

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED AUG 2 6 2013

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2012

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2012 calendar year, or tax year beginning 2012, and ending 20 13 C Name of organization LIUNA Local 620 Check if applicable D Employer identification number Address change Doing Business As 26-1180181 Number and street (or P O box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return 605.330-0205 City, town or post office, state, and ZIP code Terminated Amended return G Gross receipts \$ JOUX Falls SD 57104 2561<u>53</u> Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No. Pete Bardeson H(b) Are all affiliates included? Yes No clo 606 N Kiwanis Ave Sioux Falls, SD 57104 If "No," attach a list. (see instructions) √ 501(c) (5)
√ (insert no)
√ 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ ✓ Association Other ► Form of organization Corporation Trust L Year of formation M State of legal domicile Part I Summarv Briefly describe the organization's mission or most significant activities: Representing members in matters of collective Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a O b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year R Contributions and grants (Part VIII, line 1h) . 220858 253231 Program service revenue (Part VIII, line 2a) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 1376 2922 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 222234 256153 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 185 499 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 157468 162108 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 66408 88597 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 224061 251204 19 Revenue less expenses. Subtract line 18 from line 12 4949 End of Year Beginning of Current Year Net assets or fund balances. Subtract line 21 from line 20 UG 0 7. 2013

Signature Block 20 Total assets (Part X, line 16) 27591 32720 21 1706 1886 22 25885 30834 Part II Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Business Manager / Secretary Here Type or print name and title Print/Type preparer's name **Paid** Check 🗸 ıf self-employed P00794881 Ted McElderry, CPA Preparer Firm's name ► Ted McElderry, CPA Firm's EIN ▶ Use Only Firm's address ► PO Box 1832 CB, IA 51502 Phone no 402 290-5443 ✓ Yes
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

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

Cat No. 11282Y

Form **990** (2012)

	0 (2012)				Page
art		nent of Program Service	Accomplishments esponse to any question in this Part	111	_
1	Briefly descr	ibe the organization's missi	esponse to any question in this Part on:		· · · <u>L</u>
		*	ctive bargaining.		
2			ificant program services during the year	_	Yes ☑ No
3			g, or make significant changes in he	ow it conducts, any program	Yes ☑ No
4	Describe the expenses. Se	ection 501(c)(3) and 501(c)(edule O. rvice accomplishments for each of its 4) organizations are required to report	three largest program services, as	measured b
			for each program service reported.		
4a			including grants of \$		
	Representing	members in matters of collec	ctive bargaining.		
		*			
			······		
lb	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					···
					
			including grants of \$) (Revenue \$)
lc	(Code:) (Expenses \$			/
lc	(Code:) (Expenses \$			
kc	(Code:) (Expenses \$			
ŀ¢	(Code:) (Expenses \$			
lc	(Code:) (Expenses \$			
lc	(Code:) (Expenses \$			
4c	(Code:) (Expenses \$			

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

) (Revenue \$

Part	V 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 (see instructions)?	2	1	 •
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	1	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		-	
5		4		-
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		✓
_	complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	•		<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
þ	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	11b		√
c	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	11c		√
đ	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	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	√	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
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, Parts II and IV	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, Parts III and IV	16		√
	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 (see instructions)	17		<u>·</u>
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			
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	18		<u>√</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		1
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		/
d		24d		✓
25a	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	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):	, , , ,		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			
~~	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29		√
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		- -
	Part I	31		✓
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		,
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		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			✓
	or IV, and Part V, line 1	34_	√	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	ļ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	✓	
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			n 99 0	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response to any question in this Part V			. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and]		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	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 2a 2]		1
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 (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		Ì	
	account)?	4a		✓
ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		ļ	
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	L	✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ļ	١.
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	/
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱	ĺ	l
-,	gifts were not tax deductible?	6b	<u> </u>	ļ
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7.		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	l 	
b C	Did the organization relation of the value of the goods of services provided?	10		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		\vdash
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		 -
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		r
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			r
а	Did the organization make any taxable distributions under section 4966?	9a		ĺ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]]	1	1
11	Section 501(c)(12) organizations. Enter:			1
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources	}		1
	against amounts due or received from them.)			ĺ
12a	Section 4947(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			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L	
	Note. See the instructions for additional information the organization must report on Schedule O.			l
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			l
				l
	Enter the amount of reserves on hand	 	 	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	!	i

