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Form **990**

Return of Organization Exempt From Income Tax

2⋒◀

OMB No. 1545-0047

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.

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

Open to Public Inspection

| <u> </u> | For the 20 | 014 cale | ndar year, or tax year beginning 6-1 , 2014, and endi | ng 5 | -31 | , 20 15 | |
|-------------------------|----------------|-------------------|---|------------------|------------------------|--------------------------|------------------|
| В | Check if ap | plicable. | C Name of organization LIUNA Local 620 | | D Employe | er identification nu | mber |
| | Address ch | ange | Doing business as | | | 26-1180181 | |
| $\overline{}$ | Name chan | • | Number and street (or P O box if mail is not delivered to street address) Room/s | uste | E Telephoi | ne number | |
| \equiv | Initial return | - 1 | 606 N Kiwanis Ave | | | | |
| = | | | | | | 605 330-0205 | |
| = | Final return/t | | | | | | |
| _ | Amended n | | Sioux Fails, SD 57104 | | G Gross re | | 257781 |
| | Application | pending | F Name and address of principal officer Pete Bardeson | H(a) Is thus a q | roup return for : | subordinates? Ves | V No |
| | | | 606 N Kiwanis Ave Sioux Falls, SD 57104 | | | s included? 🔲 Yes | |
| t | Tax-exemp | t status | □ 501(c)(3) | If "N | lo," attach a | a list. (see instruction | s) |
| J | Website: | > | | H(c) Group | exemption | number ► 01 | 21 |
| ĸ | Form of org | anızation | Corporation ☐ Trust | tion: 2007 | M State | of legal domicile. | SD |
| Р | art I | Summ | nary | | | | |
| | | | escribe the organization's mission or most significant activities: Repre | senting mem | hers in m | atters of collectiv | 10 |
| 0 | | - | | Schaing mon | | | |
| 12 | 25 | argainin | IQ. | | | | |
| Activities & Governance | 0 5 | | | | - 050/ -4 | ···· | |
| 2 | 2 C | | his box ▶☐ if the organization discontinued its operations or disposed | | 1 _ 1 | its net assets. | |
| Ğ | 3 N | | | | | | |
| ددی زران | 4 N | | of independent voting members of the governing body (Part VI, line 1b |) | | | 7 |
| - | 5 T | | mber of individuals employed in calendar year 2014 (Part V, line 2a) | | . 5 | | 2 |
| tir | 6 T | otal nui | mber of volunteers (estimate if necessary) | | . 6 | <u></u> | 10 |
| ٤ | 7a T | otal uni | related business revenue from Part VIII, column (C), line 12 | | . 7a | | 0 |
| FĴ. | b N | let unre | lated business taxable income from Form 990-T, line 34 | | . 7b | | 0 |
| - 0 | | | C RECEIVED . | Prior Y | ear | Current Yea | ar |
| Revenué Bo | 1 8 C | ontribu | tions and grants (Part VIII, line 1th) | | 273367 | | 168000 |
| ڇَ | 9 P | rogram | service revenue:(Part VIII, line 2g)າຖາງ | | 27007 | | 89781 |
| ھي. | | | ent income (Part VIII) column (A), lines 3, 4, and 7d) | | | | 03/01 |
| æ | | | | | | } <u></u> | |
| | | | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | |
| | | | enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 273367 | | 257781 |
| | 1 | | and similar amounts paid (Part IX, column (A), lines 1-3) | | 799 | | 677 |
| | | | paid to or for members (Part IX, column (A), line 4) | | | | |
| S | 15 S | alaries, | other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 166480 | | 172584 |
| Expenses | 16a P | rofessi | onal fundraising fees (Part IX, column (A), line 11e) | | | | |
| 9 | b T | otal fur | ndraising expenses (Part IX, column (D), line 25) ▶ | | | | |
| ū | 17 C | | (penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 92163 | | 75511 |
| | 1 | | penses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 259442 | | 248772 |
| | • | | e less expenses. Subtract line 18 from line 12 | | 13925 | | 9009 |
| 5,6 | | | TOO SEPONDOS OBORGOS INO TO HOM INO 12 | Beginning of C | | | |
| 350 | 20 T | otal ac | sets (Part X, line 16) | | | | |
| Net Assets | 24 7 | | | | 46791 | } | 55893 |
| 黄 | 21 T | | bilities (Part X, line 26) | <u> </u> | 2032 | | 2125 |
| | | | ets or fund balances. Subtract line 21 from line 20 | 1 | 44759 | <u> </u> | 53768 |
| _ | art II | | ture Block | | | | |
| | | | ury, I declare that I have examined this return, including accompanying schedules and star plete. Declaration of preparer (other than officer) is based on all information of which prepar | | | my knowledge and | belief, it is |
| | ie, correct, a | and comp | blete Declaration of preparer total officer) is based on all information of which prepar | er nas any knov | vieage. | | |
| | İ | \ <u>\</u> | Older Wardeson | <u>*</u> | <u> 7-9</u> | 9-15 | |
| Sig | gn | Sigi | nature of officer | D | ate | • | |
| He | ere | Nx F | Peter T. Bardeson Business Manager | • | | | |
| | | 7 | be or print name and title | | | | |
| P | aid | Print/T | | Date | Check | PTIN | |
| | | Ted M | celderry (Isa M'Ellery | 7-9-15 | self-em | | ARR1 |
| | eparer | | | | m's EIN ▶ | - 1 100/3 | |
| U | se Only | | | | | 400 000 555 | |
| NA- | ny tho IDC | | address ► PO Box 1832 CB, IA 51502 ss this return with the preparer shown above? (see instructions) | <u> </u> | one no | 402 290-544 | |
| | | | | · · · · | : . : . : . | 🗸 Yes | |
| Fo | r Paperwo | ork Red | uction Act Notice, see the separate instructions. Cat. | No. 11282Y | | Form 9 | 90 (2014) |

