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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

	UI3 Cale	ndar year, or tax yea	r beginning	6-	<u>1</u>	2013, an	d ending	5-	31	, 20 14	
heck if ap	oplicable:	C Name of organization	LIUNA Loca	l 620					D Employ	yer identification	number
ddress ch	nange	Doing Business As								26-1180181	
ame char	nge	Number and street (or	PO box if mai	il is not deliver	ed to street addres	s)	Room/suite	,	E Telepho	one number	
ıtıal retur	n	606 N Kiwanis Ave								605 330-0205	
erminated		City or town, state or p	province, count	ry, and ZIP or	oreign postal code	 •					
		Sioux Falls, SD 5710	14					ŀ	G Gross r	receipts \$	27336
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b N	let unrel	ated business taxat	ole income f	rom Form	190-T, [ine 34]	<u></u> ↓	 	<u></u>	7b_		
			11,	~		0		Prior Ye	ar	Current \	Year
8 C	Contribut	ions and grants (Pa	rt VIII, line ji	(A)	·2·@·2044	Ŏ	L		253231	<u></u>	2733
				2g)		co	L				
10 lr	nvestme	nt income (Part VIII,	, column (A).	, lines 3, 4,	and 7d)	02	L				
11 0	Other rev	enue (Part VIII, colu	ımn (A), line:	s 5, 6 Q. 8 C	9c, 10c, and 1	1e) .	[2922	:	
12 T	otal reve	nue-add lines 8 th	rough 11 (m	ust equal Pa	art VIII, column	(A), line	12)		256153		2733
13 G	arants ar	nd similar amounts	paid (Part IX	(, column (A), lines 1-3) .						79
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13 11	everiue	iess expenses. Oub	Mact IIIIe 10) 11 O 111 III 16 1	<u> </u>	-: - :		ainning of Cur	 		139; 'ear
20 T	otal ass	oto (Dort V. lino 16)						.gg c. cu.	-	 	
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		ilities (Part X, line 26 s or fund balances.	-				• • 1		1886	i l	
					· 00				30834	 	20: 447:
	2 C 3 N 4 N 5 T 6 T 7a T b N 8 C 9 F 100 In 11 C 12 T 13 C 14 E 15 S 16a F b T 17 C 18 T 7 S 19 F 19	mended return coplication pending ax-exempt status: cebsite: > com of organization [1	Sioux Falls, SD 5710 c/o 606 N Kiwanis Avax-exempt status: □ 501(c)(3) ebsite: ▶ orm of organization □ Corporation □ Trust Summary 1 Briefly describe the organization □ Total pumber of independent voting members of total number of volunteers (6) Total number of volunteers (6) Total unrelated business reverbe Net unrelated business taxation 8 Contributions and grants (Part VIII, Colunteers (Part VIII, Colunteers) (Part VIII, Colu	Sioux Falls, SD 57104 F Name and address of principal officer c/o 606 N Kiwanis Ave Sioux Fall (A Sur-exempt status: 501(c)(3) 501(c) (1) Summary Briefly describe the organization's mission bargaining. Check this box if the organization of the gover that in the professional fundraising fees (Part VIII, line) Representation of the professional fundraising fees (Part IX, column (A), line) Total revenue (Part VIII, column (A), line) Total revenue—add lines 8 through 11 (mills) Grants and similar amounts paid (Part IX, column (A), line) Total fundraising expenses (Part IX, column (A), line) Total expenses (Part IX, column (A), line) Total expenses (Part IX, column (A), line) Revenue less expenses. Subtract line 18	Sioux Falls, SD 57104 F Name and address of principal officer Pete Bard (/o 606 N Kiwanis Ave Sioux Falls, SD 57104) Sax-exempt status:	Sioux Falls, SD 57104 F Name and address of principal officer Pete Bardeson c/o 606 N Kiwanis Ave Sioux Falls, SD 57104 ax-exempt status: □ 501(c)(3) ☑ 501(c) (5) ◄ (insert no) □ 4947(a) sebsite: ► orm of organization □ Corporation □ Trust ☑ Association □ Other ► Total number of voting members of the governing body (Part VI, line 1a Net unrelated business revenue from Part VIII column (A), lines 1a Contributions and grants (Part VIII, line 20) Investment income (Part VIII, column (A), lines 5, 60, 60, 90, 10¢, and 1a Total revenue — add lines 8 through 11 (must equal Part VX, column (A), line 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Total fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (A), line 15) Total fundraising expenses (Part IX, column (A), line 25) Total fundraising expenses (Part IX, column (A), line 25) Total fundraising expenses (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (A), line 25) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	Sioux Falls, SD 57104 Splication pending F Name and address of principal officer Pete Bardeson	Sioux Falls, SD 57104 F Name and address of principal officer Pete Bardeson C/o 606 N Kiwanis Ave Sioux Falls, SD 57104	Sioux Falls, SD 57104 F Name and address of pnncipal officer Pete Bardeson C/o 606 N Kiwanis Ave Sioux Falls, SD 57104 H(a) is this a ging size-exempt status: 501(c)(3) So1(c)(1 5)	Sioux Falls, SD 57104 F Name and address of principal officer Pete Bardeson H(a) is this a group return to close of N Kiwanis Ave Sioux Falls, SD 57104 Solic) (5) ◀ (insert no) ☐ 4847(a)(1) or ☐ 527 H(c) Group exemptositative	Sioux Falls, SD 57104 G Gross receipts \$