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response to any question in this Part VI			. 🗸
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	4		
	If there are material differences in voting rights among members of the governing body, or			ļ
	of the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	}		
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b 7	4		
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?			
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	2	/	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	}	/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	\ <u> </u>	/
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	Ť	
	one or more members of the governing body?	7a	1	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
þ	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	1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<u>/</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Dittier on the Property of the American Control of the Control of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	 -	✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	_		
	, ,	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	46h		
Section	on C. Disclosure	16b		L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	. 55 (-,,-,3	J. 11.y)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	est n	olicv.
	and financial statements available to the public during the tax year.			.,,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	,	
	organization: ► Pete Bardeson 606 N Kiwanis Ave Sioux Falls, SD 57104			

Form 990 (2012)

Part VII	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.

- 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, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

	T	T		((C)			1				
(A)	(B)	(B)		Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated		
	hours per	officer and a		and a director/trustee)					compensation from	· ·		
	week (list any hours for related organizations below dotted line)		institutional trustee	Officer	Kay employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) Pete Bardeson	40											
Business Mar/Sec. Treas.		ļ		✓				58912	0	ο		
(2) Grea Mielke	11							į				
Pres		<u> </u>		✓				0	0	0		
(3) Kerry Brooke	11	1						1	1			
Sat at Arms				✓		L	L	0	0	0		
(4) Pete Bardeson Jr	11											
Sat at Arms				1			<u></u>	0	0	0		
(5) Jeff Roesner	1	1										
Rec. Sec.		<u> </u>		✓	<u> </u>		L	0	0	0		
(6) Bruce Pearson		1			Ì	Ì						
VP		<u> </u>		✓	<u> </u>		<u> </u>	0	0	0		
(7) Blake Geary	1					l						
Auditor		<u>}</u>	_	✓	<u> </u>	<u> </u>	<u> </u>	0	o	0		
(8) Ken Westra	11	1				İ						
Auditor				✓	<u> </u>	ļ		0	0			
(9) Don Henium	11							1				
EBd			<u> </u>	✓	ļ	<u> </u>	<u> </u>	0	0	0		
(10) Jonathon Campbell	1]				
EBd		Ì		✓	<u> </u>	ļ	L	0	0			
(11) Zane Bruns	11											
Auditor		<u> </u>	\sqcup	✓	<u> </u>			0	0	0		
(12) Terry Emberson	11]]				
EBd		<u> </u>		✓	<u> </u>	ļ	<u> </u>	0	0	0		
(13)		1					1	[
		<u> </u>			<u> </u>	L						
(14)	1											
					1	i		1				

	Section A. Officers, Directors, Trust	,, L		,	(0	C)			- Inpulsated L				
	(A)	(B)	(do n	ot ch		ntion more	e than o	one	(D)	(E)		(F)	
	Name and title	Average hours per	box, unless person is bo officer and a director/tru						Reportable compensation	Reportable compensation from	1	stimate nount c	-
		week (list any		_			,	, -	from	related	•	other	,
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	흏	Former	the organization	organizations (W-2/1099-MISC)		npensat	
		organizations	0 kg	utlo	=	胃	oye s	₫	(W-2/1099-MISC)		1	janizatio	
		below dotted	우호	nal .	İ	οy	m Š		1		1	d relate	
		line)	18	rus		ě	99		j		org	anızatıc	ons
			"	99			Highest compensated employee		ĺ		j		
(15)			-			-		-	 				
119		†	f			ŀ							
(16)					\vdash								
33			1										
(17)													
]										
(18)													
(19)										_			
						L		<u> </u>					
(20)													
			ļ										
(21)		ļ	ļ					İ					
								ļ					
(22)			1					}					
(0.0)								_					
(23)		ļ	ł			ł							
(24)				-		├							
(24)		 											
(25)			-			-		-					
<u> </u>													
1b	Sub-total		• -					-	58912	0			0
c	Total from continuation sheets to Part	VII, Sectio	n A					▶					V
d	Total (add lines 1b and 1c)	<u> </u>						>	58912	0			0
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) w		ore than \$100,00	00 of		
	reportable compensation from the organi	zation ► 0							·····	···			
		_										Yes	No
3	Did the organization list any former of							•		•	1		
	employee on line 1a? If "Yes," complete 3											—	1
4	For any individual listed on line 1a, is the												
	organization and related organizations individual	-							•	eaule J for suc	- 1		1,
_	Did any person listed on line 1a receive of										a 4		-
5	for services rendered to the organization										5		1
Soction	on B. Independent Contractors												1
1	Complete this table for your five highest	compensate	ed inc	lene	and	ent	contr	acto	are that receive	nd more than \$10	000		
•	compensation from the organization. Rep												tax
	year.							,			·		
	(A)	·····					_	Γ	(B)		(0		
	Name and business add	ress						1	Description of s	ervices	Compe		
Moss				-					·				
100112								 					
													
