (f)
Direct controlling
entity (f)
Direct controlling
entity 1180181 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) LIUNA 620 (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 88 **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 527 (d) Total income Cat. No 50135Y (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) S Dakota (b) Primary activity Primary activity political For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Local 620 Political Action Committee PAC Fund 606 N Kiwanis Ave Sioux Falls, SD 57108 Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity Name of the organization Part II Part 1

Schedule R (Form 990) 2009

General or managing partner? Yes No Percentago ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 9 (h) Disproportionate ellocations? Š Yes (f) Share of total Income (g) Share of end-of-year assets line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp., S corp. or trust) Share of total income (d) (d) Direct controlling entity Predominant Income (related, unrelated, excluded from tax under sections 612-514) Legal domicile (state or foreign country) (d)
( Direct controlling | Primary activity (o)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization ê Part IV Part III

Page 3

Schedule R (Form 990) 2009

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Amount involved Yes Ē 9 무 2 ₽ 9 ğ 9 두 = = Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) (b)
Transaction
type (a-r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV? ਠ Sharing of facilities, equipment, mailing lists, or other assets . . . . . . . . . . . . . . . . . . Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Lease of facilities, equipment, or other assets from other organization(s) . . . . Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of other organization Lease of facilities, equipment, or other assets to other organization(s) . Other transfer of cash or property to other organization(s) . Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) Reimbursement paid by other organization for expenses Gift, grant, or capital contribution to other organization(s) Reimbursement paid to other organization for expenses Loans or loan guarantees to or for other organization(s) Local 620 Political Action Committee PAC Fund Loans or loan guarantees by other organization(s) Exchange of assets . . . . . . . . . Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees Part V Ω Ε 0 £ **5** . Ξ Schedule R (Form 990) 2009

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	ē	3		-  -	(9)	5	141		3
Name, address, and EIN of entity	Primary activity	nicite	Are all p	artners	o o	Disproportionate		gene -	ra o
			section 501(c)(3) organizations?	on (3) (3) trions?		allocations?	of Schedule K-1 (Form 1065)	an par	managing partner?
			Yes	운		Yes No	T	<b>X</b> 68	£
									<u> </u>
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Schedule R (Form 990) 2009