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Form	990
Depart	ment of the T

Return of Organization Exempt-From Income Tax

OMB No. 1545-0047

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

Depa Intern	rtment of the	the Treasury se Service	► information about Form 990 and its instructions is at www.irs.gov/fo			Inspection
A	For the	2015 cale	ndar year, or tax year beginning 6-1 , 2015, and ending	5-3	1 .	20 18
B :	Check if.a	applicable:	C Name of organization 'LIUNA Local 620	C		antification number
	Address o	f	Doing business as		26	-1180181
	Name ch	- 1	Mumber and street for P.O. box if mail is not delivered to street address) Poom/suite	E	Telaphone in	
	Initial retu	- 1	606 N Kiwanis Ave		·	
_		Vienninated	City or town, state or province, country, and ZIP or foreign postal code		003	330-0205
_	Amanded Amanded	Į.	Sioux Falls, SD 57104	i i	Gross recesp	004760
		*			p return for subor	
لبا	Mobilicad	on pending	1	-		inates? 🔲 Yes 🛂 No uded? 🔲 Yes 🔲 No
	T	npt status:	□ 501(d)(3) □ 501(d)(5) ◄ (insert no.) □ 4947(d)(1).or. □ 527			(see instructions)
	Website				xemption.num	•
			Corposation Trust ✓ Association Other ► L Year of formation:	2007	M State of le	
	T-CRUMEN C	Summ		2001	AN ORDER OF IS	gal domicie: SD
					an in matte	n of collective
_	I .	_		i memor	ers in made	rs of collective
120	ļ	bargainin	<u>4 </u>		•••••	
VOS Activities & Governance			A STAR AL CONTRACTOR AND A SAME A	-F.		
VĢ	4		is box > if the organization discontinued its operations or disposed of more	e than :	1 1	net assets.
త	1		of voting members of the governing body (Part VI, line 1a)		3	
€ 5			of-independent voting members of the governing body (Part VI,4ine 1b)		-4	7
න 🖺	ı		nber of individuals employed in calendar year 2015.(Part V, line 2a)		5	2
	} %6		nber of volunteers (estimate if necessary)		15	10
OURNAUS Activity	7a		elated business revenue from Part VIII, column (C), line 12		7a	0
Ź —	b	Net unre	ated business taxable income from Form 990-1, line 34	:	7b	<u></u>
m	1			Prior Vea	r	Current Year
	8		tions and grants (Part VIII, line 1h)		168000	168000
SEP Sevenie	9	Program	service revenue (Part VIII, line 20) SEP - 0 - 2016 - 0		89781	113762
	10	Investme	nt income (Part VIII, column (A) lines \$, 1, and 7d) 2016			
(A)	11	Other re	venue (Part VIII, column (A), lines 5, 66, 8c, 9c, 10c, and 11.00			
(G) —	12	Totalitev	enue-add lines 8 through 11 (must equal Pair VIII. column (A), line 12)		257781	281762
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		677	429
2016	14	Benefits	paid to or for members (Part IX, column (A), line 4)			
<u>ල</u> ා ගු	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		172584	182322
Expenses	169	Professi	onal fundraising fees (Part IX, column (A), line 11e)			
<u> </u>	. 6		draising expenses (Part IX, column (D), line 25)			
Ω	17	Otheriex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		75511	68158
	78		penses. Add fines 13-17 (must equal-Part IX, column (A), fine 25)		248772	250909
	19		less expenses. Subtract line 18 from line 12		9009	30853
~ 8				hy of Our		End of Year
18 67 200	20	Total as	sets (Part X, line 16)		55893	87389
2	21		pilities (Part X, line 26)		2125	2768
Nat Asset	22		ats or fund balances. Subtract line.21 from line 20		53768	84621
	art IIª		ture Block		/	/
•		·····	ury, I declare that I have examined this return, including accompanying schedules and statements,	and to th		
			plate. Dadaration of preparer (other than officer) is based on all information of which preparer has a			amananda said dellar, it is
		18	Oster Bardeson	-	8-22	1-16
Si	ga	Sia	nature of officer	Đat		, , , ,
	27°	1. 3	$\mathbf{I}_{\mathbf{I}}$			1-16
	w C		e or print name and title			~ /0
		<u> </u>	ype preparer's name Preparer's signature Date		Τ	PTIN
	3 io		The D ANTE OD BEE	-16	Check / self-employ	if.
	repare	38	CEIGETY		<u> </u>	ed P00794881
U	se On	ly Firm's			's EIN ►	400.000.000
0.6	ou the I		address > PO Box 1832 CB, IA 51502 ss this return with the preparer shown above? (see instructions)	Pho	ne no.	402 290-5443
	· · · · · · · · · · · · · · · · · · ·			· · ·	· · ·	Yes Alo
Fo	и Рарег	work Red	uction Act Notice, see the separate instructions. Cat. No. 112	282Y		Form 990 (2015

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Form: 990	0·(2015)		Page
Part I		ent of Program Service Accomplishments	
	Check if	f Schedule O contains a response or note to any line in this Part	: <u>III</u>
1	Briefly describ	pe the organization's mission:	
	Representing	members in matters of collective bargaining.	
			LT-L
2		nization undertake any significant program services during the year	
	•	00 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·
3	Trial the com	cribe these new services on Schedule O. Inization rease conducting, or make significant changes in how	w it conducts any program
J	services? .		
		ribe these changes on Schedule O.	The property of the property o
4		organization's program service accomplishments for each of its the	ree largest program semices, as measured l
. **	ENTROPE OF	ection 501(c)(3) and 501(c)(4) organizations are required to report t	he amount of grants and allocations to other
		enses, and revenue, if any, for each program service reported.	
	_		
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$
		members of matters of collective bargaining.	