								<u> </u>					
2	Total number of independent contractor	rs (includir	ng bu	t no	ot I	imıt	ed to	th	ose listed abo	ove) who	-		
	received more than \$100,000 of compens								0				

Form **990** (2012)

Part VIII		Statement of Revenue								
		Check if Schedule O contains a response to any ques			· · · · · ·					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514				
nts nts	1a	Federated campaigns 1a								
ts, Grants Amounts	b	Membership dues 1b 66231								
	C	Fundraising events 1c	}							
Giffs, ilar An	d	Related organizations 1d			ĺ					
ons, Giff Similar	е	Government grants (contributions) 1e								
tior S TS	f	All other contributions, gifts, grants,								
tributi Other	1	and similar amounts not included above 1f 187000]							
Contributions, and Other Sim	g	Noncash contributions included in lines 1a-1f: \$]							
	h	Total. Add lines 1a–1f	253231							
Program Service Revenue		Business Code								
š.	2a									
ě	b									
Ş	C					<u> </u>				
Se	d			· · · · · · · · · · · · · · · · · · ·		<u> </u>				
g,	е		ļ							
ĝ	f	All other program service revenue	-		<u> </u>	1				
	3	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest,	 		······································					
	3	and other similar amounts)								
	4	Income from investment of tax-exempt bond proceeds	 	 						
	5	Royalties	<u> </u>							
	"	(i) Real (ii) Personal	 	····		 				
	6a	Gross rents	1							
	b	Less: rental expenses	1			-				
	c	Rental income or (loss)	1							
	d	Net rental income or (loss)	† !							
	7a	Gross amount from sales of (i) Securities (ii) Other	 	···		+				
		assets other than inventory	1 1							
	Ь	Less cost or other basis	1							
		and sales expenses .								
	С	Gain or (loss)	1							
	d	Net gain or (loss)	1							
une	8a	Gross income from fundraising								
Other Revenue		events (not including \$ of contributions reported on line 1c).								
Ĕ		See Part IV, line 18 a]							
₹	b	Less: direct expenses b								
	С	Net income or (loss) from fundraising events								
	9a	Gross income from gaming activities.	!							
		See Part IV, line 19 a	4 1							
	b	Less: direct expenses b	ļ			Ì				
	C	Net income or (loss) from gaming activities	 							
	10a	Gross sales of inventory, less								
		returns and allowances a								
	Ь	Less: cost of goods sold b	j į							
	C	Net income or (loss) from sales of inventory				 				
	1	Miscellaneous Revenue Business Code								
	11a	Refunds	1154	1154		 				
	b	Misc.	1768	1768						
	٥	All	-							
	d	All other revenue	-							
	e 12	Total Add lines 11a-11d	2922							

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).