| | *************************************** | ****************** | | | | | | | |
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| | | | * | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| - | (Code:) | (Expenses \$ | incl | uding grants | of \$ |) (Rev | enue \$ | | |
| | | | | | | | | | |
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| | *************************************** | | | | | | | | |
| | ** | | | | | | | | |
| 9 | Other program sen | rices (Describe in Sch | edule O.) | | | | | | |
| | (Expenses \$ | including g | | |) (Revenue \$ | |) | | |
| • | Total program serv | | | 248772 | | | | | |
| | | | | | | | | Form 9 | 90 (2014) |
| | | | | | | | | | |
| | | | | | | | | | |

| art I | V Checklist of Required Schedules | | | |
|------------|---|------------|---------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
| | complete Schedule A | 1 | | ✓_ |
| 3 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 | √ | |
| | 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, 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 | | - |
| 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 | | 1 |
| 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. | | | |
| a | 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 | |
| D | 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 | | 1 |
| | 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 | | 1 |
| | 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 | | 1 |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e | 1 | ✓ |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 1 | |
| | 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 | | 1 |
| 13 14 a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | - | 1 |
| - | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| - | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i> | 20a 20b | - | 1 |
| | . 100 to line 200, die the organization attach a copy of its addition intended statements to this return? | | m 99 (| (2014) |

| art I | V Checklist of Required Schedules (continued) | | | |
|----------------------|--|------------|-------------|----------|
| | · | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u>✓</u> |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | ✓ |
| 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 | | ✓ |
| 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 | 248 | | ✓ |
| | 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 | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | 1 |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | 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 "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 | | - |
| 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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 |
| 2 9 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 | 29 | | 1 |
| 04 | conservation contributions? If "Yes," complete Schedule M | 30 | | / |
| 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? <i>If</i> "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | 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 b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | 1 | } |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | ✓ | |
| 38 | 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 | 38 | | |
| 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 | <u> </u> | 1 |
| 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 | |

Form **990** (2014)

| art | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | П |
|------------|--|----------|----------|--|
| | Officer in conteguing a response of field to any line in district vivia. | · | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | į | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | ✓ | |
| 2 a | 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 2 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ✓ | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ✓ |
| 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 | | |
| 4 <u>a</u> | 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 |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 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 charitable contributions? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | | |
| 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 | | | |
| u | and services provided to the payor? | 7a | i | |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | 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 | | | |
| е | 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 | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | L | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | , | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | ļ | |
| . b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a b | Initiation fees and capital contributions included on Part VIII, line 12 | | 1 | 1 |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | ŀ | ļ | 1 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | l | | |
| 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 | Section 501(c)(29) qualified nonprofit health insurance issuers. | ١ | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | 1 | 1 |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | 1 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | 1 | 1 |
| | the organization is licensed to issue qualified health plans | | 1 | 1 |
| C | Enter the amount of reserves on hand | <u> </u> | 1 | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | 1 |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . | 14b | <u> </u> | |

| Page | ŧ |
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| | |

| Form 99 | 0 (2014) | | | age 6 |
|----------|--|------------|--------------|----------------|
| Part ' | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O | | | |
| <u> </u> | Check if Schedule O contains a response or note to any line in this Part VI | <u></u> | · · · | |
| Section | on A. Governing Body and Management | | Yes | No |
| 10 | Enter the number of voting members of the governing body at the end of the tax year 1a 7 | | | |
| ıa | If there are material differences in voting rights among members of the governing body, or | | 1 | |
| | if the governing body delegated broad authority to an executive committee or similar | 1 | | |
| | committee, explain in Schedule O. | [| | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b 7 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | i | | |
| _ | 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 | | √ |
| 4 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | V |
| 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 | | | |
| | 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, | | | 1 |
| | 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: | | | |
| a | The governing body? | 8a 8b | ✓ | |
| 9 | Each committee with authority to act on behalf of the governing body? | OD | • | |
| • | 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 C | ode.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| þ | 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? | 401 | i I | |
| 11a | | 10b 11a | | 1 |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 110 | | • |
| 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 | |
| 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 | - | <u> </u> |
| 13 | Did the organization have a written whistleblower policy? | 13 | 1 | <u> </u> |
| 14 15 | Did the organization have a written document retention and destruction policy? | 14 | 1 | ├ |
| 13 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | ļ | ł |
| а | The organization's CEO, Executive Director, or top management official | 15a | i | 1 |
| 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). | | | Ī |
| 16a | | | | |
| | with a taxable entity during the year? | 16a | | ✓ |
| þ | 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 | 1 | İ | 1 |
| | organization's exempt status with respect to such arrangements? | 16b | ŀ | } |
| Sect | ion C. Disclosure | 100 | <u> </u> | |
| 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 | n 501 | (c)(3) | only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| •- | 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 int financial statements available to the public during the tax year. | erest | polic | y, and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | | | |
| | Pete Bardeson 606 N Kiwanis Ave Sioux Falls, SD 57104 | CUIUS | ». – | |
| _ | | | | |

| D | 7 |
|---|---|
| | |
| | |

| Form | 990 | (2014 | 1١ |
|------|-----|-------|----|
| | | | |

| | · | |
|----------|--|-----|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, | and |
| | Independent Contractors | |

