efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492265005567 Short Form OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2016 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. Department of the Treasury Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection A For the 2016 calendar year, or tax year beginning 07-01-2016 and ending 06-30-2017 **B** Check if applicable D Employer identification number C Name of organization SOUTH DAKOTA TRIAL LAWYERS ASSOCIATION ☐ Address change 46-0379430 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 1154 ☐ Final return/terminated (605) 224-9292 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Pierre, SD 575011154 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www sdtla com **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 20,273 2 2 Program service revenue including government fees and contracts 11,375 3 Membership dues and assessments 3 95,820 4 4 19 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances 30 b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 30 7c C 8 8 Other revenue (describe in Schedule O) 2,325 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 129,842 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 68,427 12 Salaries, other compensation, and employee benefits . 12 13 36,349 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 1,066 16 Other expenses (describe in Schedule O) 16 33,335 17 Total expenses. Add lines 10 through 16 17 139,177 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -9,335 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 31,769 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 22,434 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

-orm 990-EZ (2016)						Page 2
Part II Balance Sheets (see the instruction			David II			-
Check if the organization used Schedule	e O to respond to any q	juestion in this		eginning of year		(B) End of year
22 Cash, savings, and investments			(A) D	31,376	22	22,277
23 Land and buildings		[·	23	·
24 Other assets (describe in Schedule O)		[393	24	157
25 Total assets		[31,769		22,434
26 Total liabilities (describe in Schedule O)		7			26	
27 Net assets or fund balances (line 27 of column	· · · -			31,769	27	22,434
Part III Statement of Program Service Check if the organization used Schedule				t III) • • ☑	(R	Expenses equired for section 501(c)
What is the organization's primary exempt purpose?		1) and 501(c)(4) ganizations, optional for
SEE SCHEDULE O Describe the organization's program service accompl measured by expenses In a clear and concise manni penefited, and other relevant information for each pr	er, describe the service					hers)
28 See Additional Data Table						
(Grants \$) If this amour	nt includes foreign gran	its, check here		. ▶ □	28a	1
29					29a	1
				. \square		
` '	nt includes foreign gran	its, check here		. ▶ ⊔		
30					30a	1
(6. 1. 1.)						
<u> </u>	nt includes foreign gran	•		. ▶ ⊔		
31 Other program services (describe in Schedule O)						
(Grants \$) If this amour 32 Total program service expenses (add lines 28	nt includes foreign gran a through 31a)	its, check here			31a	
Part IV List of Officers, Directors, Trustees,	and Key Employees	(list each one eve	en if not co	mpensated — see the	ınstrı	uctions for Part IV)
Check if the organization used Schedule	O to respond to any q	juestion in this	Part IV.		•	🗆
(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2/ MISC) (if no enter -0	tion /1099- t paid,	(d) Health ben- contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
See Additional Data Table						

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in the	9		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V				
			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No	
35a	35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?				
ь	b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O				
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)				
36				No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36			
ь	Did the organization file Form 1120-POL for this year?	37b		No	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations Enter	1			
а	Initiation fees and capital contributions included on line 9 39a				
ь	Gross receipts, included on line 9, for public use of club facilities	1			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶				
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶					
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T				
41	Electric occided with which a depy of the recurring med	/COE\ 3	24 020		
42a	The organization's books are in care of ► <u>SARA HARTFORD</u> Located at ► 104 W SPRING CREEK DRIVE PIERRE, SD Telephone no ► (605) 224-9292 ZIP + 4 ► 57501				
			, <u></u>		
b	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)?	42b	Yes	No No	
	If "Yes," enter the name of the foreign country •				
С	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No	
	If "Yes," enter the name of the foreign country				
42 '	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □		
73.	and enter the amount of tax-exempt interest received or accrued during the tax year	•			
			Yes	No	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No	
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No	
	Did the organization receive any payments for indoor tanning services during the year?	44c		No	
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No	
45b	45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			No	
		1			