Check if Schedule O contains a response to any question in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and						
_	organizations in the United States. See Part IV, line 21	499			·		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the						
	United States. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	50010					
6	Compensation not included above, to disqualified	58912					
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	35512					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38473					
9	Other employee benefits	21632			· · · · · · · · · · · · · · · · · · ·		
10	Payroll taxes	7579					
11	Fees for services (non-employees):						
a	Management						
b	Legal		- 				
c di	Lobbying	3600					
e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion						
13	Office expenses	7562					
14 15	Information technology				<u> </u>		
16	Royalties	+0700					
17	Travel	19722					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3400					
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .			· · · · · · · · · · · · · · · · · · ·			
23	Insurance	2795			· · · · · · · · · · · · · · · · · · ·		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If						
	line 24e amount exceeds 10% of line 25, column			į			
	(A) amount, list line 24e expenses on Schedule O.)						
а	Officer auto and exp	10223					
b	Per Cap tax	40913					
C	Refunds	121					
d e	Misc All other expenses	261					
25 25	Total functional expenses. Add lines 1 through 24e	251204					
26	Joint costs. Complete this line only if the	251204	· · · · · · · · · · · · · · · · · · ·				
	organization reported in column (B) joint costs from a combined educational campaign and	•]					
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)		·				

Part X Balance Sheet

•		Check if Schedule O contains a response to any question in this Part X	<u> </u>		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4253	1	9382
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		ĺ	
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ā	8	Inventories for sale or use		8	
į	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	23338	10c	22220
	11	Investments—publicly traded securities		11	23338
	12	Investments—other secunties. 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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	27591	16	32720
	17	Accounts payable and accrued expenses		4=	1886
	18	Grants payable		18	1000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
တ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Pi		disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
İ		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1706	26	1886
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
98		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	25885	27	30834
3al	28	Temporarily restricted net assets		28	
Q.	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
0 0	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or other funds .		32	
et	33	Total net assets or fund balances	25005	33	2000
Z	34	Total liabilities and net assets/fund balances	25885 27591	34	30834
	. = :				Form 990 (2012)

Page	1	2

	90 (2012)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Pa	age 12
Par					
·	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	· · ·		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	56153
2	Total expenses (must equal Part IX, column (A), line 25)	2			51204
3	Revenue less expenses. Subtract line 2 from line 1	3			4949
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			25885
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			30834
Part	XII Financial Statements and Reporting				٠
	Check if Schedule O contains a response to any question in this Part XII				
				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," ex	plain in		i	Į
	Schedule O.				1
2a	The same of the sa		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or	Ì	Ì]
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		}	İ	
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a		ļ	
	separate basis, consolidated basis, or both:		}	İ	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		1
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	1	1	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1		
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Jdits	3b		}

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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.

• S	ection 501(c)(4), (5), or (6) orga	s," to Form 990, Part IV, line 5 (Proxy anizations: Complete Part III.			
Name	of organization			Employer ider	tification number
Dom	-A Complete if th	o overestion is everest and	lor coation 504/		26-1180181
_		e organization is exempt und			organization.
1	-	the organization's direct and indire	•	•	
2				<i>.</i> > Þ	0
3	Volunteer hours				00
Pari		e organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organiz	ation under section	n 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	section 4955 ▶ \$	
3		ed a section 4955 tax, did it file Fo			Yes No
4a	Was a correction made?				Yes No
ь	If "Yes," describe in Part				
Par		e organization is exempt und			(c)(3).
1		ly expended by the filing organize	zation for section	527 exempt function	
				▼.	0
2		filing organization's funds contrib	•		
		ivities			0
3	•	expenditures. Add lines 1 and 2		•	
				Υ.	0
4		n file Form 1120-POL for this year			∐ Yes ✓ No
5		ses and employer identification nu			
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	ee (PAC). If additio	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		1		filing organization's funds If none, enter -0-	contributions received and promptly and directly
				iditos il none, enter -o-	delivered to a separate
					political organization. If none, enter -0-
		·			none, enter
(1) La	ocal 620 Political Action	606 N Kiwanis	4		
C	ommittee PAC Fund	Sioux Falls, SD 57104	90-0409698	0	550
(2)			_		
			 		