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 employees."
- 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 no | r any related | d orga | aniz | | | omper | nsa | ted any currer | t officer, director | r, or trustee. |
|---|--|-------------|-----------------------|---------------|---------------|--|-----------|--|--------------------------------------|--|
| | | | | • |) | | | | | |
| (A) | (B) | (do n | ot ch | | ition more | than o | ne | (D) | (E) | (F) |
| Name and Title | Average hours per week (list any | box, office | unles or and | s pe d a d | rson Irect | is both or/trust | an 89) | - from | 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 | . | | | 1 | _ | -1 | | 63966 | 0 | 0 |
| (2) Greg Mielke | 1 | | ŀ | ŀ | | | | | | |
| Pres | | | _ | ✓ | | | | 0 | 0 | 0 |
| (3) Pete Bardeson Jr | 1 1 |] | | | | | | | | ; |
| Sgt at Arms | | | | 1 | | <u> </u> | _ | 0 | 0 | 0 |
| (4) Jeff Roesner | 1 1 |] | 1 | 1 | 1 | | l | | | |
| Rec Sec | | <u> </u> | 辶 | 1 | <u>L</u> . | | <u> </u> | 0 | 0 | 0 |
| (5) Jonathon Campbell EBd | 11 | 1 | | 1 | | | | | 0 | 0 |
| (6) Zane Bruns | 1 | | 1 | | | | | | | |
| EBd | <u> </u> | 1 | į | 1 | | ļ., | Į | | o | l |
| (7) Andrew Schoenewe | 1 | | | | | | | | | |
| EBd | 1 | 1 | | 1 | 1 | | | 1 0 | o | d |
| (8) Ken Westra | 1 | | Г | | 1 | | | Ţ | | |
| Auditor | T | 1 | | 1 | | | | | o o | l c |
| (9) Jamy Urban | 1 | | | | ${}^{\top}$ | | Γ | 1 | 1 | |
| Auditor | Ī | | L | 1 | L | <u>l</u> | L |] | <u>)</u> | <u> </u> |
| (10) Charles Taylor | 1 | | | | | | Γ | | | |
| Auditor | Ţ |] | |] ✓ | 1 | | | c | 0 | _ 0 |
| (11) | | | | | | | | | | |
| (12) | | 1 | T | \vdash | T | † | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | + | | - | | | |
| | | 11 | | | $_{\perp}$ | <u> </u> | 1 . | 1 | 1 | I |

| Part | Section A. Officers, Directors, Trust | ees, Key E | mploy | /ees | | | lighes | st C | ompensated E | mployees (c | ontinue | ed) | | |
|----------|--|--|--------------------------------|--|---------|--------------|---------------------------------|-----------------------------------|--|------------------------------|-------------|---------------------------------|-----|----------|
| | (B) Average hours per week (list any | Average box, unless persional formation for the control of the con | | | | | | (D) Reportable compensation from | (E) Reportable compensation related | able E | | F) nated unt of her | | |
| | | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatlor (W-2/1099-MI | | compe from organ and r | | 1 |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | - | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | *********** | - | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | - | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | · · · · · · · | | |
| (25) | | | | | T | | | | | | | | | |
| 1b c | Sub-total | VII, Section | | • | • | • | · · | > | 63966 | | 0 | | | 0 |
| <u>d</u> | Total (add lines 1b and 1c) | t not limite | d to t | | | | abov | e) v | ho received m | | 00,000 | of | | 0 |
| | reportable compensation from the organ | | _ | | | | | | | · | | | Yes | No |
| 3 | Did the organization list any former o employee on line 1a? If "Yes," complete | Schedule J | l for s | uch | ina | livid | lual | | | | | 3 | | 1 |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | | | 1 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or inc | lividua | | | 1 |
| Section | on B. Independent Contractors | | | | | | | | | | | | 1 | <u> </u> |
| 1 | Complete this table for your five highest compensation from the organization. Re year. | | | | | | | | | | | | | ax |
| | (A) Name and business ad | dress | | | | | | | (B) Description of | services | | (C) Compen | | |
| None | | | | | | | | $ar{\Box}$ | | | | | | |
| | | | | | | | | 1 | | | | | | |
| | | | | | | | | + | | | | | | |
| 2 | Total number of independent contract received more than \$100,000 of comper | | | | | | | to t | those listed at | oove) who | | | | |