46 Did the org								Page
16 Did the ord							Yes	No
	janization engage, directly or indirector for public office? If "Yes," complete							
				•	• • •	46		No
All :	ction 501(c)(3) organization section 501(c)(3) organizations ick if the organization used Schedule	must answer questi	ons 47-49b and 52 Juestion in this Part VI	, and d	complete the table	s for lu	nes 50	and 5 □
		, ,					Yes	No
7 Did the ord	ganization engage in lobbying activiti	es or have a section 50	01(h) election in effect	durina	the tax year?			
	omplete Schedule C, Part II					47		
8 Is the orga	nization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E		48		
9a Did the org	ganization make any transfers to an	exempt non-charitable	related organization?			49a		
b If "Yes," wa	as the related organization a section	527 organization? .				49b		
	his table for the organization's five h					and key	employ	ees)
	received more than \$100,000 of come e and title of each employee	pensation from the org	ganization If there is i		nter "None ") Health benefits,	(a) Fo	timated	amouu
(a) Nam	e and tide of each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contr	pricate benefits, ibutions to employee enefit plans, and erred compensation			
ONE								
£ T-1-1	-L	100.000				1		
	nber of other employees paid over \$	•				h-n #10	0.000 -	
	his table for the organization's five hold in the five help is the fixed in the fixed is the fixed in the fix		idependent contractor	s wno e	ach received more t	nan şiu	0,000 6	Г
í	(a) Name and business address of e					-		
',	(a) Hame and business dualess of c	ach independent contr	actor	(b) T	pe of service (c) Comp	ensation	<u> </u>
		ach independent contr	actor	(b) T	ype of service (C) Comp	ensation	<u> </u>
		ach independent contr	actor	(b) T	ype of service (C) Comp	ensation	<u> </u>
		ach independent contr	actor	(b) T	ype or service (C) Comp	ensation	<u> </u>
		ach independent contr	actor	(b) T	ype or service (C) Comp	ensation	<u> </u>
		ach independent contr	actor	(b) T	ype or service (C) Comp	ensation	<u> </u>
		ach independent contr	actor	(b) T	ype or service (C) Comp	ensation	<u> </u>
		ach independent contr	actor	(b) T	ype or service (C) Comp	ensation	<u> </u>
		ach independent contr	actor	(ь) Т	ype or service (C) Comp	ensation	<u> </u>
ONE				(ь) Т	ype or service (C) Comp	ensation	
ONE	nber of other independent contractor				ype or service (C) Comp	ensation	
d Total num	nber of other independent contractor	s each receiving over	\$100,000	· · · ·	•			— —
d Total num	nber of other independent contractor organization complete Schedule A? Ned Schedule A	s each receiving over :	\$100,000		•	→ □ Y €	es √ I	
d Total num 2 Did the complete	nber of other independent contractor organization complete Schedule A? Ned Schedule A	TS each receiving over to the section 501(\$100,000 c)(3) organizations mu		ch a	Yed to the	es ☑ N best of	
d Total num 2 Did the complete ander penalties of the complete of the comple	nber of other independent contractor organization complete Schedule A? Ned Schedule A	TS each receiving over to the section 501(\$100,000 c)(3) organizations mu		ch a	Yed to the	es ☑ N best of	
d Total num 2 Did the complete one of the com	nber of other independent contractor organization complete Schedule A? Ned Schedule A	TS each receiving over to the section 501(\$100,000 c)(3) organizations mu		ch a	Yed to the	es ☑ N best of	
d Total num 2 Did the complete one of the com	nber of other independent contractor organization complete Schedule A? Ned Schedule A	TS each receiving over to the section 501(\$100,000 c)(3) organizations mu		ch a	Yed to the	es ☑ N best of	
d Total num 2 Did the complete inder penalties of lowledge and be a sany knowledge gn ere SAF Typ	nber of other independent contractor organization complete Schedule A? N ed Schedule A	TS each receiving over to the section 501(\$100,000 c)(3) organizations mu	ust atta	ch a and statements, and on all information 2017-09-20 Date Check f	Yed to the	es ☑ N best of	
d Total num 2 Did the complete one of the com	nber of other independent contractor organization complete Schedule A? Need Schedule A	TS each receiving over state of the section of preparer's signature	\$100,000 c)(3) organizations mu	ust atta	ch a and statements, and on all information	Yed to the	es ☑ N	
d Total num 2 Did the complete ander penalties of the complete of the comple	nber of other independent contractor organization complete Schedule A? Noted Schedule A	TS each receiving over state of the section of preparer's signature	\$100,000 c)(3) organizations mu	ust atta	ch a	► Y €	es ☑ N	
d Total num 2 Did the complete der penalties of owledge and be any knowledge gn ere SAF Typ aid reparer	nber of other independent contractor organization complete Schedule A? Need Schedule A	TS each receiving over state of the section of preparer's signature	\$100,000 c)(3) organizations mu	ust atta	ch a and statements, and ed on all information 2017-09-20 Date Check if self-employed Firm's EIN	► Y €	es ☑ N	