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)

Form 99	00 (2013) P	age 2
Part		
4	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
•	Representing members in matters of collective bargaining.	
	Representing members in marters of confective ourgening.	·
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported.	
48	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Representing members in matters of collective bargaining.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	•
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
		•••••
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$)	

Form **990** (2013)

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		✓_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	/	
4	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	4		
5	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,		1	
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	:		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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	✓	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	l		,
	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			,
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		✓
đ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		,
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		V
_	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		V
f	the organization's separate or consolidated infancial statements for the tax year include a footbole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	1	
19 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
12.0	Schedule D, Parts XI and XII	12a	✓	
h	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
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	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 other assistance to or			
	for any foreign organization? 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 other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	ــــــــــــــــــــــــــــــــــــــ	L
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Part	Checklist of Required Schedules (continued)			
04	Did the annual state and the CE 000 of curate an attended to an attended to see the second state and the second st		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 27 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 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	√	
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	✓	
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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			<u></u>
	Check if Schedule O contains a response of note to any line in this Part v	· · i	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	1	ļ
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			
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 <i>e-file</i> (see instructions)		·•	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	:	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			}
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		}
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		1
9	Sponsoring organizations maintaining donor advised funds.			
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:			1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			1
11	Section 501(c)(12) organizations. Enter:			l
a b	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	<u> </u>	400		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
ıs a	Is the organization licensed to issue qualified health plans In more than one state?	13a		· · · ·
đ	Note. See the instructions for additional information the organization must report on Schedule O.	100		
ь	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>

Part				
	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 or note to any line in this Part VI			
Section	on A. Governing Body and Management	 -		<u> </u>
occu	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 7			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			İ
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7]]		ŀ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
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		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	,	
_	one or more members of the governing body?	7a	✓	<u> </u>
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, 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	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			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,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	118		-
b 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	7	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	1	
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?			
_	The organization's CEO, Executive Director, or top management official	15a		1
a b	Other officers or key employees of the organization	15b		1
	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		1
ь			ļ	
•	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?	16b	Ĺ	<u> </u>
Secti	on C. Disclosure			
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 available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
	☐ 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 of infinancial statements available to the public during the tax year.	erest (polic	y, and
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			

Part VII	Compensation of Officers, Directors,	Trustees Key Employees	Highest Compensated	Employees and
t dit vii	Independent Contractors	musicos, itoy ampioyees,	, mg. loor oompondatou	, Lp.o, 000, aa

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.