| Part | VIII | Statement of Revenue | | | | _ | | |
|--|----------|---|-----------------|--|--------------------------------------|--|---|--|
| - | | Check if Schedule O con | ntains a re | sponse or note to | o any line in this (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 四四 | 1a | Federated campaigns . | 1a | T | | 10461/109 | | 312-314 |
| Contributions, Gifts, Grants and Other Similar Amounts | ь | Membership dues | <u> </u> | | | | | |
| O. E | C | Fundraising events | | | | | | |
| ar A | d | Related organizations . | | | | | | |
| S,E | е | Government grants (contribut | | | | | | [|
| iğ i | f | All other contributions, gifts, g | | <u> </u> | İ | | | 1 |
| 돌 | | and similar amounts not included | | 168000 | 1 | | | 1 |
| 돌입 | g | Noncash contributions included in | lines 1a-1f: \$ | , | | | | į |
| SE | h | Total. Add lines 1a-1f . | | > | 168000 | | | |
| | | | | Business Code | | | | |
| Ven | 2a | Dues and fees | | 900099 | 89781 | 89781 | | |
| Re | b | | | | | | | |
| <u>ş</u> | C | | | | | | | |
| , E | d | | | | | | | |
| Ē | е | | | | | | | |
| Program Service Revenue | f | All other program service | revenue . | | | | | |
| <u>~</u> | g | Total. Add lines 2a-2f . | <u></u> . | • | 89781 | | | |
| | 3 | Investment income (inclu | uding divi | dends, interest, | | | | • |
| | | and other similar amounts | ;) | | | | | |
| | 4 | Income from investment of to | | | | | | |
| | 5 | Royalties | <u></u> | <u> ▶</u> | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | С | Rental income or (loss) | | <u> </u> | | | | |
| | d | Net rental income or (loss) | | <u> </u> | | | | |
| | 7a | 0.000 (|) Securities | (ii) Other | | | | } |
| | i . | assets other than inventory | | | | | | į |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses . | | | | | | |
| | C | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | · · · · > | | | | |
| Other Revenue | 8a | Gross income from fundra events (not including \$ | aising | | | | | |
| er Re | | of contributions reported or See Part IV, line 18 | | a | | | | |
| ¥ | Ь | Less: direct expenses . | 1 | ь |] | | | |
| | C | Net income or (loss) from | fundraising | events . > | | | | |
| | 9a | Gross income from gaming | | | | | | |
| | i | See Part IV, line 19 | ; | a | 1 | | | |
| | | Less: direct expenses . | | b |] | | | |
| | | Net income or (loss) from | | | | | _ | |
| | 10a | Gross sales of invent | tory, less | } | | | | |
| | | returns and allowances | ; | a[|] | | | |
| | b | Less: cost of goods sold | | b |] | | | |
| | <u> </u> | Net income or (loss) from | | ventory > | | | | |
| | <u> </u> | Miscellaneous Revenu | U 0 | Business Code | | | | |
| | 11a | *************************************** | | | | | | · |
| | b | | ••••• | | | | | |
| | C | | | | | | | |
| | d | All other revenue | | L | | | | |
| | 10e | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instru | ictions | · · · · • | 257781 | 89781 | | |

| | 30 (2014) | | | | Page 10 |
|----------------------|---|-----------------------|------------------------------------|-------------------------------------|--------------------------------|
| | IX Statement of Functional Expenses | | | | |
| Section | n 501(c)(3) and 501(c)(4) organizations must com | | | | |
| | Check if Schedule O contains a respons | | | | <u> </u> |
| Do no 8b, 9b | ot include amounts reported on lines 6b, 7b, b, 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 domestic organizations and domestic governments. See Part IV, line 21 | 525 | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 152 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 61624 | | | |
| 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 | Other salaries and wages | 38224 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 41477 | | | |
| 9 | Other employee benefits | 23088 | | | |
| 10 | Payroli taxes | 8171 | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | 533 | | | |
| C | Accounting | 3349 | | | |
| d | Lobbying | | | | |
| е | 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 | 8714 | | | |
| 14 | Information technology | 400 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 13356 | | <u> </u> | |
| 17 | Travel | 4872 | | <u> </u> | |
| 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 | 29236 | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | 1220 | | | |
| 24 | Other expenses, Itemize expenses not covered | | | Ì | |
| | above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Officer auto and travel | 10147 | | | |
| b | Trf to PAC | 550 | | <u> </u> | |
| C | Refunds | 17 | | | |
| d | T shirts | 1823 | | | |
| е | All other expenses | 1294 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | | | 1 | 1 |

248772

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form **990** (2014)

| P | art X | Balance Sheet | | | |
|-----------------------------|-------|---|---------------------------------------|-------|--|
| | | Check if Schedule O contains a response or note to any line in this Par | t X | . , . | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 8038 | 1 | 17140 |
| | 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. | | - 1 | |
| | | 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 | | - 1 | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| ß | | organizations (see instructions). Complete Part II of Schedule L | ļ | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | | " |
| | | other basis. Complete Part VI of Schedule D 10a 38753 | | | |
| | ь | Less: accumulated depreciation 10b | 38753 | 10c | 38753 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 46791 | | 55893 |
| | 17 | Accounts payable and accrued expenses | 2032 | | 2125 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | · · · · · · · · · · · · · · · · · · · | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | ···· | 21 | , |
| Ś | 22 | Loans and other payables to current and former officers, directors, | | | |
| ĬĚ | - | trustees, key employees, highest compensated employees, and | | | |
| Liabilities | Ì | disqualified persons. Complete Part II of Schedule L | | 22 | |
| Ë | 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 | | | |
| | i | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 2032 | 26 | 2125 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and | | | |
| ě | | complete lines 27 through 29, and lines 33 and 34. | | | |
| Ĕ | 27 | Unrestricted net assets | 44759 | 27 | 53768 |
| ğ | 28 | Temporarily restricted net assets | | 28 | |
| <u> </u> | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | 1 | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and | | | |
| 7 | | complete lines 30 through 34. | | | |
| S | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Se | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| * | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| ě | 33 | Total net assets or fund balances | 44759 | 33 | 53768 |
| | 34 | Total liabilities and net assets/fund balances | 46791 | + | 55893 |

