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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

A	For the	e 2010 calendar year, or tax year beginning 6-1 , 2010, and ending				5-31 , 20		
В	Check if ap	pplicable: C Name of organization		D Employer identification numb			er	
	Address d	change LiUNA Local 620				26-1180181		
	Name cha	nge	Number and street (or P.O. box, if mail is not delivered to street address) Room/s	uite	E Teler	ohone nur	nber	
\mathbb{H}	Initial retur		606 N Kiwanis Ave			605	330-0205	
H	Terminate		City or town, state or country, and ZIP + 4	-	F Gro	Group Exemption		
_	The state of the s				4	nber ▶	012	1
-		ing Method:	✓ Cash	Тн	Chack	■ □ # •	the organization	
_	Websit	-	Constant Constant (specify)	"			sh Schedule B	1151101
			ck only one) — ☐ 501(c)(3)	7	_ •		EZ, or 990-PF).	
	Check ▶		e organization is not a section 509(a)(3) supporting organization and its gross receipt					
		10-FZ or Form	n 990 return is not required though Form 990-N (e-postcard) may be required (see i	netri	ctions) i	TIOL HON	omenizetion c	M
	_		e to file a complete return.	11300	0001137. 1	300 III U IO	Organization C	100363
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assat	s (Part II			
			are \$500,000 or more, file Form 990 instead of Form 990-EZ			. .	1	53769
-	art I	<u></u>	e, Expenses, and Changes in Net Assets or Fund Balances (see	· · ·	inata	otions (or Port I	
	CILLI	Check if	the organization used Schedule O to respond to any question in this F	anti Parti	HIStru	Cuons i	or Fast I.)	
	1 4		· · · · · · · · · · · · · · · · · · ·	arti				
	1		ns, gifts, grants, and similar amounts received	• •	• •		1	07059
	2	_	ervice revenue including government fees and contracts			2		45545
	3		p dues and assessments			3		45845
	4	Investment				4		
	5a		unt from sale of assets other than inventory 5a			\$5.		
	b		or other basis and sales expenses			۽ ع		
	C	-	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	·	
	6		d fundraising events			10 2 5		
•	а		ome from gaming (attach Schedule G if greater than			K		
Ž		\$15,000) .						
Revenue	Ь		me from fundraising events (not including \$of contrib	utio	ns			
æ	İ		aising events reported on line 1) (attach Schedule G if the			3 - S		
	i	sum of suc	h gross income and contributions exceeds \$15,000) . 6b			3 2 2 2		
	C	Less: direc	t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b an	d su	btract	74v		
		line 6c) .				6d		
	7a	Gross sales	s of inventory, less returns and allowances 7a			3,31		
	b	Less: cost	of goods sold			1 - 1 120 A		
	C	Gross profi	t or (loss) from sales of Inventory (Subtract line 7b from line 7a)			7c		
	8		nue (describe in Schedule O)			8		865
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	. ▶	9	1	53769
	10		similar amounts paid (list in Schedule O)			10		
	11		tid to or for members			11		
89	12		other compensation, and employee benefits				1	43997
E E	13		sional fees and other payments to independent contractors				···-	2354
Expenses	14		y, rent, utilities, and maintenance			14	·	13048
W	15		ublications, postage, and shipping			15		3419
	16	Other expenses (describe in Schedule O)						44137
_	17	Total expe	nses. Add lines 10 through 16	• •	. ▶	17	2	06955
B	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18		53186
89	19		or fund balances at beginning of year (from line 27, column (A)) (must			- ~ *		
Net Assets			r figure reported on prior year's return)			19		80898
ie i	20		ges in net assets or fund balances (explain in Schedule O)			20		
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. ▶	21		27712

SCANNED JUL 1 1 2016

Par	Balance Sheets. (see the instructions Check if the organization used Schedule	for Part II.) O to respond to any gues	tion in this Part II			🛭
				inning of year		B) End of year
22	Cash, savings, and investments			59942	22	6501
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			23338		23338
25	Total assets			83280	25	29839
	Total liabilities (describe in Schedule O)		• • •	2382		2127
26 27	Net assets or fund balances (line 27 of column		, , ,		27	27712
2/ Par						Expenses
rai	Check if the organization used Schedule	O to respond to any ques	tion in this Part II	ĭ 🗖	(Reau	dred for section
1A/L _	t is the organization's primary exempt purpose?	Labor union)(3) and 501(c)(4)
Decci	ribe what was achieved in carrying out the organization		r and concise mann	er describe	organ	izations and section a)(1) trusts; optional
the se	ervices provided, the number of persons benefited, and	other relevant information for e	ach program title.	.,	for ot	
						