Charlette to the attended annual attended annual attended annual attended and annual attended attended and annual attended at

Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
				(6	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	officer and a director/trustee)						Reportable	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Pete Bardeson	40			,						
Business Mgr/Sec Treas		<u> </u>		✓	ļ			60504	O.	0
(2) Greg Mielke	1			١,		ĺ		}		
Pres		L	L	✓	<u> </u>		_	0	<u> </u>	0
(3) Pete Bardeson Jr	11			١.					1	
Sgt at Arms		<u> </u>		✓	<u> </u>		.	0	0	0
(4) Bruce Pearson	1									
VP				✓		ļ	<u> </u>	0	0	0
(5) Blake Geary Auditor	11			/					0	o
(6) Ken Westra	1				-			<u> </u>		
Auditor	1	ĺ		1	l				0	0
(7) Zane Bruns	1									
EBD/Auditor	1	1		1		1			0	o
(8) Charles Taylor	1	· ·								
Auditor		1		1				0	О .	0
(9) Jamy Urban	1									
Auditor		ļ		✓	L_	ļ		0	0	0
(10) Don Henjum	11							1		•
EBd	<u> </u>		L.	1	L	ļ		0	0	0
(11) Jonathon Campbell	11								1	
EBd				1	L_	<u> </u>	L_	0	0	0
(12) Jeff Roesner	11		'			1	1		1	
Rec Sec		<u> </u>	L	✓	L	<u> </u>		0	0	0
(13) Terry Embertson	1]			1					
EBd				1		<u> </u>	$ldsymbol{ld}}}}}}$	0	0	0
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ntinued	2		
	(A) Name and trile	(B) Average hours per week (list any	age box, unless person is b officer and a director/tr					an tee)	(D) Reportable compensation from	(E) Reportable compensation fi	rom	Est	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	ensation the nization related nization	1
(15)											1			
(16)														
(17)								-						
(18)											+	 -		
(19)											-			
(20)														
(21)							·							
(22)								ļ						
(23)								_		1,1				
(24)								_						
(25)								-						
1b	Sub-total								60504		0			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)						•	>	60504		0			0
2	Total number of individuals (including but reportable compensation from the organic	not limited					above	e) w		ore than \$100		f		
3	Did the organization list any former of		tor. c	r tr	uste	 .	kev e	emr	olovee, or high	est compen	sated		Yes	No
4	employee on line 1a? If "Yes," complete to For any individual listed on line 1a, is the										n the	3		1
4	organization and related organizations individual	greater that	an \$1	150,	000	? /:	f "Ye	s, "	complete Sch	edule J for		4		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	tion	froi	m any	/ un	related organiz	ation or indiv		5		1
Section	on B. Independent Contractors	111 703, 0	Jone	0.0	-		<i></i> .	-	sacri persori	<u> </u>	<u> </u>	<u> </u>	L	
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat cort compe	ed ind nsatio	depe	end or th	ent ne c	contr alend	acto lar y	ors that receive year ending wit	ed more than h or within th	\$100,0 e orga	000 of nizati	on's t	ax
	(A) Name and business add	ress							(B) Description of s	ervices	Co	(C) ompens		
None														
								-					,	
2	Total number of independent contractor received more than \$100,000 of compensations.							o th	nose listed abo	ove) who				

Pari	VIII	Statement of Revenue			!: !- #1-!-	D-41/00		
	`	Check if Schedule O contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्ष क	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b	89367				
S, S	C	Fundraising events	1c					
ar Ja	d	Related organizations	1d					•
S, E	e	Government grants (contributions)	1e				ļ	
ë <u>s</u>	f	All other contributions, gifts, grants,						
\$ £		and similar amounts not included above	1f	184000				
들은	g	Noncash contributions included in lines 1a-	1f: \$					
S E	h	Total. Add lines 1a-1f		•	273367			
				Business Code				
퉏	2a							
æ	ь							
<u>.</u> 2	С							
2	d				·	· · · · · · · · · · · · · · · · · · ·		
Ē	е							
Program Service Revenue	f	All other program service revenu						
Ę	g	Total. Add lines 2a-2f		>				
	3	Investment income (including	divid	ends, interest,				
		•		🕨				
	4	Income from investment of tax-exer	npt b	ond proceeds ▶				
	5	Royalties						
	İ	(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .		▶				
	7a	Gross amount from sales of (i) Securit	es	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	C	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>				
venue	8a	Gross income from fundraising events (not including \$						
Other Rev	-	of contributions reported on line 10 See Part IV, line 18						
Ę	h	Less: direct expenses						
U	I	Net income or (loss) from fundra		L				
		Gross income from gaming activi-				, , , , , , , , , , , , , , , , , , ,		
		See Part IV, line 19	. a					
	Ь	Less: direct expenses	. b					1
		Net income or (loss) from gamin		ivities >				
	10a	Gross sales of inventory,						
		returns and allowances	· a	1				
	Ь	Less: cost of goods sold	. b					
	С	Net income or (loss) from sales of	of inv	entory >				
		Miscellaneous Revenue		Business Code				
	11a							<u></u>
	ь							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		1				
	12	Total revenue. See instructions.		▶	273367			

