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Form **990-EZ** Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

Section 501(c)(3) organizations and 4947(a)(1) measurement of part o	Ā	For t	he 2009 calendar year, or tax year beginning AUG 1, 2009 and ending JUL	31,	2010
Section Stricts (expected property) SOUTH DARCTA BAR POUNDATION 46 - 0.378148				Employer	dentification number
Second soft Colors from second contracts Second soft Colors from second colors from		TAddr	ess luse IRS		
Second	Ē	□ Nam	, limper or l	46-0	378148
Second Second Second Second Second Se		Initia	Number and street (or P.O. box. if mail is not delivered to street address) Room/suite F	Telephone	number
Special power Special powe		Terr	pur- Specific 222 RAST CAPTTOI.	(605) 224-7554
* Section 501(c)(3) organizations and 4947(a)(1) one-scengt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2). Website: NNA Check If the organization is not a section 509(a)(3) supporting organization and its prose receipts (the complete separate status (check only one) IX 501(c)(3) (insert no.) 4947(a)(1) or IX 100 (insert no.) 100 (insert no.) (insert no.) 100 (insert no.) (insert no		Ame	anded trops City or town, state or country, and ZIP + 4	Group Exe	mption
Website: N/A		Appl	PIERRE, SD 57501	Number	>
Website: N / A Travesempt status (check only one)		• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting	ng method:	X Cash Accrual
Tax-exempt status (check only one)			Schedule A (Form 990 or 990-EZ). Other (sp	ecify) 📂	
Check If the organization is not a section 50(9(a)(3) supporting organization and its gross recepts are normally not more than \$25,000. A Form 990-E2 or Form 990 return is not required, but if the organization chooses to life a return, be sure to file a complete return. Add lines 50, 50, and 70, to line 9 to determine gross receipts if \$500,000 or more, life Form 990 instead of Form 990-E2	ī	Webs	ite: ► N/A H Check ▶	► 🗓 if t	the organization is not
Form 990 return is not required, but if the organization chooses to tike a creture, be sure to file a complete return. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1.) Tontributions, grits, grants, and samilar amounts received 1 121, 237. 2 Program service revenue including government fees and contracts 2 2 Program service revenue including government fees and contracts 3 3 3 3 3 3 3 3 3	J	Tax-e	xempt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 required to a	ittach Sched	Jule B (Form 990, 990-EZ, or 990-PF)
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	K	Check	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not m	nore than \$2	25,000. A Form 990-EZ or
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)			Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return	rn.	
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Form 990-EZ (2009) SOUTH DAKOTA BAR FOUND			46-	<u>03/81</u>	48 Page 2
Part III Statement of Program Service Accomplis		'		Ex	cpenses .
What is the organization's primary exempt purpose? ENCOURAGE I	AW RELATED EDUCA	TION			or section 501(c)(3)
Describe what was achieved in carrying out the organization's exem			be		i) organizations and 7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other r	elevant information for each prog	ram title.		for others)	
28 SEE STATEMENT 5		 			
				1	
<u> </u>			_		
(Grants \$) If this amount includes fo	reign grants, check here .			28a	<u>109,942.</u>
29					
(Grants \$) If this amount includes fo	reign grants, check here	▶		29a	
30					
				ļ	
(Grants \$) If this amount includes fo	reign grants, check here		Ш	30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes fo	reign grants, check here	<u> </u>		31a	
32 Total program service expenses (add lines 28a through 31a)				32	<u> 109,942.</u>
Part IV List of Officers, Directors, Trustees, and I	Key Employees. List each one ex	ven if not compensated (See the	instructions i	or Part IV)
	(b) Title and average hours	(a) Companyation		ntributions	
(a) Name and address	per week devoted to	(c) Compensation (If not paid, enter		mployee it plans &	(e) Expense account and
(=) Name and according	position	-0)		ferred	other allowances
	·		i .	pensation	
J. CRISMAN PALMER	DIRECTOR				
PO BOX 8045, RAPID CITY, SD 57709	1.00	0.		0.	L 0.
PATRICK G. GOETZINGER	DIRECTOR				
PO BOX 8045, RAPID CITY, SD 57709	1.00	0.		0.	0.
THOMAS J. WELK	PRESIDENT				
PO BOX 5015, SIOUX FALLS, SD 57117	1.00	0.		0.	0.
RICHARD L. TRAVIS	DIRECTOR				
PO BOX 88738, SIOUX FALLS, SD 5710	1.00	0.		0.	0.
ROBERT C. RITER, JR.	PRESIDENT ELE	CT			
PO BOX 280, PIERRE, SD 57501	1.00	0.		0.	0.
BERNIE CHRISTENSON, 1027 W. CAPITO	L DIRECTOR				
AVE., PIERRE, SD 57501	1.00	0.		0.	0.
THOMAS C. BARNETT, JR., 222 EAST	SEC/-TREAS				
CAPITOL AVENUE, PIERRE, SD 57501	1.00	0.		0.	0.
ROXANNE GIEDD	DIRECTOR				
1302 E, HWY.14 #1, PIERRE, SD 5750	1.00	0.		0.	0.
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932172 02-08-10	-			Form	990-EZ (2009)