28	Representing members in matters of collective barg	aining.				
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	
29						
					1	
			.,			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	
30						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		includes foreign grants, che		. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a	through 31a)		•	32	
Par					nstruc	tions for Part IV.)
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	O to respond to any ques	stion in this Part I	/		🗅
Par	Check if the organization used Schedule			(d) Contribution	ns to	(e) Expense
Par		O to respond to any ques (b) Title and average	ction in this Part IV	/	ns to plans &	(e) Expense
Greç	Check if the organization used Schedule (a) Name and address Mielke	(b) Title and average hours per week devoted to position	stion in this Part ((c) Compensation (if not paid,	(d) Contribution employee benefit	ns to plans &	(e) Expense account and
Greç	Check if the organization used Schedule (a) Name and address Mielke N Kiwanis Ave Sioux Falls, SD 57104	O to respond to any ques (b) Title and average hours per week	stion in this Part ((c) Compensation (if not paid,	(d) Contribution employee benefit	ns to plans &	(e) Expense account and
Grec 606	Check if the organization used Schedule (a) Name and address Mielke N Kiwanis Ave Sioux Falls, SD 57104 Bardeson	(b) Trite and average hours per week devoted to position	stion in this Part ((c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit deferred compen	ns to plans & sation	(e) Expense account and other allowances
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Fart	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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
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		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
ь	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		1
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			ŀ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		1
41	List the states with which a copy of this return is filed. ▶			
42a		05 33		5
b	Located at ► 606 N Kiwanis Ave Sioux Falls, SD ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	57	104	
•	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	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.			ŀ
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	L	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.	▶ □
				- A-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	r	Yes	No
_	completed instead of Form 990-EZ	448		1
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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
<u>d</u>	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		

Form 99	0-EZ (2010)					1	Page 4
						Yes	No
45	Is any related organization a controlled entity of	the organization within the	meaning of section	512(b)(13)?	45		1
a	Did the organization receive any payment from o	or engage in any transaction	with a controlled	entity within the		İ	ļ
	meaning of section 512(b)(13)? If "Yes," Form						
	Form 990-EZ (see instructions)				45a		1
46	Did the organization engage, directly or indirectly	v. in political campaign acti	ivities on behalf of	or in opposition			
-10	to candidates for public office? If "Yes," comple				46	1	
Part	<u> </u>		vemet charitabl	a truete anhy A	ll sec	tion	
	501(c)(3) organizations and section 494	47(a)(1) nonexempt chari	table trusts must	answer questio	ns 47	7-49	b
	and 52, and complete the tables for lin	es 50 and 51.		and the same			_
	Check if the organization used Schedule	O to respond to any ques	stion in this Part V	1			. п
						Yes	No
47	Did the organization engage in lobbying activitie	e? If "Vee " complete Sche	dula C. Part II	1	47		
48	Is the organization a school as described in section	-		=	48		
49a	Did the organization make any transfers to an ex		•		49a		
b	If "Yes," was the related organization a section 5		d organization:		49b	 	+-
50	Complete this table for the organization's five his					es or	nd key
•	employees) who each received more than \$100,						
		(b) Title and average	(c) Compensation	(d) Contributions to		Expe	
	(a) Name and address of each employee paid more than \$100,000	hours per week		employee benefit plans & deferred compensation	ac	count a	and
	03213100,000	devoted to position		detarred compensation	Other	ailow	arices
	·	4					
							