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon		e 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	799			
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	60504			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include	37104			
	section 401(k) and 403(b) employer contributions)	39360			
9	Other employee benefits	21632			
10	Payroll taxes	7880			
11	Fees for services (non-employees):				
a	Management				
b	Legal	548			
C	Accounting	3223			
d	Lobbying				
e 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	6027			
14	Information technology				
15	Royalties				
16	Occupancy	19749			
17	Travel	3249			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .			· · · · · · · · · · · · · · · · · · ·	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	2722			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schodulo (A)				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Officer auto and exp	8348	·····		
b	Per capita tax	40448	·		
C	Loss on trade in Trf to PAC	6396			
d	All other expenses	797 656			
e 25	Total functional expenses. Add lines 1 through 24e	259442	· · · · · · · · · · · · · · · · · · ·		
26	Joint costs. Complete this line only if the	258442			
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9382	1	8038
	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,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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			
ន្ត		organizations (see instructions). Complete Part II of Schedule L		6	.,
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventorles for sale or use		8	
i	9	Prepaid expenses and deferred charges		9	·
	10a	Land, buildings, and equipment: cost or	1		
- 1		other basis. Complete Part VI of Schedule D 10a 38753	ļ	1	
		Less: accumulated depreciation 10b	23338		38753
	11	Investments—publicly traded securities		11	
- 1	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	······································
- 1	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)	32720	16	46791
-	17	Accounts payable and accrued expenses	1886	17	2032
- 1	18	Grants payable		18	
-	19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·
İ	20	Tax-exempt bond liabilities	····	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	- 	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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			
- 1		parties, and other liabilities not included on lines 17-24). Complete Part X		i	
- 1		of Schedule D		25	
1	26	Total liabilities. Add lines 17 through 25	1886	26	2032
Sa		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	20024	27	44750
용ㅣ	28	Temporarily restricted net assets	30834	28	44759
2	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
	20	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □		20	
ō		complete lines 30 through 34.	į		
ets	30	Capital stock or trust principal, or current funds		30	
92	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
וצ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ا <u>ک</u> ا			00004	33	44750
Net Assets or Fund Balances	33 34	Total net assets or fund balances	30834 32720	34	44759 46791

Form 9	90 (2013)				Pa	ige 12
Par		•				
	Check if Schedule O contains a response or note to any line in this Part XI				• •	
1		1			2	<u>73367</u>
2					2	59442
Total revenue (must equal Part VIII, column (A), line 12)	13925					
4						30834
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				44759
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line 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 i	in	ĺ		
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. :	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled o	or 🗀			
	reviewed on a separate basis, consolidated basis, or both:		1	-		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ł	1		
ь	Were the organization's financial statements audited by an independent accountant?		. 1:	2b	1	
_	If "Yes," check a box below to indicate whether the financial statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statements for the year were auditionally and the statement of the year were auditionally and the statement of the year were auditionally and the year were also and year were also and the year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also and year were also also also also also also also also	ed on	a			
	separate basis, consolidated basis, or both:			Į		
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersial	nt			
•	of the audit, review, or compilation of its financial statements and selection of an independent accou			2c		1
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in	i		
-	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	rao th				
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3ь		1

Form **990** (2013)

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.
 See separate instructions.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Publication