Other Information (Note the statement requirements in the instructions for Part V.) Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach a statement explaining why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Sch. N 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year? 37b X 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 period covered by this return? 38a X b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a 39Ь b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4912 ► 0 • ; section 4955 ► section 4911 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 X 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. 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 List the states with which a copy of this return is filed. NONE Telephone no. \triangleright (605) 224-7554 **42a** The organization's books are in care of ▶ **TOM BARNETT** Located at ▶ 222 EAST CAPITOL, PIERRE, SD ZIP+4 ► 57501 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b X account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? X 42c If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A 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? If "Yes," Form 990 must be completed instead of X Form 990-EZ 44 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	organizations and section 4947(a)(1) nonexempt charitab and 51.	ole trusts must answer questio	ns 46-49b and con	nplete the tables	for l	ines 5	50		
46	Did the organization engage in direct or indirect political campaign activities	es on behalf of or in opposition to	candidates for public			Yes	No		
	office? If "Yes," complete Schedule C, Part I				46		Х		
47	7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
	Is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Y	•			48		X		
	Did the organization make any transfers to an exempt non-charitable relati	ed organization?		_	49a	_X			
	If "Yes," was the related organization a section 527 organization?			<u></u>	49b		X		
	Complete this table for the organization's five highest compensated emplothan \$100,000 of compensation from the organization. If there is none, en		s, trustees and key er	nployees) who ea	ch rec	eived	more		
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e	Expector Count or allow			
						-			
	Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid mo	· · · · · · · · · · · · · · · · · · ·	(b) Type of ser	· · · · · · · · · · · · · · · · · · ·		pensa			
						-			
d	Total number of other independent contractors each receiving over \$100,	000	>						
Sign Here		g accompanying schedules and statemer all information of which preparer has any Secretary —	knowledge	-Z/17/11 Date	ef, it is	true,			
Paid Prepa Use (Only 12	2/15/11 em	eck if self- ployed Prep	arer's identifying nur	nber (S	ee insti	·)		
	Hirm's name (or yours it self-employed), address, and ZIP+4 PALMER, CURRIER & HOF IT IN INCOLN AVE, S PIERRE, SD 57501	STE 3, P. O. BOX	EIN Phon no.	e ► 605-22	_	882	6		
May 1	the IRS discuss this return with the preparer shown above? See instruction	ns	-	<u> </u>			<u>No</u>		
				Fn	rm 99	90-E7	(2009)		

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Employer identification number

				<u>ĀKŪTĀ BĀR FU</u>						46	<u> -0378.</u>	148
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions.			
he	organi	zation is not a	private foundation	because it is: (For lines 1	I through 1	1, check o	only one b	ox)				
1		A church, cor	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)				
2		A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state										
5		An organization	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	describe	ed in	
		-	(b)(1)(A)(iv). (Comple		-		-	_				
6		•			t described	in sectio	n 170(b)(1)(A)(v).				
	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		_	b)(1)(A)(vi). (Comple		• •		•					
8		-		ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	一	•		eives: (1) more than 33 1		-	om contri	butions, m	nembershi	o fees. an	d aross rec	eipts from
-		_		nctions - subject to certa								
			-	axable income (less sect	-						_	
			509(a)(2). (Complete	•		,			,			,
10				perated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	I).			
11	一	-	-	perated exclusively for th						v out the	purposes of	one or
		9		ations described in section				•	•		•	
			• • •	organization and comple				,		- / - /		
		а П Туре І		¬		e III - Func		egrated		d 🗀	Type III - O	ther
е		• •		t the organization is not	• •		-	-	r more disc	aualified p	persons other	er than
•				han one or more publicly								
f			-	ten determination from t						() (•	
Ī		-	rganization, check th			•	. , , , ,	, .,				
g			•	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?		
-	•	-		lirectly controls, either al								Yes No
		• •	-	upported organization?						•	11g(i)	
		-	• •	n described in (i) above?							11g(ii)	
		• •	· ·	person described in (i) o		?					11g(iii)	
h	1	. ,	•	about the supported or	• •			·				
			_		_							
/i') Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls		(vii) Ame	ount of
١٠,	•	inization	(,	organization (described on lines 1-9		sted in your			organization (i) organization	ed in the	supp	
	·			above or IRC section	governing	document?	(i) of your	support	`` U.S.	.?		
				(see instructions))	Yes	No	Yes	No	Yes	No		
						i						
	_											
									1			
												