| Page | 1 | 2 |
|------|---|---|
| | | |

| Part | XI Reconciliation of Net Assets | | | | | |
|------------|--|---------|----|-----|-------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | П |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 2 | 57781 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 48772 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 9009 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | | 44759 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | <u>-</u> |
| 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 | | | | 53768 |
| 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 modified cash | | [| | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain i | in | | ; | |
| | Schedule O. | | İ | | | |
| 2 a | 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- | piled o | or | | i | |
| | reviewed on a separate basis, consolidated basis, or both: | | ļ | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 1 | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . | 2b | ✓ | ļ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed on | а | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | 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 o | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the selection o | | L | 2c | | ✓ |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | plain | in | | | |
| • | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133? | τοπη | ın | ο- | | |
| L | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo | · · | . | 3a | | ✓ |
| D | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | | 3b | | |
| | Toquiled addit of addits, explain why in defined the describe any steps taken to undergo such a | iuuiis. | | | - 000 | (2014) |
| | | | | ron | ח סטע | (2014) |

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

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.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| | ection 501(c)(4), (5), or (6) orga | nizations: Complete Part III. | · | | |
|-------|------------------------------------|--|---------------------------------------|--|--|
| Name | of organization | | | Employer ider | itification number |
| | | | | | 26-1180181 |
| Part | | e organization is exempt u | | | organization. |
| 1 | Provide a description of t | the organization's direct and inc | lirect political campa | ign activities in Part IV. | |
| 2 | | | | | 0 |
| 3 | Volunteer hours | | | | O |
| Part | | e organization is exempt u | | | |
| 1 | | excise tax incurred by the organ | | | |
| 2 | | excise tax incurred by organiza | | | |
| 3 | If the organization incurre | ed a section 4955 tax, did it file | Form 4720 for this ye | ear? | Yes No |
| 4a | Was a correction made? | | | | LYes LNo |
| b | If "Yes," describe in Part | | | | |
| | | e organization is exempt u | | | (c)(3). |
| 1 | | ly expended by the filing orga | | | _ |
| 2 | | | | | 0 |
| 2 | | filing organization's funds convities | | | |
| 3 | | expenditures. Add lines 1 and | | | · |
| 3 | | · · · · · · · · · · · · · · · | | | |
| | | n file Form 1120-POL for this ye | | | |
| 4 | | | | | |
| 5 | | ses and employer identification ents. For each organization liste | | | |
| | | ontributions received that were | | | |
| | | fund or a political action comm | | | |
| | | T | · · · · · · · · · · · · · · · · · · · | T T | T |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
| | | | | funds. If none, enter -0- | promptly and directly |
| | | | | | delivered to a separate political organization. If |
| | | 1 | | 1 | none, enter -0 |
| (1) L | ocal 620 Political Action | 606 N Kiwanis Ave | | | |
| | ommittee PAC Fund | Sioux Falls, SD 57104 | 90-0409698 | | 550 |
| (2) | | | | | |
| | | | | | |
| (3) | ····· | | | | |
| (4) | | | | | |
| (5) | | | | | |
| | | | | | - |
| (6) | | | | | |

| A | • |
|------|---|
| rage | 4 |

| | t II-A Complete if the organization section 501(h)). | | | | | | | |
|------------|---|---------------------------------|----------------------|--------------------------------------|-----------------------|----------------|--|--|
| A (| Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). | | | | | | | |
| 3 (| Check > [] if the filing organization che | cked box A | and "limited cont | rol" provisions a | ipply. | | | |
| | Limits on Lobby | | | | (a) Filing | (b) Affiliated | | |
| | (The term "expenditures" me | | | | organization's totals | group totals | | |
| 1a | , , , , | | | | | | | |
| t | | • | ody (direct lobbying | 3) | | <u>-</u> | | |
| C | , | • | | | | | | |
| C | | | | | | | | |
| € | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the columns. | ne amount f | rom the following | table in both | | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying | nontaxable amount | is: | | | | |
| | Not over \$500,000 | 20% of the ar | mount on line 1e. | | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus | s 15% of the excess | over \$500,000. | | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus | s 10% of the excess | over \$1,000,000 | | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus | s 5% of the excess o | ver \$1,500,000. | | | | |
| | Over \$17,000,000 | \$1,000,000. | | | | | | |
| (| Grassroots nontaxable amount (enter 259 | | | | | | | |
| ŧ | Subtract line 1g from line 1a. If zero or les | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or les | | | | | | | |
| j | If there is an amount other than zero | on either line | 1h or line 1i, did | I the organization | i file Form 4720 | ☐ Yes ☐ No | | |
| | reporting section 4911 tax for this year? | | | | | ☐ 162 ☐ NO | | |
| | (Some organizations that made a sec See the | tion 501(h) el separate inst | tructions for lines | e to complete all 2a through 2f.) | of the five column | ns below. | | |
| | Lobbying | Expenditures | S During 4-Year A | veraging Period | T | | | |
| | Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total | | |
| 2 | a 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)) | ····· | | | | | | |