Department of the Treasury Internal Revenue Service

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

		es," to Form 990, Part IV, line 5 (Pro	oxy Tax) or Form 990-l	EZ, Part V, line 35c (Proxy T	ax), then
	of organization	ganizations: Complete Part III.		Employer ide	ntification number
				j	26-1180181
Part	I-A Complete if t	he organization is exempt u	nder section 501(c) or is a section 527	organization.
1		f the organization's direct and in-			
2	Political expenditures .				0
3	Volunteer hours				0
Part	I-B. Complete if t	he organization is exempt u	nder section 501(c)(3).	
1	Enter the amount of any	y excise tax incurred by the organ	nızatıon under sectio	n 4955 ▶ \$	3
2	Enter the amount of any	y excise tax incurred by organiza	tion managers under	r section 4955 🕨 💲	S
3	If the organization incur	red a section 4955 tax, did it file	Form 4720 for this y	ear?	Yes No
.4a	Was a correction made	?			Yes No
b	If "Yes," describe in Par				
Pärt		he organization is exempt u			(c)(3).
1		ctly expended by the filing orga	anization for section	527 exempt function	
	activities			▶ \$	0
2	Enter the amount of the	e filing organization's funds con	tributed to other org	ganizations for section	
	•	tivities		•	0
3	•	expenditures. Add lines 1 and	I 2. Enter here and	on Form 1120-POL,	
	line 17b			<i></i> > \$	0
4	Did the filing organization	on file Form 1120-POL for this ye	ear?		. Yes 🗸 No
5	Enter the names, address	sses and employer identification	number (EIN) of all s	ection 527 political organi	zations to which the filing
		nents. For each organization liste			
		contributions received that were			
	as a separate segregate	d fund or a political action comm	nttee (PAC). If addition	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1) Lo	ocal 620 Political Action	606 N Kıwanıs			
	ommittee PAC Fund	Sioux Falls, SD 57104	90-0409698	0	797
(2)]		
		<u> </u>			
(3)					
(4)					}
(5)					
		·			
(6)					
			1	1	

Pa	art II-A Complete if the organization section 501(h)).	is exempt (under section 50	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ▶ ☐ if the filing organization belname, address, EIN, expen	ongs to an at	filiated group (ar	nd list in Part IV	each affiliated gro	up member's
R	Check ► ☐ if the filing organization che					
<u> </u>	Limits on Lobb				(a) Filing	(b) Affiliated
	(The term "expenditures" me)	organization's totals	group totals
_	1a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ing)		
	b Total lobbying expenditures to influence	a legislative bo	ody (direct lobbying	g)		
	c Total lobbying expenditures (add lines 1a	and 1b) .				
	d Other exempt purpose expenditures .					
	e Total exempt purpose expenditures (add					
	f Lobbying nontaxable amount. Enter t columns.	he amount fi	rom the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:		
	Not over \$500,000	20% of the an	nount on line 1e.			į
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.	1	
	Over \$1,000,000 but not over \$1,500,000		10% of the excess		[
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25					
	h Subtract line 1g from line 1a. If zero or le					
	i Subtract line 1f from line 1c. If zero or les				61- 5 4700	
	j If there is an amount other than zero					☐ Yes ☐ No
	reporting section 4911 tax for this year?	· · ·	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	 	
	4-Ye (Some organizations that ma columns below. S	de a section 5	Period Under Sec i01(h) election do ctions for lines 2a	not have to com	plete all of the five age 4.)	
	Lobbying	Expenditures	During 4-Year Av	veraging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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					···
					1	
	e Grassroots ceiling amount (150% of line 2d, column (e))					

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT fil (election under section 501(h)).	led I	Form	5768	1	
For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)	
		Yes	No	A	moun	ıt
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 e	Mailings to members, legislators, or the public?					
f	Grants to other organizations for lobbying purposes?	\neg				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j	Other activities?					
j	Total. Add lines 1c through 1					
2a	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	1	-			
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					-
Part		5), o	r se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	✓	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	ļ
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<u> </u>	✓
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members	.	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts opolitical expenses for which the section 527(f) tax was paid).	of				
a	Current year	.	2a			
b	Carryover from last year	.	2b			
C	Total	. }	2c			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		-			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	· [5			
Part						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group B, line 1. Also, complete this part for any additional information.	o list)); Par	: II-A, i	ine 2;	and
Part 1-	A Line 1-Receive and remit contributions to PAC Fund.	• 				