45-	(Codo:) (Expenses \$ including grants of \$) (Payonus &
45	(COOB:	recognizes a meaning grains of a	klueseine a

		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4c	(Code:	) (Expenses \$ including grants of \$	) (Revenue \$ )
	************		
		***************************************	
			***************************************
46		am services (Describe in Schedule O.)	<b>,</b>
			)
4e	(Expenses §	including grants of \$ ) (Revenue \$ ) (Revenue \$	)

Part I	V Checklist of Required Schedules	···,		
	The second secon		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_ }	}	,
	complete Schedule A	1		<b>√</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	<b>✓</b>	
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 1.	3	ı	1
_	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	4	
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.			
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	İ		
	Part III	5	✓ 1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	, 7		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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
<b>3</b> D	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		<del>-`</del>
710	endowments, permanent endowments, or quesi-endowments? If "Yes," complete Schedule D, Part V	10		1
99	If the organization's answer to any of the following questions is "Yes," then complete Schedule B, 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	113	1	ļ
ъ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			,
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		<b>-</b>
٠.	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	110		1
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		_	<u> </u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	116	}	1
e	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D; Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	-11f	1	<u> </u>
12 a	Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete			
1-	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? #	12a	1	<del> </del>
Ø	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	1
13	The organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	1
14 a		14a	†	1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	]	
	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		1	1
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del>	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to on for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	100		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	<del>}</del>	1
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	<del>                                     </del>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Ì	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	<u> </u>	1
		_		O MOTE

Part !	V Checklist of Required Schedules (continued):		V	D85-
00	Did the accessively approve and as more happital facilities? If Was a complete Schoolele H	200	Yes	No.
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		4
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		<b>-</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, cotumn (A), fine 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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 24b		<del></del> -
C	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?	246 24c		
d 259.	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 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	24d 25a	·	
þ	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
<b>27</b>	Did the organization provide a grant or other assistance to an officer, clirector, 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	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	28a		1
c	A State of the second of Course of Course State of the second of the sec	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	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
38	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, Ilne 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
36	Section: 501.(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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,			
.38	Part VI	37	-	1
	1.9? Note. All Form 990 filers are required to complete Schedule O.	38	√ 200	1
		Fai	m 99	0 (2015

Part V	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• •	<del></del>	
			Yes	No
	ter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		- 1	
<b>b</b> En	ter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1	1	
c Dio	the organization comply with trackup withholding rules for reportable payments to vendors and	2-		
	portable gaming (gambling) winnings to prize winners?	1c	•	
	the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	
Sta	atements, filed for the calendar year ending with or within the year covered by this return 2a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2b	1	
b ite	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		•	
	d the organization have unrelated business gross income of \$1,000 or more during the year?	3а	1	1
bs if	'Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	_	<del></del> -
Se At	any time during the calendar year, did the organization have an interest in, or a signature or other authority			
OV	ver, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	жошпі)?	4a		<b>/</b>
	"Yes," enter the name of the foreign country: >			
(FI	e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts BAR).			
	as the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5io		1
	"Yes" to line 5a or 5b, did the organization file Form-8886-T?	5c		
	ses the organization have annual gross receipts that are mormally greater than \$100,000, and did the			,
	ganization solicit any contributions that were not tax deductible as charitable contributions?	62		1
	"Yes," did the organization include with every solicitation an express statement that such contributions or	OL		
	fts were not tax deductible?	6b		
7 <b>Q</b>	id the organization receive a payment in excess of \$75 made partly as a contribution and parily for goods		ĺ.	l
	ad services provided to the payor?	7a	,	
	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
	equired to file Form 8282?	7c	1	
d: If	"Yes," indicate the number of Forms \$282 filed during the year			
	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	<b>7</b> f		
	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		<u> </u>
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<b></b> -	<del> </del>
	ponsoring organizations maintaining donor advised funds. Did'a donor advised fund maintained by the		ł	ł
	ponsoring organization have excess business holdings at any time during the year?	8	<b></b> -	├
	ponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	92		1
	tid the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96		<del> </del>
	ection 501(c)(7) organizations. Enter:	100		<del>                                     </del>
	nitiation fees and capital contributions included on Part VIII, line 12	1	]	}
	Bross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	Į	1
	Section 501(c)(12) organizations. Enter:	7	Ì	]
	Fross income from members or shareholders	]	1	}
	aress income from other sources (Do not net amounts due or paid to other sources		1	
	gainst amounts due or received from them:)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417	120	ļ	<b>├</b>
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-{		
	Section 501(c)(29) qualified nonprofit health insurance issuers.  s the organization licensed to issue qualified health plans in more than one state?	13a		+
	s the organization incerised to issue qualitied health plans in those than one state?	108	-	1-
	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	1 1 1 1 1	1		
ì	he organization is licensed to issue qualified health plans	1		1
t c E	he organization is licensed to issue qualified health plans	44-		<b> </b>
t c E 14a (	he organization is licensed to issue qualified health plans	14a		1