(3)			4		
			 		
(4)			4		
(5)			4		
		<u> </u>			
(6)		}	4		

-	•
Page	4

Pa	Complete if the organization section 501(h)).	s exempt	under section 50	01(c)(3) and filed	1 Form 5768 (ele	ction under
A	Check ► ☐ if the filing organization below name, address, EIN, expense					up member's
В	Check ► ☐ if the filing organization chec			rol" provisions a	pply.	
	Limits on Lobbyi (The term "expenditures" mea)	(a) Filing organization's totals	(b) Affiliated group totals
	la Total lobbying expenditures to influence po	ublic opinio	n (grass roots lobby	ring)		
	b Total lobbying expenditures to influence a	legislative b	ody (direct lobbying	g)		
	c Total lobbying expenditures (add lines 1a a	and 1b) .				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add li	nes 1c and	1d)			
	f Lobbying nontaxable amount. Enter the columns.	e amount	from the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amoun	t is:		
	Not over \$500,000	20% of the a	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	ver \$1,500,000.		
		\$1,000,000.				
	g Grassroots nontaxable amount (enter 25%	•				
	h Subtract line 1g from line 1a. If zero or less					
	i Subtract line 1f from line 1c. If zero or less				<u> </u>	
	j If there is an amount other than zero or reporting section 4911 tax for this year?		e 1h or line 1i, did	_		Yes No
	4-Year (Some organizations that made columns below. Se	a section		not have to comp		
	Lobbying E	xpenditure	s During 4-Year Av	eraging Period	· · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					
_					Schedule C (Form	990 or 990-EZ) 2012

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT file	d F	orm	5768		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detail	ed L	(a)			(p)	
	ription of the lobbying activity.	Ye	es	No	Aı	noun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or lo legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of:						
a b	Volunteers?	,	-				
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?		\perp				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . Other activities?	: -	+				
j	Total. Add lines 1c through 1i		十				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .		\downarrow				
b	If "Yes," enter the amount of any tax incurred under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6).)1(c)(5)), O	r se	ction		
4	Ware substantially all (00% or mare) dues received pendeductible by members?					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				1 2	1	├
2 3	Did the organization make only in-house loobying expenditures of \$2,000 or less?				3	_	1
	Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."			Part		line	3, is
1 2	Dues, assessments and similar amounts from members	unts of	F	1			
а	Current year			2a			
b	Carryover from last year		Γ	2b			
С	Total ,		Γ	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es	Γ	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible l						
_	and political expenditure next year?			4			
5 Par	Taxable amount of lobbying and political expenditures (see instructions)	- : - :		5			
Comp list); F	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line at II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information. -A Line 1- Receive and remit contributions to PAC Fund.						ρ
						~~~~	
		-					
<b></b>							
				·			

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

2012

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number Name of the organization 26-1180181 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

n.		-0
۲ą	ıge	~

Part		Coll	ections of	Art, His	torical T	reasures	, or O	ther Similar As	sets (contin	ued)
·3	Using the organization's acquisition, collection items (check all that apply):	acces	ssion, and o	ther reco	ds, chec	k any of th	ne follov	wing that are a si	gnificant use	of its
а	☐ Public exhibition			d	🗌 Loan	or exchang	ge prog	rams		
b	☐ Scholarly research			e	☐ Other	r				
C	Preservation for future generations									
4	Provide a description of the organizat XIII.	ion's	collections	and expla	ain how t	hey further	the ore	ganization's exem	pt purpose i	n Part
5	During the year, did the organization	solic	it or receive	donation	s of art,	historical t	reasure	s, or other simila	r	
	assets to be sold to raise funds rather									
Part	line 9, or reported an amount	_		-	_	anization	answe	red "Yes" to Fo	m 990, Par	t IV,
1a	Is the organization an agent, trustee,					or contribu	tions of	other assets no	ıt .	
	included on Form 990, Part X?								☐ Yes [	No
b	If "Yes," explain the arrangement in Pa	art XI	ll and compl	ete the fo	llowing ta	able:				
							 	Ar	nount	
C	Beginning balance						10	——————————————————————————————————————		
d	Additions during the year						10			
е	Distributions during the year						16			
f	Ending balance									
2a	Did the organization include an amoun									
	If "Yes," explain the arrangement in P									<u> </u>
Par	V Endowment Funds. Comple		Current year		or year	(c) Two yea				- book
4	Parissing of war halance	(0)	Ourient year	(0) [1]	or year	(c) Two year	- Dack	(d) Three years back	(e) Todi years	
1a	Beginning of year balance		······	<del> </del> -		<del> </del>			<del> </del>	
b	Contributions			<del> </del>					<del> </del>	
С	losses			ļ					1	
_				<del> </del>		<del></del>			<del> </del>	·
d	Grants or scholarships			<del> </del> -					<del> </del>	<del></del>
е	programs						****			
f	Administrative expenses					<u> </u>				
g	End of year balance			L		L			<u> </u>	
2	Provide the estimated percentage of t				e (line 1g	i, column (a	a)) held	as:		
а	Board designated or quasi-endowmen	nt 🕨		%						
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶			2001						
20	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the				zation the	at are hold	and ad	ministered for the		
Sa	organization by:	e pos	session of the	ne organi	zauon inc	at alle lielu	and ad	irininstered for the	Yes	No
	(i) unrelated organizations								3a(i)	140
	(ii) related organizations								3a(ii)	<del> </del>
b	If "Yes" to 3a(ii), are the related organi			equired a	n Sched	 ule B?			3b	+
4	Describe in Part XIII the intended uses						• •		<u> </u>	<u></u>
Part										<del></del>
	Description of property		(a) Cost or o			or other basis	(c)	Accumulated	(d) Book valu	——— ю
			(investri			ther)		epreciation		
1a	Land	•		<del> </del>	<u> </u>		<del>                                     </del>		<del></del>	
b	Buildings	•								
С	Leasehold improvements	•	<b></b>				<del> </del>			
d	Equipment	-	ļ			23338	<b> </b>		<del></del>	23338
e	Other	<u> </u>	<u> </u>		<u> </u>		<u> </u>			
Total.	Add lines 1a through 1e. (Column (d) n	nust e	equal Form 9	90, Part )	K, column	n (B), line 10	U(c).)	<u> ▶  </u>		23338