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

Fair Tone			26-1180181
Par		nor Advised Funds or Other Similar Fu	
	Complete if the organization ansi	wered "Yes" to Form 990, Part IV, line 6	(b) Funds and other accounts
1	Total number at end of year	(a) boild action to	(b) / circle direction deboaries
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	d donor advisors in writing that the assets	held in donor advised
-	funds are the organization's property, subje		
6	only for charitable purposes and not for th		rant funds can be used for any other purpose
		<u> </u>	· · · · · · · · Yes L No
, Par			
		wered "Yes" to Form 990, Part IV, line 7	•
1	Purpose(s) of conservation easements held	· · · · · · · · · · · · · · · · · · ·	of an high-right important land area
	_	, recreation or education) Preservation	of a certified historic structure
	Protection of natural habitat	Preservation	of a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organiz	ration held a qualified conservation contribu	tion in the form of a conseniation
~	easement on the last day of the tax year.	ation rield a qualified conservation contribu	Held at the End of the Tax Year
•	Total number of conservation easements		2a
a b	Total acreage restricted by conservation ea		
C	Number of conservation easements on a ce		
d	Number of conservation easements include		
_	historic structure listed in the National Regis		1 1
3	Number of conservation easements modifie	ed, transferred, released, extinguished, or te	
	tax year ▶	· · · · · · · · · · · · · · · · · · ·	3, 1, 1, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written po		aspection, handling of
	violations, and enforcement of the conserva	ation easements it holds?	· · · · · ·
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on easements during the year
	•	•	
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ea	sements during the year
	▶\$		
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
9	In Part XIII, describe how the organization re	reports conservation easements in its reven	ue and expense statement, and
	balance sheet, and include, if applicable, th	ne text of the footnote to the organization's	inancial statements that describes the
	organization's accounting for conservation		
Part	Organizations Maintaining Colle	ections of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answ	wered "Yes" to Form 990, Part IV, line 8	J
1a	If the organization elected, as permitted un		
	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		
b	If the organization elected, as permitted unworks of art, historical treasures, or other		
	public service, provide the following amoun		education, or research in furtherance of
			. ¢
	(i) Revenues included in Form 990, Part VII(ii) Assets included in Form 990, Part X .	II, III IE I	
2	(ii) Assets included in Form 990, Part X. If the organization received or held works	of art historical treasures or other similar	ar assets for financial dain provide the
4	following amounts required to be reported u		
-			
_	Assets included in Form 990 Part Y	1101	· · · · • •
a b	Revenues included in Form 990, Part VIII, lir Assets included in Form 990, Part X	ne 1	> \$

Par										
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of th	ne follov	ving that are a	significa	int use	of its
a·	☐ Public exhibition		d	Loan	or exchan	ge prog	rams			
b	☐ Scholarly research		е	☐ Other						
С	☐ Preservation for future generation									
4	Provide a description of the organiza XIII.	ation's collections a	and expl	ain how th	ney further	the org	anization's exe	mpt pur	pose ir	n Part
5	During the year, did the organization assets to be sold to raise funds rather								Yes [] No
Par	Escrow and Custodial Arr Complete if the organization		' to For	m 990 P	art IV line	9 or 1	enorted an ar	nount c	n Forr	—— n
	990, Part X, line 21.	Turioworda Tob	10 1 011	000, .	Care 10 , 1111C	, 0, 0	opolica all al	iouni c		
1a	Is the organization an agent, trustee	e, custodian or oth	er intern	nediary fo	r contribu	tions or	other assets r	iot .		
• • •	included on Form 990, Part X?								Yes [∃ No
b	If "Yes," explain the arrangement in F									
-	in roo, explain the arangement in	art / till arta oor inpre	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				T 7	Amount		
C	Beginning balance					1c	T			
d	Additions during the year					1d			***************************************	
е	Distributions during the year					1e				
f						1f				
2a	Did the organization include an amou	int on Form 990, Pa	art X, line	21?					Yes [No
b	If "Yes," explain the arrangement in F	art XIII. Check here	e if the e	xplanation	n has been	provide	ed in Part XIII .		. []
₹Par										
	Complete if the organization	n answered "Yes"	' to For	n 990, Pa	art IV, line	10.				
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years bad	k (e) Fo	our years	back
1a	Beginning of year balance	,								
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships				****					
е	Other expenditures for facilities and							1		
	programs									
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·								
g	End of year balance									
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g.	column (a	i)) held a	is:			
а	Board designated or quasi-endowme	ent ▶	%		•					
b	Permanent endowment ▶									
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and		0%.							
3a	Are there endowment funds not in th	-		zation tha	t are held	and ad	ministered for t	ne		
	organization by:		_						Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(i	7	
b	If "Yes" to 3a(ii), are the related organ	izations listed as re	equired o	n Schedu	ıle R? .			3b		
_ 4	Describe in Part XIII the intended use	s of the organizatio	n's endo	wment fu	ınds.					
Part	VI Land, Buildings, and Equip	oment.								
	Complete if the organization	answered "Yes"	to For	n 990, Pa	art IV, line	11a. S	ee Form 990,	Part X	line 1	0
	Description of property	(a) Cost or off (investme			other basis her)		occumulated preciation	(d) Bo	ook value	,
1a	Land	. 1								
ь	Buildings									
С	Leasehold improvements									
d	Equipment				38753		0		3	8753
_ е	Other									
Total.	Add lines 1a through 1e. (Column (d) i	nust equal Form 99	00, Part 2	K, column	(B), line 10)(c).) .	>		3	8753