| Part I | I-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)). | d F | orm | 5768 | | |
|--------|--|--------|---------------|------------|--------|-------------|
| or e | ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed | (a |) | | (b) | |
| | and the state of t | es | No | Ar | nount | |
| 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: | | | • | | |
| a | Volunteers? | | | | | |
| þ | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| ¢ | Media advertisements? | | | | | |
| q | Mailings to members, legislators, or the public? | | | | | |
| 9 | Publications, or published or broadcast statements? | | | | | |
| F | Grants to other organizations for lobbying purposes? | | | | | |
| h B | Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| ï | Other activities? | - | | | | |
| i | Total. Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | - 1 | - 1 | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | \neg | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | | ł | • | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | 1 | | | |
| Part | III-A. Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6). |), c | r se | ction | | • |
| | | | | | Yes | Мо |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | 1 | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | 1 | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | | ✓_ |
| 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 of political expenses for which the section 527(f) tax was paid). | of | | | | |
| а | Current year | . | 2a | | | |
| b | Carryover from last year | . | 2b | | | |
| C | Total | . | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyin and political expenditure next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 4 5 | | | |
| Pari | | • | | | | |
| Provid | te the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. | list | t); Pa | rt II-A, I | ines 1 | l and |
| Part 1 | A Line 1- Receive and remit contributions to PAC Fund. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ••••••••••••••••••••••••••••••••••••••• | | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number

| | | | | 26-1180181 |
|--------|---|---|--------------|---------------------------------|
| Pari | | | ds or Ac | counts. |
| | Complete if the organization answered | | 1 | |
| | Total number at and of uses | (a) Donor advised funds | (0) | Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 3 | Aggregate value of contributions to (during year) | | | |
| 4 | Aggregate value of 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 h | eld in don | or advised |
| • | funds are the organization's property, subject to the | | | |
| 6 | Did the organization inform all grantees, donors, a | • | | |
| _ | only for charitable purposes and not for the bene | | | |
| | conferring impermissible private benefit? | | | · · · 🔲 Yes 🗌 No |
| Part | Conservation Easements. | | | |
| | Complete if the organization answered | | | |
| 1 | Purpose(s) of conservation easements held by the | | | |
| | Preservation of land for public use (e.g., recrea | | | |
| | Protection of natural habitat | ☐ Preservation of | f a certifie | d historic structure |
| _ | Preservation of open space | | * . Al 6 | |
| 2 | Complete lines 2a through 2d if the organization h | eld a qualified conservation contributi | on in the to | Held at the End of the Tax Year |
| | easement on the last day of the tax year. | | - | |
| a | | | | |
| b | Total acreage restricted by conservation easemen Number of conservation easements on a certified | | | |
| c d | Number of conservation easements included in | | | <u> </u> |
| u | | | 2 | a (|
| 3 | Number of conservation easements modified, trans | sferred, released, extinguished, or ter | | |
| | tax year ▶ | | | _ |
| 4 | Number of states where property subject to conse | | | |
| 5 | Does the organization have a written policy re | | | |
| | violations, and enforcement of the conservation ea | | | - - |
| 6 | Staff and volunteer hours devoted to monitoring, i | nspecting, and enforcing conservation | n easemen | ts during the year |
| | - | | | |
| 7 | Amount of expenses incurred in monitoring, inspe | cting, and enforcing conservation eas | ements du | ring the year |
| _ | >\$ | - O(d) above estisfy the requirements | f andina 1 | 70/b\/4\/D\/i\ |
| 8 | Does each conservation easement reported on line and section 170(h)(4)(B)(ii)? | | | Yo(i)(4)(B)(i) Yes 🗌 No |
| 0 | In Part XIII, describe how the organization reports | | | |
| 9 | balance sheet, and include, if applicable, the text | | | |
| | organization's accounting for conservation easem | | | |
| Pari | Organizations Maintaining Collection | ns of Art, Historical Treasures, o | r Other S | imilar Assets. |
| | Complete if the organization answered | | | |
| 1a | If the organization elected, as permitted under SI | FAS 116 (ASC 958), not to report in it | s revenue | statement and balance sheet |
| | works of art, historical treasures, or other similar | | | |
| | public service, provide, in Part XIII, the text of the | | | |
| b | If the organization elected, as permitted under | | | |
| | works of art, historical treasures, or other similar public service, provide the following amounts rela | | ducation, | or research in furtherance of |
| | , | _ | | ▶ ¢ |
| | (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | | |
| 2 | If the organization received or held works of ar | | | |
| 6 | following amounts required to be reported under | | | o, mignolal galli, provide the |
| а | Revenue included in Form 990, Part VIII, line 1 | | | ▶ \$ |
| | Assets included in Form 990. Part Y | | | . > \$ |