Part V	Monagement and Disclosure For each "Yes" response to lines 2 through 7b below, a	and fo	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in schedule 0. Se Check if Schedule O contains a response or note to any line in this Part VI	e mor	IUCIR	n 13.
Sectio	n A. Governing Body and Management		Yes	No.
		<del></del> f	res	
1a	Enter the number of voting members of the governing body at the end of the tax year 12 7	1	1	
	If there are material differences in voting rights among members of the governing body, or	1	1	
	if the governing body delegated broad authority to an executive committee or similar	- 1		
	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent	1	1	
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	i		
2	any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customanly performed by or under the direct	7		
	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		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u> </u>
6	Did the organization have members or stockholders?	6	<b>✓</b>	<del></del>
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?	-7-a	.√	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	-y/L		1
18	Did the organization contemporaneously document the meetings held or written actions undertaken during	,7b		₩
•	the year by the following:	i l		
78	The governing body?	Sa	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 C	ode.)	
			Yos	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
(a)	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>
440	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	105	ļ	<del></del>
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	118		1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Ì
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<del></del>	<del> </del> -
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.20	-	<del> </del>
-	describe in Schedule O how this was done	12c	1	ţ
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	94	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?	1.	]	
a	The organization's CEO, Executive Director, or top management official	15a	<b> </b>	1
b		16b	<del> </del>	1
162	If "Yes" to tine 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	[	
- 444.2	with a taxable entity during the year?	16:3		1
is	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1	1	† <b>`</b> -
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	
	organization's exempt status with respect to such arrangements?	16b		<u></u>
	ion 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.	กา <b>501</b>	(C)(3)	s only
\$9	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest.	torne	nalia	v ana
7.5	invancial statements available to the public during the tax year.	'a cos	Punc	y, al10
.20	State the name, address, and telephone number of the person who possesses the organization's books and re	acorcie	s: <b>&gt;</b>	
	Pete Bardeson 606 N Kiwanis Ave Sioux Falls, SD 57104			

Danne	1
L WING	

Form 990 (2015)

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ram	990	12U I	Э.

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustess, Key Employees, and Mighest Compensated Employees

- Ta Complete this table for all persons required to be fisted. Report compensation for the calendar year ending with or within the organization's tax veer.
- 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 \$1.00,000 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.

Signature   Section   Se	Check this box if neither the organiz		a orga		ano (C Posi	;)	שמווינ	154	_		
Compensation   Comp		Average fier	offsce	ot ch unles	eck s per lad	SOU SOU	is both outnest	371 250)	Reportable compensation	Reportable compensation from	Estimated emount of
Susiness Mgr/SecTreas		hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated omployee	Pomer	the organization	(W-2/1099-MISC)	from the organization and related
C2   Jeff Roesner	(1)/Pete Bardeson	40					}				
RecSec					1		L		64882	a	
(3) Greg Mielke	(2) Jeff Roesner	1	].	,							
Pres	RecSec				1		<u> </u>		0	0	\$
(#) Bruce Pearson 1	(3) Greg Mielke	1				-	[	Γ			
VP         ✓         0         0           (5) Pete Bardeson Jr         1         ✓         0         0           Sgt at Arms         ✓         0         0         0           (6) Jorathon Campbell         1         ✓         0         0           EBd         ✓         0         0         0           (2) Xane Bruns         1         ✓         0         0           (B) Andrew Schoenwe         1         ✓         0         0           (B) Ken Westra         1         ✓         0         0           (B) Ken Westra         1         ✓         0         0           (10) Jamy Urben         1         ✓         0         0           (11) Charles Taylor         1         ✓         0         0           (12)         (13)         ✓         0         0	Pres		1		1		Ĺ		0	0	
Sot at Arms	(8) Bruce Pearson	1	}					1			
Sot at Arms	VP			<u> </u>	1	L	<u> </u>	1	<u> </u>	0	•
(6) Jonathon Campbell 1  EBd	(5) Pete Bardeson Jr	3		1				}			
EBd	Sot at Arms		<u> </u>	1	1		<u> </u>	<u>L</u> _	0	0	
(7) Zane Bruns  EBd  (&) Andrew Schoenwe  1  EBd  (%) Ken Westra  1  Auditor  (10) Jamy Urban  1  Auditor  (11) Charles Taylor  Auditor  (12)	(6) Jonathon Campbell	1	}	Π		Ī		1	1		
EBd	EBd		1	1	1	1	1	1	0	0	
(8) Andrew Schoenwes 1	(?) Zane Bruns	1							Ţ		
(8) Andrew Schoenwe 1	EBd			1	1	-			a	0	
EBd		1	1				1				
Auditor			1		1		1		0	•	
Auditor	(9) Ken Westra	1	1					1		1	
Auditor					1		1			o l	
Auditor	(10) Jamy Urban	1	}	7	$\Gamma$	7	1				
(11) Charles Taylor 1			1		1		<u> </u>		6	0	}
Auditor (12) 0 0 (135)		1	1	T	Π	Γ	1	T			,
(13)			7		1	1	1	1	1	ol o	
	(12)		-					T			
(14)	(13)		-	-	T	-	$\vdash$	+	1		
	(14)			+	+	+	+	+		<del> </del>	