Part VII	Investments - Other Securities	See Form 990, Part X,	line 12.	
(	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
	derivatives			
-	held equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other (A)		· · · · · · · · · · · · · · · · · · ·		<del></del>
(B)				
(C)				· · · · · · · · · · · · · · · · · · ·
(D)				
(E)				· · · · · · · · · · · · · · · · · · ·
(F)				
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12) ▶	1 Car Farm 000 Dat V	100	
Part VIII	Investments-Program Related	T	<del></del>	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)				<del></del>
(2)				
(3)				<del></del>
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13.)		<u> </u>	
Part IX	Other Assets. See Form 990, Pa			A \ Da atrialia
-(4)	(8	) Description		(b) Book value
(1)		<del></del>		
(2)				
(4)				<del></del>
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)				
(10)		(C) (( 45 )	·	
	umn (b) must equal Form 990, Part X, co		<u> </u>	
Part X	Other Liabilities. See Form 990,  (a) Description of liability	(b) Book value		
	Income taxes	(b) Dook (ado		
(2)	wilderne taxes	<del></del>	1	
(3)				
(4)				
(5)		<del> </del>		
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				
(8)				
(9)				
(10)				
(11)			]	
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶			
2. FIN 48 (AS	SC 740) Footnote. In Part XIII, provide the t	ext of the footnote to the org	anization's financial statements that	
liability for ui	ncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in F	Part XIII

Page 4
256153

	0 2 (1 5) 000) 20:12			ragen
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	r Return	
·1	Total revenue, gains, and other support per audited financial statements		1	256153
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	7	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII.)	2d	-	
е	A did time a On Manager of Ord		2e	
3	Subtract line 2e from line 1		3	256153
. 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			200.00
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII.)	4b	7	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	256153
Part	XII Reconciliation of Expenses per Audited Financial Statem		er Return	230100
1	Total expenses and losses per audited financial statements		1	251204
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	7	
С	Other losses	2c	7 ]	
d	Other (Describe in Part XIII.)	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	251204
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	7	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) .   .   .   .   .   .	5	251204
Part	XIII Supplemental Information		<del>- L</del>	
Part V inform	lete this part to provide the descriptions required for Part II, lines 3, 5, and 1, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.  Line 2 The union is exempt from Federal income tax under Section 501c5 of the	. Also complete this part t	to provide any	additional
	ess income. The union has evaluated for uncertain tax positions and managements in says and the second section of the past three years remain open for exa	***************************************		tax