| Pag | е | 2 |
|------|---|---|
| , uy | U | |

| Part | III Organizations Maintaining | Collections of A | Art, Hist | orical T | reasures, | or Oth | ner Similar A | ssets (continued) |
|--------|--|-----------------------|---------------------------------------|--|---|-----------|--------------------|------------------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | eccession, and oth | ner record | ds, chec | k any of the | e follow | ing that are a | significant use of its |
| а | ☐ Public exhibition | | d [|] Loan | or exchang | e progr | ams | |
| b | ☐ Scholarly research | | | | | | | |
| C | ☐ Preservation for future generations | | | | -+ | | | |
| 4 | Provide a description of the organizati XIII. | ion's collections a | nd expla | in how t | hey further | the orga | anization's exe | empt purpose in Part |
| 5 | During the year, did the organization | solicit or receive of | donations | of art, | historical tr | easures | , or other sim | ilar |
| | assets to be sold to raise funds rather | than to be maintai | ined as p | art of the | e organizati | on's col | lection? . | Yes 🗌 No |
| Part | IV Escrow and Custodial Arra | ngements. | | | · · · · · · | | | |
| | Complete if the organization | answered "Yes" | to Form | 1 990, P | art IV, line | 9, or re | eported an ar | mount on Form |
| | 990, Part X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, | custodian or othe | er interm | ediary fo | or contributi | ions or | other assets i | not |
| | included on Form 990, Part X? | | | | | | | · 🗌 Yes 🗌 No |
| b | If "Yes," explain the arrangement in Pa | art XIII and comple | te the fol | lowing ta | able: | | | |
| | | | | | | | | Amount |
| C | Beginning balance | | | | | 1c | | |
| ď | Additions during the year | | | | | 1d | | |
| е | Distributions during the year | | | | | 1e | | |
| f | Ending balance | | | | | 11 | | |
| 2a | Did the organization include an amoun | | | | | ustodial | account liabili | ty? 🗌 Yes 🗌 No |
| b | If "Yes," explain the arrangement in Pa | art XIII. Check here | e if the ex | planatio | n has been | provide | d in Part XIII | |
| | V Endowment Funds. | | | | | | | |
| - | Complete if the organization | answered "Yes" | ' to Forn | n 990, P | art IV, line | 10. | | |
| | | (a) Current year | (b) Prio | r year | (c) Two year | rs back | (d) Three years ba | ck (e) Four years back |
| 1a | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | |
| đ | Grants or scholarships | | · · · · · · · · · · · · · · · · · · · | | | | | |
| e | Other expenditures for facilities and | | | ······································ | | | | |
| | programs | | | | | | | |
| f | Administrative expenses | | | | ļ — — — — — — — — — — — — — — — — — — — | | | |
| g | End of year balance | | · · · · · · · · · · · · · · · · · · · | | · | | | |
| 2 | Provide the estimated percentage of the | he current year en | d balanc | e (line 1c | . column (a |)) held a | is: | |
| a | Board designated or quasi-endowmer | | | - (| ,, | .,, | | |
| ь | Permanent endowment ▶ | % | ' | | | | | |
| c | Temporarily restricted endowment ▶ | ·% | | | | | | |
| • | The percentages in lines 2a, 2b, and 2 | | 0% | | | | | |
| 3a | Are there endowment funds not in the | | | ation th | at are held | and ad | ministered for | the |
| | organization by: | • | Ū | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | . 3a(i) |
| | (ii) related organizations | | | | | | | . 3a(ii) |
| b | If "Yes" to 3a(ii), are the related organi | | | | | | | . 3b |
| 4 | Describe in Part XIII the intended uses | | | | | | | ` == |
| Part | VI Land, Buildings, and Equip | | | | | | | |
| | Complete if the organization | | " to Forr | n 990. F | Part IV. line | 11a. S | See Form 990 |). Part X. line 10. |
| | Description of property | (a) Cost or ot | | | or other basis | | Accumulated | (d) Book value |
| | | (investm | ent) | (0 | other) | | preciation | |
| 18 | Land | | | | | | | |
| b | Buildings | | | | | | | |
| C | Leasehold improvements | | | | | | | |
| đ | Equipment | | | | 38753 | | 0 | 38753 |
| e | Other | | | | 32.00 | | | |
| Total. | Add lines 1a through 1e. (Column (d) n | nust equal Form 9 | 90, Part) | (, columi | n (B), line 10 | Oc.) | | 38753 |