Pert V	Section A. Officers, Directors, Trust	ees, Key Er	nploy	ees	, an C	d H	ignes	E CC	ensaleo E	nipioyees (co	100	<u>u</u>		
		(8)			Posi	tion			( <b>D</b> )	(E)		(F	)	
	(A) Ykame and title	Average	(do n	ot ch Joles	eck i s pei	more rson	than o is both	ne an	Reportable	Reportable	ļ	Estim		
	Tegrito di o ano	hours per	office	r and			or/trust	ee)	compensation	compensation frelated	om	amou oth		
		week (list any hours for	옥둜	3	Q,	₹	HE	õ	fine	organizations	,	compe	esation	
		relaked	3	titus.	Officer	Ý g	Page 1	Former	organization	(W-2/1099-ME	<b>(C)</b>	.from insano		
		organizations below dotted	5 5	iona		Key employee	69.00	,	(W-2/1099-MISC)	}		end re		
		ine)	Individual trustee or director	Institutional trustes	1	¥ e	ag Be		}	}		organiz	ations	
			8	SEB			Highast compensated employee		1	{				
		<b>}</b>		<u> </u>	_		l a	-	<del> </del>	<del> </del>				
(15)		<b>}</b>	}	}		1	]	]	1	1	1			
•		ļ	├──	├	├	+-	<del> </del> -	├	<del> </del>	<del> </del>	-			
(16)		<del></del>	1			-	1				1			
(47)		<del></del>	<del> </del> -	-	-	1-	1	1	<del> </del>	<del> </del>	-+			
(17)		<del></del>	†	ľ	ľ	ľ	ľ	ł	ŀ	ļ.				
(18)		<del> </del>	<del> </del>	+-	+	1	1	1	1					<del></del>
0.9/		· †	-	{	}	}	}	}		1	1			
(19)			1	$\top$									-	
X		1	1				<u> </u>	L	<u>{</u>	<u> </u>				
(20)					1	Τ								
			1			$\perp$		1	<u> </u>					
(21)			]							1				
		<u> </u>	1	1_	1_	4_	-	4_						
(22)			_}		}		1	1			-			
			<u> </u>	1_	1_	1_	<del></del>	4		ļ				
(23)			_		1		1	}			- }			
		<del></del>	<del> </del>	1	╄-	1	<del></del>	1	<del> </del>	<del>\</del>				
(24)			-								1			
OMES.		<del></del>	<del></del>	┽~	╁-	+-	<del></del>	+-	<del></del>	-}- <del></del>				
(25)						1		1	1		- {			
1b	Sub-total	<u> </u>	<u> </u>					l	6488	2	0			0
c	Total from continuation sheets to Par		on A	•	•	•		•		0	o			<u>`</u>
_	Total (add lines 1b and 1c)				•			•	6488	<del></del>	0			- 0
2	Total number of individuals (including bi						abov	ve) v			10.00C	) of		
_	reportable compensation from the organ			.,,				,			0,000	, 0,		
									<del>,,,</del>				Yes	No
3	Did the organization list any former of											1		
	employee on line 12? If "Yes," complete											3	}	<b>/</b>
4	For any individual listed on line 1a, is the													
	organization and related organizations	s greater t	han S	\$150	0,00	30?	If "Y	es, '	' complete So	thedule J for	such	1 1	- 1	
_	individual		•	• •		•	• •	•			• •	. 4		
5	Did any person listed on line 1a receive												1	_
	for services rendered to the organization	nrii res,	com	oren	9 30	7161	oue s	IUI	such person	· · · · · ·	<u> </u>	5	1	<u> </u>
	on B. Independent Contractors										-0-0	0.000 /		
1	Complete this table for your five highes compensation from the organization. Ru													14
	year.	choir corri	revisa.	uou	101	uve	Cale	(CLOS)	year ending w	MERI ON AMERINGA	HE OF	garazant	ai S ic	1A
	(A)	<del></del>						7	(23).			600		
	Name and business a	ddress							(8). Description o	services		(C) Compens	ation	
None								+	· · · · · · · · · · · · · · · · · · ·					
1,00,10								+	<del></del>					
								$\top$				<del></del>	·····	
								_						
2	Total number of independent contract							to	those listed a	bove) who				
	received more than \$100,000 of compet	nsation from	n the	org:	aniz	atic	n►		Q					

Part 1	VIII	Statement of Revenue		IZaa la ébia i	Doct VALL		🗇
		Check if Schedule O contains a re	sponse or note to	(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
विव	10	Federated campaigns 1a					
Contributions, Giffs, Granta and Other Similar Amounta	Ъ	Wembership does					}
اع ق	c	Fundraising events 16					
E A	d	Related organizations 14			1		
ا <u>ء</u> و	9	Government grants (contributions)	9		1		j
<u>8</u> 2 1	f	All other contributions, gifts, grants,			}		
38		and similar amounts not included above	f 168000	1	4		
돌임	g	Noncash contributions included in lines 1a-1f.	8				
	ín	Total. Add lines 1a-1f		168000			
én			Oscincos Code	1	ł		
ķ	2a	Dues and fees	900099	113762	113762		<del></del>
2	b						<del></del>
Program Service Revenue	C						<del></del>
8	ď		<del> </del>	<b> </b>			<del></del>
E E	e		<del> </del>	<del></del>			
roĝ	.5	All other program service revenue.		113762			
-D.	3	Total. Add lines 2a-2f	ridande interest	113/02	1	<del> </del>	<del></del>
	-	and other similar amounts)		}			
	4	Income from investment of tax-exemp		<del>}</del>	,		
	5	•					
	"	Royalties	(ii) Personal			· · · · · · · · · · · · · · · · · · ·	
	6a	Gross rents		1			1
	b		<del>-  </del>	1			
	G			-			1
	d	· · · · · · · · · · · · · · · · · · ·		1			
	7a		∰-Osher				
	b	Less: cost or other basis					
		and sales expenses .		4	1		
	C	` '		-{	†		
	d	Net gain or (loss)	· •	<del></del>	<del> </del>	<del> </del>	<del></del>
Other Kevanus	82	Gross income from fundraising events (not including \$ of opnitributions reported on line 1c).					
وَ		See Part IV, line 18	<u> </u>	7	İ	}	1
₽	d.		<b>b</b>	4	1	1	
	C			ļ	<del> </del>	<b>!</b>	
	98	Gross uncome from gaming activities See Part IV, line 19					
	6	Less: direct expenses	activities >	-			
		Gross sales of inventory, le returns and allowances	ss				
	l e	Less: cost of goods sold	b				-
		: Net income or (loss) from sales of Miscellaneous Revenue	Business Code		<del> </del>	<del> </del>	
	118	<del></del>	-Eusilians Code	-1	1	1	1
	1 .			<del></del>	<del> </del>	<del> </del>	<del></del>
				<del> </del>	<del> </del>	<del> </del>	<del></del>
				+	<del> </del>	<del> </del>	
			<u> </u>	+	<del>}</del>	<del> </del>	<del></del>
	12	Total revenue. See instructions.		<del></del>		<del> </del>	
	٠.٠٠	(Cronwo Coo mondono)	<del></del>	281762	113762	·	Farm 990 (2015