Part VIII	Investments—Other Securities. Complete if the organization answ	ered "Yes" to For	m 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				······································
(2) Closely-h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)			<u>.</u>		· · · · · · · · · · · · · · · · · · ·
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII	Investments—Program Related.		000 D-+ N/ E	14: O Farm	000 Dark V. Kras 40
	Complete if the organization answ	ered Yes to Fori			
····	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)				·	
(2)					
(3)					
(4)					
(5)			*		
(6)					
(7)					
(8)					
(9)	o) must equal Form 990, Part X, col (B) line 13)		*		
Part IX	Other Assets.		<u>.</u>		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Complete if the organization answ	ered "Yes" to Forr	n 990. Part IV. line	11d. See Form	990. Part X. line 15.
		Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
_(1)					
(2)					
(3)					
(4)					
(5)					
(6)		, <u>.</u>			
(7)			· · · · · · · · · · · · · · · · · · ·		
(9)		(5)			
	nn (b) must equal Form 990, Part X, col	(B) line 15.)	· · · · · · ·	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answ line 25.	ered "Yes" to Forr	n 990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n) must equal Form 990, Part X, col. (B) line 25.)				
	uncertain tax positions. In Part XIII, provide				
organization's	liability for uncertain tax positions under F	IN 48 (ASC 740). Che	ck here if the text of th	e footnote has beer	n provided in Part XIII

Schedu	e D (Form 990) 2	013								Page 4
Par			Revenue p	er Audited	Financial S	tateme	nts \	With Revenue	per Return.	rage 4
*		plete if the or								
1		ie, gains, and d							. 1	273367
2 `	Amounts inc	cluded on line	1 but not on F	orm 990, Pa	rt VIII, line 12	:				
а	Net unrealize	ed gains on inv	estments .			. [2a			
b	Donated ser	rvices and use	of facilities			[2b			
C	Recoveries	of prior year gr	ants			[2c			
d	Other (Desc	ribe in Part XIII	.)			. L	2d			
е		through 2d.							. 2e	
3		e 2e from line 1					٠.,		. 3	273367
4		cluded on Form	•			:	J			
а		expenses not i				[4a			
Ь	•	ribe in Part XIII	.)			[4b			
_C	Add lines 4a		1.: 1.:						. 4c	
5										273367
Part								With Expense	s per Return.	
		plete if the or					art IV	, line 12a.		
1	•	ses and losses	•				•		. 1	259442
2		cluded on line 1				ŀ	- 1			
a		vices and use					2a			
b		djustments .				-	2b		.	
C						.	2c	 		
đ	•	ribe in Part XIII	•			L	2d			
e		through 2d .				•			. 2e	
3		e 2e from line 1				· i			. 3	259442
4		cluded on Form expenses not in					4a			
a b		ribe in Part XIII.			t viii, iii le 75	· ·	4b		 	
C	Add lines 4a		.,			. г	40	 	. 4c	
5		ses. Add lines			Form 990 P.	 art I line	18)		5	259442
		lemental inf		o maer equal	10//// 000,1	u, i i, iii i	,		- 1 - 1	233442
				es 3, 5, and 9	: Part III. lines	s 1a and	4: Pa	art IV. lines 1b an	d 2b; Part V, line	4: Part X. line
								vide any addition		.,,,
									There is no unrela	ited
		on is exempt in	On reacial mo	one dix dide						
husine	ss income. Th	e union has ev	aluated for unc	ertain tax no	sitions and ma	anagemei	nt has	determined there	are no uncertain	tax
				ortani tan po						2722
positio	ns as of May 3	31. 2014. Tax re	turns for the pa	ast three year	rs remain oper	n for exar	mınati	on by tax jurisdic	tions	
F			**************************************		E. I. I. I. I. I. I. I. I. I. I. I. I. I.					
				•						
~										