| Part VII | Investments - Other Securities | | | | |
|-----------------|--|--|---------------------------------------|--------------------------|--|
| | Complete if the organization ans | | | e 11b. See Form 9 | 390, Part X, line 12. |
| | (a) Description of security or categor (including name of security) | y | (b) Book value | | od of valuation: of-year market value |
| (1) Financial | derivatives | | | | |
| (2) Closely-h | neld equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | 76 - 12 | | | ļ <u>.</u> | |
| (F) | | | | <u> </u> | ···· |
| (G) | | | | | |
| (H) | *************************************** | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | | <u> </u> | <u> </u> | |
| Part VIII | Investments – Program Relate | | | . 44 - 0 - 12 - 1 | 300 D. LV C 40 |
| | Complete if the organization ans | swered "Yes" to For | | ~ ~~~~~~ | |
| | (a) Description of investment | | (b) Book value | (c) Meth Cost or end- | nod of valuation: of-year market value |
| (1) | | | | | ······································ |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | · | | <u></u> | |
| (8) | | | | | ····· |
| (9) | | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | · | <u> </u> | <u> </u> | |
| Part IX | Other Assets. | | 000 D- + IV C- | . 444 0 5 | 000 Dady Ka- 45 |
| | Complete if the organization ans | SWERED "YES" TO FOI (a) Description | m 990, Part IV, IIn | e 11a. See Form | (b) Book value |
| | | (a) Description | | | (b) Book Value |
| (1) | | | | | |
| (2) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | , ,, , ,,, , ,, , , , , , , , , , |
| (9) | | | · · · · · · · · · · · · · · · · · · · | | |
| Total. (Colu | ımn (b) must equal Form 990, Part X, o | col. (B) line 15.) | | | |
| Part X | Other Liabilities. | | | | |
| | Complete if the organization ans | swered "Yes" to Fo | rm 990, Part IV, lin | e 11e or 11f. See | Form 990, Part X, |
| | line 25. | | | | |
| 1. | (a) Description of liability | (b) Book value | | | |
| | ncome taxes | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | A) | | | | |
| | (b) must equal Form 990, Part X, col. (B) lina 25.) ▶ | | <u></u> | | |
| 2. Liability fo | or uncertain tax positions. In Part XIII, pro | vide the text of the foot | note to the organization | on's financial stateme | ents that reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Part | Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" to Form 990, Par | | Retur | n. |
|-----------------|--|--|------------------|---|
| _ | | | · - 1 | |
| 1 | Total revenue, gains, and other support per audited financial statements. | | 1 | 257781 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments | 2a İ | } } | |
| a | | 2b | | |
| b | | 2c | } } | |
| d | Other (Describe in Part XIII.) | | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 201704 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | • | 257781 |
| a | | la |]] | |
| b | Other (Describe in Part XIII.) | | 1 | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. | | 5 | 257781 |
| Part | XII Reconciliation of Expenses per Audited Financial Statemer | <u> </u> | r Re | |
| | Complete if the organization answered "Yes" to Form 990, Par | | | |
| 1 | | | 1 | 248772 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 210.72 |
| a | | 2a | | |
| Ь | | 2b | 1 1 | |
| C | | 2c | 1 | |
| d | Other (Describe in Part XIII.) | 2d | 1 | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 248772 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 | | |
| а | | 4a | | |
| b | Other (Describe in Part XIII.) | 4b |] | |
| C | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 18.) | 5 | 248772 |
| 2; Par The u | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to inion is exempt from federal income taxes under Section 501(c)(5) of the IRC. Then has evaluated for uncertain tax positions and management has determined there | provide any additional in e is no unrelated busines | iforma s inco | ition. me. The |
| The r | returns for the past three years remain open for examination by tax jurisdictions. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | *************************************** |
| | | •• | | •*•• |
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| •• | | | | |

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

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 Practices that is part | of the Constitution by which our |
| organization is governed. Any member or employee can contact the LIUNA (an affiliated organization | also governed by the Constitution) |
| General President with any complaint arising under the Constitution, the Code of Best Practices, or ar | y other disciplinary rule, regulation, |
| practice or procedure adopted by the LIUNA General Executive Board. The Code of Best Practices exp | lains the disciplinary procedure |
| that must be followed when necessary and the independent officers who are entrusted to enforce the | Code. |
| | |
| Part Vi#12b- The US DOL requires all non-clerical employees to report on Form LM-30 potential situation | onswhere theere 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 | licy) is available through the US |
| Dept of Labor, OLMS, online public disclosure room. The information is filed under Laborers Internation | onal Union of North America, who |
| files the information on behalf of all affiliated organizations. In addition, our organization files an annual | al report with the DOL which can |
| be obtained in the online public disclosure room. | |
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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990

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

OMB No. 1545-0047

Employer identification number

(f) Direct controlling 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. 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. (c)
Legal domicile (state
or foreign country) (b) Primary activity (1) (a) Name, address, and EIN (if applicable) of disregarded entity (5) 2 Part I

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Part II

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (1) Direct controlling entity | (g) Section 512(b)(13) controlled entity? |
|---|-------------------------|---|----------------------------|--|-------------------------------------|--|
| | | | | | | Yes No |
| (1) Local 620 Political Action Committee PAC Fund 608 N Kiwanis Ave Sigux Falls, SD 57104 | nolitical | GS. | 265 | | UCS VNIII I | ~ |
| (2) | | | | | | |
| (6) | | | | | | |
| (4) | | | | | | |
| (9) | | | | | | |
| (9) | | | | | | |
| W | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 980. | 6 | Cat. No | Cat. No. 50135Y | | Schedule R (| Schedule R (Form 990) 2014 |

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 Percentage ownership ž 3 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 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. Gsneral or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (i) Code V--UBI (g) Share of end-of-year assets (Form 1065) (h) Disproportionate eflocations? ŝ (f) Share of total Yes Income (g)
Share of end-of-Type of entity (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) (state or foreign country) (c) Legal domicile (d) (Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity Name, address, and ElN of related organization (a) Name, address, and EIN of related organization Part III Part IV € ন্ত 0 € € 9 9 E ন E 2 9 8

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| (c) (d) (d) (do tetermining amount involved (e) | s for information on who must complete this line, including covered relationships and transaction thresholds. | | • | | | | | | | | | | | | | | | | | |
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| tion (s) | 일 | • | • | | | | | | | | | | | | | | | | | nizations listed in Parts II-IV? |
| (b) Transaction type (a–s) | st complete this line, | • | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | (§) | (s): | (S): | (s): | (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | | (S) (S) (S) (S) (S) (S) (S) (S) (S) (S) | (a) | | | | (\$) | ne or more related organ |
| If the ariswer to any of the above is 1 es, see the instructions to throman of the arism (a) Name of related organization | If the answer to any of the above is "Yes," see the instructions for information on who mus | | Reimbursement paid by related organization(s) for expenses | Reimbursement paid to related organization(s) for expenses | Sharing of paid employees with related organization(s) | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). Sharing of paid employees with related organization(s) | Performance of services or membership or fundraising solicitations by related organization Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). Sharing of paid employees with related organization(s). Reimbursement paid to related organization(s) for expenses. | Performance of services or membership or fundraising solicitations for related organization. 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