Part	X Statement of Functional Expenses	ntata alkandurana Al	l other eigenization	ne must complete co	fumn (Δ):
Section	501(c)(3) and 501(c)(4) organizations must com	piete ali columns. Al	outer organization	is must complete co	57
	Check if Schedule O contains a respons		(B)	(C)	(D)
Do not 35, Sb,	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	429			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foraign organizations, foreign governments, and foreign individuals. See Part IV, times 15 and 16				
-4 5	Benefits paid to or for members	64946		-	
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	41096 44639			
9	Other employee benefits	23088			
30	Payroll taxes	8553			
13	Fees for services (non-employees):				
a	Management	<b></b>		<del> </del>	
Ъ	Legal			<del>}</del>	
C	Accounting	3504			
đ	Lobbying		<u> </u>	<del> </del>	<del></del>
е	Professional fundraising services. See Part IV, line 17	<u> </u>		<del> </del>	
- ¢	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g; expenses on Schedule O.)				
462	Advertising and promotion	}	<del> </del>	<del></del>	<del> </del>
12 13	Office expenses	3756	<del> </del>	<del></del>	<del></del>
14	Information technology	400	<del></del>	<del></del>	<del> </del>
15	Royalties	700		<del></del>	<del> </del>
16	Occupancy	17071	<del></del>	<del></del>	<del> </del>
17	Travel	3262	<del> </del>	<del></del>	<del> </del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3202			
79	Conferences, conventions, and meetings .	811	<del> </del>	+	<del> </del>
20	Interest	011	<del>                                     </del>	<del> </del>	<del> </del>
21	Payments to affiliates	26071	1	1	<del> </del>
22	Depreciation, depletion, and amortization .	100/1		<del> </del>	<del> </del>
23	Insurance	2310			<del> </del>
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 Schedule O.)	1		}	
а	Officer auto and travel	494			
b	Trf to PAC	556		<u> </u>	,
C		530	<del></del>		
-d		174	<del></del>		
e					
.25	Total functional expenses. Add lines 1 through 24e	25090	9		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundament solicitation. Check here I if	<b>\$</b>			
	following SOP 98-2 (ASC 958-720)		<u> </u>		Form <b>990</b> (2015)
					HOM 2020 (2015)

{

Pa	rt X	Balance Sheet			· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or note to any line in this Par		• • •	
_			(A) Beginning of year		(6)* End of year
7	1	Cash-non-interest-bearing	17140	1	48636
ŀ	2	Savings and temporary cash investments		2	
- 1	3	Pledges and grants receivable, net		3	
- 1	48	Accounts receivable, snet		4	
}	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		5	
	6	Complete Part if of Schedule L		1	
Į		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	j	}	
1		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part ¶ of Schedule L			
3	_	· · · · · · · · · · · · · · · · · ·		6 7	<del></del>
Assets	7	Notes and loans receivable, net			<del></del>
«	8:	Inventories for sale or use		8	<del></del>
	9	Prepaid expenses and deferred charges		*	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 38753			
	b	Less: accumulated depreciation 10b	38753	10c	38753
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Pari IV, line 11		12	
i	13	investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	35	Other assets. See Part IV, line 11	<del></del>	15	
	16	Total assets. Add fines 1 through 15 (must equal line 34)	55893	16	87389
	17	Accounts payable and accrued expenses	2125		2768
	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	·
Llabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	'		
Ş	1	disqualified persons. Complete Part II of Schedule L		22	
=======================================	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
	25	Other liabilities (including federal income tax, payables to related third	***************************************		
		parties, and other liabilities not included on lines 17-24). Complete Part X		1 1	
		of Schedule D		-25	
	26	Total liabilities. Add lines 17 through 25	2125	26	2768
(E)		Organizations that follow SFAS 117 (ASC 958), check here ➤ 🕡 and complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	53768	27	04004
E E	28	Temporarily restricted net assets	33/08	28	84621
20	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	<del></del>
Ĕ	120	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	<del></del>	1 20	····
Œ,	1	complete lines 30 through 34.			
Net Assets of Fund Balances	30	Capital stock or trust principal, or current funds		30	
308	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AB	32	Retained earnings, endowment, accumulated income, or other funds:		32	
Ş	33	Total net assets or fund belances	53768	_	84621
~	34	Total habilities and net assets/fund balances	55893		87389
_					C 000 MO45

	9·2015)			128	ge 1 <b>2</b>
	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		. <u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			81762
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	50908
3	Revenue less expenses. Subtract line 2 from line 1	3			30853
44	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			53768
5	Net unrealized gains (tosses) on investments	5			
€	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			84621
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:  Gash Accrual Other modified cash If the organization changed its method of accounting from a prior year or checked "Other," ex				
	Schedule O:	<b>,</b>			
2a	Schedule O:  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:		2a		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? # "Yes," check a box below to indicate whether the financial statements for the year were com		2a		1
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis		2a	1	1
	Were the organization's financial statements compiled or reviewed by an independent accountant? # "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	piled or		J	1
b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	piled or		J	<b>√</b>
b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	apiled or each on a		J	1
b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ipiled or ed on a eversight untant?	25	J	
b	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compressed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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 account the organization changed either its oversight process or selection process during the tax year, ex	ipiled or eed on a eversight untant? explain in	25	1	
b c	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compressived on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, exchedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set	piled or ed on a eversight untant? xplain in	2b 2c	J	1

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### SCHEDULE C (Form-980 or 990-EZ)

# Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 2015

Department of the Treasury

► 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. Open to Public Inspection

If the organization answered "Yes," on 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 S01(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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Taxl (see separate instructions), then