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

# Supplemental Information to Form 990 or 990-EZ

**Employer identification number** 

മ∩4 മ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

<u> </u>	
Open to	<b>Public</b>
Inspecti	on

	26-1180181
Part VI #11b- Form reviewed by Business Manager/Sec. Treas.	
Part VI #2- Business Manager/Sec. Treas. and Sgt at Arms are father and son.	
Part VI #12c-The written conflict of interest policy is included in the Code of Best Practices that is par	rt of the Constitution by which our
organization is governed. Any member or employee of the organization can contact the LIUNA (an aff	filiated organization also governed
by the Constitution) General President with any complaint arising under the Constitution, the Code of	Best Practices, or any other
disciplinary rule, regulation, practice or procedure adopted by the LIUNA General Executive Board. T	he Code of Best Practices explains
the disciplinary procedure that must be followed when necessary and the independent officers who a	re entrusted to enforce the Code.
The US Dept of Labor requires all non-clerical employees to report on Form LM-30 potential situation	s where there may be conflicts
of interest. This information is open to public inspection.	
Part VI #19-The Constitution (Governing document) and Code of Best Practices (conflict of interest po	olicy) is available through the US
Dept. of Labor, OLMS, online public disclosure room. The information is filed under Laborers Internat	tional Union of North America, who
files the information on behalf of all affiliated organizations. In addition, our organization files an annual	ual report with the DOL
which can be obtained in the online public disclosure room.	
	•

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37.
▶ Attach to Form 990.
▶ See separate instructions.

2012 Open to Public

OMB No. 1545-0047

Inspection Employer identification number

26-1180181

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 (f)
Direct controlling
entity ž 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.) Yes (f)
Direct controlling
entity (e) End-of-year assets LIUNA 620 (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 52 (c) Legal domicile (state or foreign country) Cat. No. 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity Я (b) Primary activity political For Paperwork Reduction Act Notice, see the Instructions for Form 990. (5) (a) Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization . (1) Local 520 Political Action Committee PAC Fund. 606 N Kiwanis Ave Stoux Falls, SD 57104 Part I Part II ව € 8 ව ₹ 9 8 9 = 9 E

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Schedule R (Form 990) 2012

Part V Transactio

Note Co.	Note Complete line 1 if any entity is listed in Date II III or IV of this schoolule				Yes	. S
1 Durit		nore related organi	zations listed in Part	S II-IV?		
a Rece					1a	>
<b>b</b> Gift,	Gift, grant, or capital contribution to related organization(s)				<b>4</b>	>
c Gift,	Giff, grant, or capital contribution from related organization(s)				5	>
d Loar	Loans or loan guarantees to or for related organization(s)		•		5	>
	on or look anarotoon by related organization(s)	• • •		•		<u> </u>
	Logils of Idail gualantees by fetated ofganization(s)				Đ	<u> </u>
Divic	Dividends from related organization(s)		•		<b>-</b>	>
g Sale	Sale of assets to related organization(s)				2	<u> </u>
	Purchase of assets from related organization(s)			•	£	>
i Exct	Exchange of assets with related organization(s)	•		•	=	>
j Leas	Lease of facilities, equipment, or other assets to related organization(s)				=	\
k Leas	Lease of facilities, equipment, or other assets from related organization(s)				<b>*</b>	>
l Perf	Performance of services or membership or fundraising solicitations for related organization(s).				=	>
m Perf	Performance of services or membership or fundraising solicitations by related organization(s) .				1m	>
n Shar	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				4n	>
o Shar	Sharing of paid employees with related organization(s)				9	>
p Rein	Reimbursement paid to related organization(s) for expenses	•			5	>
	Reimbursement paid by related organization(s) for expenses				19	>
	Other transfer of cash or property from related organization(s)				18	>
2 If the	If the answer to any of the above is "Yes," see the instructions for information on who must con	olete this line, inclu	ding covered relation	complete this line, including covered relationships and transaction thresholds.	on thresho	lds.
		<b>(Q</b> )	(0)	(p)		
	Name of other organization	Fransaction type (a–s)	Amount involved	Method of determining amount involved	g amount invo	olved
(1) Local 62	(1) Local 620 Political Action Committee PAC Fund		550	paid by check		
3						
(2)						
ĝ		-				
(4)						
(5)						
(9)						
				Schedule R (Form 990) 2012	3 (Form 990	) 2012