Additional Data

Software ID: 16000333

Software Version: 17.2.1.0 **EIN:** 46-0379430

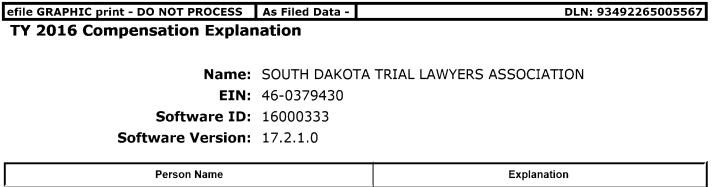
Name: SOUTH DAKOTA TRIAL LAWYERS ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
	ARD OF ETHICS AMONG TRIAL LAWYERS AND PROMOTE JUSTICE AND EFFICIENCY IN TO THE TRIAL OF CIVIL AND CRIMINAL CASES	28a	
(Grants \$)	If this amount includes foreign grants, check here \ldots . \blacktriangleright		

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
MARGO T JULIUS PRESIDENT	001 00	0		
RYAN KOLBECK PREIDENT ELECT	001 00	0		
TJ VON WALD SEC/TREASURER	001 00	0		
STEVEN BEARDSLEY PAST PRESIDENT	001 00	0		
NATE OVIATT AAJ YOUNG MEMBER	001 00	0		
CLINT SARGENT AAJ GOVERNOR	001 00	0		
TERRY QUINN AAJ GOVERNOR	001 00	0		
TIMOTHY RENSCH AAJ DELEGATE	001 00	0		
AARON EIESLAND AAJ DELEGATE	001 00	0		
MCLEAN THOMPSON KERVER MEMBER	001 00	0		
KASEY OLIVIER MEMBER	001 00	0		
MICHAEL BEARDSLEY MEMBER	001 00	0		
MELISSA NEVILLE MEMBER	001 00	0		
ALECIA FULLER MEMBER	001 00	0		
MELISSA NICHOLSON BREIT MEMBER	001 00	0		

form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees Ilst each one even if not compensated — see the instructions for Part IV) The ck if the organization used Schedule O to respond to any question in this Part IV				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
RALEIGH HANSMAN MEMBER	001 00	0		
KYLE WIESE MEMBER	001 00	0		
BEAU BARRETT MEMBER	001 00	0		
CASEY FIDELER MEMBER	001 00	0		
JASON KRAUSE MEMBER	001 00	0		
AMY BARTLING MEMBER	001 00	0		
SARA HARTFORD EXECUTIVE DIRECTOR	040 00	60,000	8,427	



efile GRAPH	le GRAPHIC print - DO NOT PROCESS As Filed Data -		DL	N: 93492265005567
SCHEDIII	CHEDULE O Supplemental Information to Form 990 or 990-EZ		or 990-F7	OMB No 1545-0047
EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		2016 Open to Public Inspection		
Name of the organization SOUTH DAKOTA TRIAL LAWYERS AS		RS ASSOCIATION plemental Information	Employer ide 46-0379430	ntification number
Return Reference	e 0, 3up	Explanation		
Form 990- EZ, Part I, Line 8, Other Revenue	ADVERT	TISING 2,325		

Return Explanation
Reference

Form 990EZ, Part I,
Line 16,
Other
Expenses

Conferences, conventions, and meetings 16,245

Return Reference
Form 990- Equipment rental and maintenance 759

EZ, Part I,
Line 16,
Other
Expenses

Return Explanation Reference Form 990-Supplies 276 EZ, Part I,

Line 16, Other Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Telephone 2,688 EZ, Part I, Line 16,

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-PAYROLL TAXES 4,590

Form 990- PAYROLL TAXES 4,590
EZ, Part I,
Line 16,
Other

Expenses

Return Explanation
Reference

Expenses

Form 990EZ, Part I,
Line 16,
Other

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-INSURANCE 886 EZ, Part I, Line 16,

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-WEB PAGE 346 EZ, Part I, Line 16, Other

Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-**UNEMPLOYMENT TAXES 720** EZ, Part I, Line 16,

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-POSTAGE 588 EZ, Part I, Line 16, Other

Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-MISC 517 EZ, Part I, Line 16,

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-EXEC DIRECTOR EXPENSES 2,575

EZ, Part I,
Line 16,
Other
Expenses

Return Explanation Reference Form 990-**DEPRECIATION 261** EZ, Part I,

Line 16, Other Expenses

Return Explanation Reference

Form 990-EQUIPMENT Beginning of year 393, End of year 157 EZ, Part II,

Line 24. Other Assets

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990-	CONDUCTED PROGRAMS FOR PEOPLE NO ASSOCIATED WITH THE LEGAL SYSTEM THAT WANT TO LEARN ABOUT
EZ, Part III,	THE US LEGAL SYSTEM
Line 28	

Return Explanation
Reference

Form 990EZ, Part III,
Line 29

CONDUCTED PROGRAMS TO CONTINUE THE LEGAL EDUCATION OF ASSOCIATION MEMBERS BY PROVIDING
SPEAKERS TO CONDUCT SEMINARS