Name	ction 501(c)(4); (5), or (6) organ of organization			Employer iden	titication number	
					26-1180181	
Part	I-A Complete if the	organization is exempt un	der section 501(c	or is a section 527 c	rganization.	
1	Provide a description of ti	ne organization's direct and indi	irect political campal	gn activities in Part IV.		
2	Political expenditures .			<b> </b>		0
3	Volunteer hours			• • • • • •	O	
Part		organization is exempt un				
1		excise tax incurred by the organ				
2		excise tax incurred by organizati			<del></del>	
3	•	d a section 4955 tax, did it file f	-		· · L Yes	∐ No
<b>4a</b>					· · L Yes	∐ No
<u> </u>	If "Yes," describe in Part	íV.				
Part		organization is exempt un			(C)( <del>3)</del> .	<del></del>
1		y expended by the filing organ				_
				-		0
2		filing organization's funds conti vities				
•		expenditures: Add lines 1 and				
3		apendiures: Add imes i and				
4		file Form 1120-POL for this ye		•	Yes	No
-	~ ~	ses and employer identification				
5		ses and employer identification i ents. For each organization liste				
		ontributions received that were p				
		fund or a political action comm				
		42.24	13.571		1	
	(a) Name	(b) Address	(c) EfN	(d) Amount paid from filing organization's	(a) Amount of p	
				functstf none, enter -0	promptly and c	lirectly
			ĺ		delivered to a s	
		1			none, enter	
41.1	ocal 620 Political Action	606 N Kiwanis Ave				
(1) 0	committee PAC Fund	Sioux Falls, SD 57104	90-0409698	O	,[	550
· (20)						
<b>(2)</b>			1			
(3)						
(~)						
(4)		,			r	
<del></del>				<u></u>	<u> </u>	
(5)						
\~ <i>i</i>				<u> </u>		
(6)						
1-,			1	1	1	

	to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	(a	) j	<del>(b)</del>
	th "Yes," response on lines 1a through 1i below, provide in Part IV a detailed lion of the lobbying activity.	Yes	No	Amount
le	uring the year, did the filing organization attempt to influence foreign, national, state or local gislation, including any attempt to influence public opinion on a legislative matter or offerendum, through the use of:			
	olunteers?			
b P	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u></u>		
	ledia advertisements?			
	failings to members, legislators, or the public?			
	ublications, or published or broadcast statements?			
	Grants to other organizations for lobbying purposes?			
	hirect contact with legislators, their staffs, government officials, or a legislative body?			
i C	tallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	otal, Add lines 1c through 1i			
	old the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	ļ	
	f "Yes," enter the amount of any tax incurred under section 4912	1	l	
d H	f "Yes," enter the amount of any tax incurred by organization managers under section 4912 . f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
કાનેની	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5),-	or se	ction
				Yes
- L	Nere substantially all (90% or more) dues received nondeductible by members?			9 4
2 (	Ord the organization make only in-house lobbying expenditures of \$2,000 or less?			2 /
2 (	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)	· )(5),	or se	3 ction
2 ( 3 ( art II	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	· )(5),	or se	3 ction
2 ( 3 ( art    1 ( 2 )	Old the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, fines 1 and 2, are answered "No," O	)(5), )R (b	or se	3 ction
2 ( 3 [ art    1 ( 2 (	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ones, assessments and similar amounts from members.  Section 162(e) nondeductible lobbying and political expenditures (do not include emounts political expenses for which the section 527(f) tax was paid).  Current year	)(5), )R (b	or se	3 ction
2 ( 3 [ art    1 ( 2 (	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ones, assessments and similar amounts from members.  Section 162(e), nondeductible lobbying and political expenditures (do not include emounts political expenses for which the section 527(f) tax was paid):	)(5), )R (b	or se	3 ction
2 [ art    1   2   5   6   c	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ones, assessments and similar amounts from members.  Section 162(e), nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.	)(5), OR (b	or se	3 ction
2 (art II 1 (2 ) 2 (5 ) 5 (7 )	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ones, assessments and similar amounts from members.  Section 162(e) mondeductible lobbying and political expenditures (do not include emounts political expenses for which the section 527(f) iax was paid).  Current year	)(5), OR (b	or se Par	3 ction
2 [ art    1    2    5    6    6    6    6    6    6	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ones, assessments and similar amounts from members.  Section 1.62(e), mondeductible lobbying and political expenditures (do not include emounts political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	s of	or se Par	3 ction
2 [ art    1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," On answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e), nondeductible lobbying and political expenditures (do not include emounts political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues also notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble lobble.	(b) (5), or (b)	or see) Par	3 ction
2 (art III 2 (art III art III	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ones, assessments and similar amounts from members.  Section 1.62(e), mondeductible lobbying and political expenditures (do not include emounts political expenses for which the section 527(f) tax was paid).  Current year.  Carryover from last year.  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	s of f the bying	or se Par	3 ction

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes" on Form 990, Part IV, Ilno 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

20**15** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990.
➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

26-1180181 Organizations Maintaining Denor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete times 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tex Year Total acreage restricted by conservation easements. . . . . . **2**b h Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located > 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year R 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheat works of ert, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 1.16 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . (ii) Assets included in Form 990, Part X . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