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number
	26-1180181
Part VI #11b- Form reviewed by Business Mgr/ Sec. Treas.	
Part VI #2- Business Mgr/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 P	actices that is part of the Constitution by which our
organization is governed. Any member or employee can contact the LIUNA (an affili	ated organization also governed by the Constitution)
General President with any complaint arising under the Constitution, the Code of Be	st Practices, or any other disciplinary rule, regulation,
practice or procedure adopted by the LIUNA General Executive Board. The Code of	Best Practices explains the disciplinary procedure
that must be followed when necessary and the independent officers who are entrus	ed to enforce the Code.
Part VI #12b The US Dept of Labor requires all non-clerical employees to report on F	orm LM-30 potential situations 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 (con	flict of interest policy) is available through the US
Dept of Labor, OLMS, online public disclosure room. The information is filed under I	aborers International Union of North America, who
files the information on behalf of all affiliated organizations. In addition, our organizations	tion files an annual 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

Part1

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37.

► See separate instructions. ▶ Attach to Form 990.

OMB No 1545-0047

2043

(f)
Direct controlling
entity Open to Public 26-1180181 (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (c)
Legal domicile (state
or foreign country) Primary activity (a)
Name, address, and EiN (if applicable) of disregarded entity

(g) Section 512(b)(13) controlled entity? Yes No Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling **LIUNA 620** (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section 527 (c) Legal domicile (state or foreign country) SD (b) Primary activity political (a) (a) Name, address, and EIN of related organization (1) Local 620 Political Action Committee PAC Fund 606 N Kiwanis Ave Sioux Falls, SD 57104 ල 2 € <u>o</u> 9 ε

Part II

Schedule R (Form 990) 2013

Cat. No 50135Y

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(i) Section 512(b)(13) controlled entity? / **(k)**Percentage ownership ž Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. General or managing partner? ŝ (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI (g) Share of end-of-year assets (h)
Disproportionate
allocations? Yes No (f) Share of total income (g)
Share of end-ofyear assets (e)
Type of entrity
(C corp, S corp, or trust) (f) Share of total Income (d)
(Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicite
(state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) (b) Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and ElN of related organization Part IV Part III Ξ ন্ত ල 9 Ē ଷ € ত Ε ପ୍ର € Ð 9 E

Schedule R (Form 990) 2013

Schedule R (Form 9

Note. Comp	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	e related organi:	zations listed in Part] i⊢lV?	
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a 🗸
b Giff, gr	Gift, grant, or capital contribution to related organization(s)				1b <
c Gift, gra	Gift, grant, or capital contribution from related organization(s)				1c /
d Loans	Loans or loan quarantees to or for related organization(s)		•	•	1d ~
	(a) and a contract of the cont			•	10
				•	>
	(a)				
I Divider	Dividends from related organization(s)				>
g Sale of	Sale of assets to related organization(s)				1g ~
h Purcha	Purchase of assets from related organization(s)				+
i Exchan	Exchange of assets with related organization(s)				1i /
j Lease (Lease of facilities, equipment, or other assets to related organization(s)				1j 🗸
K Lease					× ×
l Perform					>
_	Performance of services or membership or fundraising solicitations by related organization(s)			•	- m
n Sharing	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n /
Sharing	Sharing of paid employees with related organization(s)				10 /
	Reimbursement paid to related organization(s) for expenses				1p /
d Reimbr	Reimbursement paid by related organization(s) for expenses				1q /
r Other t	Other transfer of cash or property to related organization(s)				1r 🗸
s Other t	Other transfer of cash or property from related organization(s)				1s /
2 If the a	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	te this line, inclu	ding covered relatio	nships and transactic	on thresholds.
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	amount involved
		type (a~s)			
(1) Local 620	(1) Local 620 Political Action Committee PAC Fund		797	paid by check	
(2)			,		
(3)					
4					
(5)					
(9)					
				Schedule F	Schedule R (Form 990) 2013