		-					
		1					
							
		1					
	· · · · · · · · · · · · · · · · · · ·		····				
		4					
	T-1-1 f-11 1	2 200	1				
f 	Total number of other employees paid over \$10						
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde	pendent contracto	ors who each reco	elved	more	₃ than
	(a) Name and address of each independent contractor			e of service	(c) Co	mn-0-0-0	
	for the contract of contract contract	Par 1100 0 0 0 100,000	W/ 13P	001301100	(0) 00	пропо	
	~~~~~						
			<del></del>				
		· <del>·······</del>					
<del>-</del>	Total number of other independent contractors	each receiving over \$100 0	nn <b>-</b>				
52	Did the organization complete Schedule A? Not	•	<del></del>	/(a)/1)			
32	nonexempt charitable trusts must attach a com		· · · · · · ·	```	] Yes		No
l ladar e	enalties of perjury, I declare that I have examined this return, in		<del></del>	<del></del>		_=	
true, co	rrect, and complete. Declaration of preparer (other than officer)	is based on all information of which	h preparer has any knov	ne best of my knowled viedge.	ge an	o Deise	r, at is
	( ) ( ) ( ) ( ) ( )		<del></del>	<del></del>			
C:	1 Jetu VIDa	rdeson	1	6-2	2 -	11	
Sign	Signature of officer	. –		Date		<u></u>	
Here	Keter J Bandleson	N (BusiNes	5 Marage	or \			
	Type or print name and title	<u> </u>		·			
Paid	Print/Type preparer's name Preparer	of a signature	Date		PTIN		
	I (IET) MAKET NEARLY (I	edMic Bern	16-22-1	Check ✓ if self-employed	Pn	D <b>7948</b>	181
Prep	arer Tod Maridan, CDA	<del></del>		rm's EIN ▶			
Use	Firm's address PO Box 1832 CB, IA 51502				2 290-	5443	
May t	he IRS discuss this return with the preparer show	n above? See instructions	<u>-</u>				No

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

lame of organization	organizations: Complete Part III.		Employer ider	ntification number
				26-1180181
Part I-A Complete if	the organization is exempt u	nder section 501(	c) or is a section 527 (	organization.
•	of the organization's direct and inc			_
2 Political expenditures				
3 Volunteer hours				0
	the organization is exempt u			
	ny excise tax incurred by the orga			<u></u>
	ny excise tax incurred by organiza			
•	urred a section 4955 tax, did it file	Form 4720 for this ye	ear?	Yes No
4a Was a correction made				Yes No
b If "Yes," describe in F				
	the organization is exempt u			(c)(3).
	ectly expended by the filing orga		•	
***************************************			<b>&gt;</b> \$	
2 Enter the amount of the 527 exempt function as	ne filing organization's funds cont ctivities	_	anizations for section ▶ \$	<b>,</b>
3 Total exempt function	expenditures. Add lines 1 and	2. Enter here and	on Form 1120-POL,	
line 17b			<i>.</i> <b>&gt;</b> \$	}
4 Dld the filing organizati	on file Form 1120-POL for this yea	ar?	. <i>.</i>	Yes No
<b>.</b> .	esses and employer identification r		etion 527 political omani	zations to which the filing
	ments. For each organization listed			
	contributions received that were p			
as a separate segregate	ed fund or a political action commi	ittee (PAC). If addition	nal space is needed, provi	de information in Part IV.
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of pointcal contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1) Local 620 Political Action	606 N Kiwanis Ave		_	
Committee PAC Fund	Sioux Falls, SD 57104	90-0409698	0	338
(2)				
(3)				
(4)				
(5)				
(6)				

Schedu	、 ule C (Farm 990 or 990-EZ) 2010					Page 2	
Part	II-A Complete if the organizati section 501(h)).	on is exempt u	ınder section 5	01(c)(3) and file	d Form 5768 (ele	ection under	
A C	heck ► ☐ if the filing organization b	elongs to an af	filiated group.				
ВС	heck ▶ ☐ if the filing organization c	hecked box A	and "limited con	trol" provisions a	ipply.		
		bying Expendit			(a) Filing	(b) Affiliated	
	(The term "expenditures" i	neans amounts	paid or incurred	.}	organization's totals	group totals	
18	Total lobbying expenditures to influence	e public opinion	(grass roots lobby	ying)			
b	Total lobbying expenditures to influence						
c	Total lobbying expenditures (add lines						
ď	Other exempt purpose expenditures .						
e	Total exempt purpose expenditures (a						
f	Lobbying nontaxable amount. Enter	the amount fi	rom the followin	a table in both			
•	columns.			•			
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amour	nt is:			
	Not over \$500,000		nount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of				
	Over \$17,000,000	\$1,000,000.	JON OF THE GROCES	3701 01,000,000			
g			· · · · · · · · · · · · · · · · · · ·				
h		-					
	Subtract line 1f from line 1c. If zero or				· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	
:	If there is an amount other than zer			d the organization	file Form 4720		
,	reporting section 4911 tax for this year	17				Yes No	
	4- (Some organizations that n columns below	Year Averaging nade a section ( r. See the instru	Period Under Se 501(h) election do ctions for lines 2	ction 501(h) o not have to com a through 2f on p	plete all of the fiv	9	
	Lobbyi	ng Expenditures	During 4-Year A	veraging Period	· · · · · · · · · · · · · · · · · · ·	<del>,</del>	
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
C	Total lobbying expenditures						

d Grassroots nontaxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2010

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled I	Form	5768		
			)		(b)	
		Yes	No	A	nount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total. Add lines 1c through 1i					
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
d Part		1(5).	or se	ction		
	501(c)(6).	,,-,,				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	L	<b> </b>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	<u> </u>	<u>L.,</u>
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."				∌d	
1	Dues, assessments and similar amounts from members	٠_	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	3 OT		:		
а	Current year		2a			
þ	Carryover from last year	•	2b			
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbered self-line organization agree.	ying				
_	and political expenditure next year?		4			
5 Par	<u> </u>	· · ·	5	l		
Comp	elete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; lete this part for any additional information.	and F	Part II-	B, line	1i. Al	so,
Payro	Il withholding remitted to PAC Fund.			*********		
					*******	

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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.

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2010

Open to Public Inspection

Employer Identification number

				20-1100101
Line 8				~~~~
Reimbursed expenses	865		**************	<u></u>
***************************************				
Line 24 Auto				
Line 26 Payroll withholdi	ng			
***************************************		************************************	***************************************	***************************************
Line 16				
Insurance	831			
Per capita tax and fees	28269			*************************************
Officer expense	348			•
Auto expense	5422			
Flowers and contrib.	295	***************************************	***************************************	
NSF checks	156			
Payroll taxes	7622	<del></del>		
Conferences & travel	1098		******************************	
Bank fees	17	***************************************		
Meetings	79			
Total	44137	***************************************		
			***************************************	
				***************************************
***************************************				