Cat. No. 52283D

Schedule D (Form 990) 2015

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

Descri	-2
1 2 1	-

Schedute	n	Form	CON	2045
SCHEUME	v	II WIII	237.7	2013

Part	Organizations Maintaining	Colle	ctions of	Art, Histo	rical T	reasures,	or Oti	ner Similar As	sets (contin	ued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccess	ion, and oth	her record	s, check	cany of the	follow	ing that are a si	gnificant use	of its
a	☐ Public exhibition					or exchange				
b	Scholarly research			e [	] Other					
'C	Preservation for future generations									_
	Provide a description of the organizati	on's c	collections a	and explai	n how th	ney further t	he org	anization's exen	npî purpose i	n Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit than t	or receive to be mainta	donations	of ant, i	historical tre e organizatio	n's co	, or other similar inclination?	ar □Yes [	No
Part				<del></del>		<del></del>				<del></del>
	Complete if the organization 990. Part X. line 21.	answ	rered "Yes'							rm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custo	odian or oth	ier interm	ediary fo	or contributi	ons or	other assets no	ot [] Yes [	7 840
Ďe.	If "Yes," explain the arrangement in Pa								E les t	_ 100
Ď.	urtes, expantite arangement in re-	ar VIII	and comple	CUE U IC DUI	era u iej. ce	aut.	Γ	A	mount	
_	Paninning balance						10	- <del></del>		
C	Beginning balance						1d	<del></del>	<del></del>	
ď							10	<del></del>		
_	Distributions during the year						15	<del></del>		
f	Ending balance								2 T Van I	7' Nia
2a										
p Par								on Parc'Aii .	<u> </u>	
	Complete if the organization									
		(a) (	Current year	(b) Prio	r year	(c) Two years	s back	(ci) Three years bac	k (e) Four year	s·back
1a	Beginning of year balance			ļ		<u> </u>				
-b	Contributions		··	ļ						
C	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
6	Other expenditures for facilities and programs									
P	Administrative expenses	,		1						
g	End of year balance									
2	Provide the estimated percentage of t	he cu	rrent year e	nd balanc	e (line 1ç	a, column (a	)) held	as:		
a	Board designated or quasi-endowme	nt 🕨	_	%						
b	Permanent endowment	%								
c	Temporarily restricted endowment ▶		%							
	The percentages on lines 2a, 2b, and	2c sh	ould equal	100%.						
32	Are there enclowment funds not in the organization by:				zation th	at are held	and ac	lmınistered for ti	he Ve	No No
	(i) unrelated organizations								33(1)	1
	(ii) related organizations								3a(ii)	+
b	If "Yes" on line 3a(li), are the related of						• •		3b	<del></del>
4	Describe in Part XIII the intended use						• •		100	
	t VI Land, Buildings, and Equi							<del></del>	· <del>····································</del>	
اليناهب	Complete if the organization			s" on For	m 990.	Part IV. line	e 11a.	See Form 990	: Part X. line	-10.
	Description of property		(a) Cost or o	other basis	(b) Cost	or other basis other)	(c)	Accumulated lepreciation	(d) Book val	
18	Land	•					<b></b>	<del></del>		
b	Buildings				1					
c	Leasehold improvements								······································	
ď	Equipment		<b></b>	· · · · · · · · · · · · · · · · · · ·		38753	<del> </del>	0	<del></del>	38753
9	Other				<del>                                     </del>	30733	<b></b>			30/33
	Add lines 1a through 1e. (Column (d)	must e	equal Form	990, Part	X, colum	n (B), line 10	Oc.) .			38753
										77,70

Part VII	Investments - Other Securities.  Complete if the organization answer	ered "Yes" on For	m 990	Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)			Book value	(c) Met	nod of valuation: -of-year market value
(1) Financial	derivatives					
	eld equity interests					
(3) Other						
(A)						
(B)						
(0)						
(D)						
(F)			<del> </del>			<del></del>
(G)			<del></del>		····	
(H)						······
	)) must equal Form 990, Part X, col. (B) line 12.) ▶			<del></del>	. <del> </del>	<del></del>
Part VIII	Investments-Program Related.	<del></del>			<del></del>	<del></del>
	Complete if the organization answ		rm 990	, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b)	Book value		thod of valuation: I-of-year market value
(1)						
(2)						
(3)			ļ			
<u>(4)</u>			<del> </del>	<del> </del>		
(5)			ļ	· · · · · · · · · · · · · · · · · · ·		<del></del>
<u>(6)</u>		<del></del>	<del> </del>	<del></del>	<del></del>	
(7)			<del> </del>	~		
(8)			<del>}</del>	<del></del>	······································	
	b) must equal Form 990, Part X, col. (B) line 13.)	<del></del>	<b> </b>			
Part IX	-Other-Assets.				· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answ	ered "Yes" on Fo	rm 990	), Part IV, lin	e 11d. See Forn	n 990, Part X, line 15.
	(a)	Description.				(b) Book value
(1)						<u> </u>
(2)						<u> </u>
(3)		<del></del>		<del></del>		<del> </del>
(4)						<del> </del>
<u>(5)</u> (6)						
(7)						<del> </del>
.(8)				·		
(9)						<u> </u>
	ımn (b) must equal Form 990, Part X, co	l. (B) line 15.)			>	
Part X	Other Liabilities. Complete if the organization answ	vered "Yes" on Fo	rm 99	0. Part IV. fir	e 11e or 11f Se	e Form 990 Part Y
	'line 25.	100 .07. 12		o,		or only oddy rate x,
1.	(a) Description of liability	(b), Book value		<del></del>	·	······································
(1) Federal	ncome taxes					
(2)						
(3)						
(4)						
(5)		<del></del>				
(6)						
(7)		· · · · · · · · · · · · · · · · · · ·	···-			
(9)	· · · · · · · · · · · · · · · · · · ·					
	(b) must equal Form 990, Part X, col. (B) line 25 ) ▶	<u>. —</u>	·			
	or uncertain tax positions. In Part XIII, provi	de the text of the foot	note to	the organization	n's financial statem	ents that reports the
organization	's liability for uncertain tax positions under	FIN 48 (ASC 740). CI	eck he	re if the text of	the footnote has be	en provided in Part XIII

Glass	1
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Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1	281762
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 1	
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	-25	_	
c	Recoveries of prior year grants	26	_	
d	Other (Describe in Part XIII.)	20		
0	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	<u>2817652</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		} }	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b.	Other (Describe in Part XIII.)	4b		
·C	-Add-lines 4a and 4b		4c 5	
5		monte Wills Evacues	· Bolama	281762
Hait	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990,	Dort IV line 12a	het wermit	
	Total expenses and losses per audited financial statements	rattiv, mie 12a.	7 4 7	250909
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·	250909
2	Donated services and use of facilities	28	} }	
a	Prior year adjustments	26		
b	Other losses	2c		
.03	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d		. 2e	
.3 .3	Subtract line 2e from line 1		3	250909
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		4a	1 1	
-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, li	ine 18.)	. 5	250909
Par	-XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a			
The u	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par nion is exempt from federal income taxes under Section 501c5 of the IRC. The has evaluated for uncertain tax positions and management has determined to	ere is no unrelated busines	s income. The	ay 31, 2016.
The n	etums for the past three years remain open for examination by tax jurisdiction	15.		
,				•••••••••••••••••••••••••••••••••••••••
		,		
		<	***************************************	

### 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.

20**15** 

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedute O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Öpen to Public Inspection

	28-1180181
Part VI #11b-Form reviewed by Business Mgr/Sec. Treas.	
Part VI #12a-The Code of Best Practices is part of the LIUNA Constitution.	
Part VI #12c-The written conflict of interest policy is included in the Code of Best Practices that is par	t 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 a	ny other disciplinary rule, regulation,
practice or procedure adopted by the LIUNA General Executive Board. The Code of Best Practices ex	plains the disciplinary procedure
that must be followed when necessary and the independent officers who are entrusted to enforce the	Code. The US DOL requires all
non-clerical employees to report on Form LM-30 potential situations where there may be conflicts of	interest. This information is open to
public inspection.	
Part VI #13- Code of Best Practices and Inspector General's office.	
Part VI #19- The Constitution (governing document) and Code of Best Practices (conflict of interest p	olicy) is available through the US
DOL, OLMS online public disclosure room. The information is filed under Laborers International Unio	n of North America, who files
the information on behalf of all affiliated organizations. In addition, our organization files an annual re-	eport with the DOL which can be
obtained in the online public disclosure room.	
Part VI #2- Business Mgr/Sec Treas and Sgt at Arms are father and son.	
······································	***************************************
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le 34, 35t	
art IV, lin	
m 990, F	
e" on For	
ered "Ye	
ion answ	
organizat	•
ete if the	
Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	<u> </u>
anization	
fed Oros	
Nith Del	
ortions 1	
(Form 990) 20	5
Schedule R	

Morte. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 Chino the tax year, clid the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more rélated organi	zations listed in Parts	V?	
a Réceint of M Interest. (II) annutties, (III) royattiés, or (IV) rent from a controlled entity				7
				A
מוני מנשנוי מן לשלווי מל ליווים מליווים			10	
c Gifft, grant, or capital contribution from related organization(s)				79
M I nans or loan attenties to or for related organization(s)				
		• • • • • • • • • • • • • • • • • • • •		16
Loans or loan guarantees by related organization(s)	•			
				7
f Dividends from related organization(s)				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Chila of annuals to maintain organization(s)				A R
		•		<u>۲</u>
n Purchase of assets from related organization(s)	•			11
		· · ·		11
J Léase of facilities, equipment, or other assets to related organization(s)				
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to take of facilities equipment of other assets from related organization(8)				4:
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m Performance of services or membership or tundraising solicitations by related organization of	• • •	•		4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) · ·		· · ·	•	2
o Sharing of paid employees with related organization(s)			•	
Bolymbrane maid to salated Organization(s) for extenses				7p /
	•	•		19
Heimbursement paid by related organization(s) for experises	•			
		•	•	<b>&gt;</b>
r Other transfer of cash or pioperty to related diganization(s)				
Chestransfer of cash or property from related organization(s)				18 4
	omplete this line, inclu	ding covered relation	ships and transactive	on thresholds.
Z II The graver to any of the above is need to mismachem for more	4	(3)	9	
(ន) Name of related or(អូឧការzatរបាក់	Transaction type (a-s)	Amqunt involved	Method of defermining amount involved	g amount involved
of the second section Committee D&C Find	L	550	550 paid by check	
1) Lucal azo Political Action Commission		,		
(2)				
(7)		,		
(2)				
(9)			Charles and Charles	April 10 (Form 000) 0035
			SUBBURGE	H (roun soul Av Iv

Schedule R (Form 990) 2015 Pail V Transacti

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	answered "Yes" on Form	990, Part IV, line 34	1, 35b, or 36.		- 4
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Sa K	2
	th one or more related organ	nizations listed in Parts	S II-IV?		_
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Glift, grant, or capital contribution from related organiza	• • • • • • • • • • • • • • • • • • • •			3	
d Loans or loan guarantees to or for related organization(s)				2	1
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f Dividends from related organization(s)	• • • • • • • • • • • • • • • • • • • •			=	1
d Sale of assets to related organization(s)		• • • • • •		-18	1
h Purchase of assets from related organization(8)	•			=	>
Exchange of except with palated onganization(b)	•			=	^
1 Leave of familials periforment or other assets to related organization(s)				1	>
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m Performance of services or membership or fundraising solicitations by related organization(s)	(s)				1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				<b>E</b> .	*
o Sharing of paid employees with related organization(s)				2	>
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n Reinhursement nelst to related organization(s) for expenses	•			4	>
		•		19	>
		-			_
		•	• • •		1
b Other transfer of cash or property from related organization(s)			17-17-17-17-17-17-17-17-17-17-17-17-17-1	10	<b>-</b>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction uneshouse.	must complete this line, incl	uding covered relation	Ships and transacti	on unesti	ords,
(a) Name of related Organizatron	(b) Transaction type (a-c)	(c) Amgunt involved	(d) Method of detèrmining amount involved	g amount in	penjon
(1) Local 620 Political Action Committee PAC Fund	2-	920	550 paid by check		
· C					
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(6)					
(6)					
(9)					
			Schedule	Schedule R (Form 990) 2015	90) po18