		1										
_	_									 		· · · · · ·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009 S irt II Support Schedule for (Complete only if you checke	Organizations	Described in	UNDATION Sections 170	(b)(1)(A)(iv) and	46-037 d 170(b)(1)(A)(v	8148 Page 2 i)
500	ction A. Public Support	d the box on line 5	, 7, 01 6 01 Part 1.)			 	
		(=) 200E	(L) 2006	(-) 0007	(4) 0000	(-) 0000	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	mempersnip fees received. (Do not include any "unusual grants.")	277 500	205 210	320 206	129,271.	121,237.	
•	•	211,300.	200,319.	320,200.	129,2/10	121,237.	1,133,533.
2	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities			····			
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	277,500.	285,319.	320,206.	129,271.	121,237.	1 122 522
5	The portion of total contributions	211,300.	200,010.	320,200.	127,2110	121,251.	1,133,533.
3	by each person (other than a					i	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)						150 552
_	, ,						150,553.
	Public support. Subtract line 5 from line 4						<u>982,980.</u>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(4) 0000	4-> 0000	/0.T-+-1
	Amounts from line 4	277,500.	285,319.	_	(d) 2008 129, 271.	(e) 2009 121, 237.	(f) Total
•	Gross income from interest,	211,300.	203,317.	320,200.	147,4110	141,257.	1,133,533.
•	dividends, payments received on						
	• •						
	securities loans, rents, royalties	1,749.	3,964.	5,583.	3,153.	2,357.	16 006
_	and income from similar sources	1,/43.	3,304.	3,363.	3,133.	4,357.	<u>16,806.</u>
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	•						
	or loss from the sale of capital			151.	5.		156.
	assets (Explain in Part IV.)			1910	<u></u>	<u></u>	
	Total support. Add lines 7 through 10	oto (coo inota inti			<u> </u>	10	1,150,495.
	Gross receipts from related activities,	•	•	d fourth or fifth to	N 1/00r 00 0 ====	12 n 501(a)(3)	
13	First five years. If the Form 990 is for		s iirst, second, triir	a, iourth, or littri ta	ax year as a sectio	n 501(c)(3)	. □
Sec	organization, check this box and storection C. Computation of Publ		rcentage	•			
	Public support percentage for 2009 (column (fl)		14	85.44 %
15	5.11		•			15	85.44 % 85.28 %
	33 1/3% support test - 2009.If the o			iline 13. and line 1	4 is 33 1/3% or m		
102	stop here. The organization qualifies	•			14 13 00 17070 01 11	ore, crieck tries box	. > X
ı.	33 1/3% support test - 2008. If the o		•		line 15 is 33 1/3%	or more check thi	
4	and stop here. The organization qual	-				or more, check the	▶□
17-	10% -facts-and-circumstances tes	•	• • •	•		nd line 14 ie 1004 a	ar more
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	now the organ	▶ □
L	10% -facts-and-circumstances tes	-	•		-	7a and line 15 is 1	0% or
	more, and if the organization meets the	-					o o.

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007(d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or busmess under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990	or 990-EZ) 2009	SOUTH DAK	OTA BAR F	OUNDATIO	<u>N</u>		<u>46-0378148</u> Pag
Part IV Supple	mental Inforn	nation. Complet	e this part to provid	de the explanatio	ons required	by Part II, line	10; Part II, line 17a or 17b;
and Part	III, line 12. Provid	e any other additio	nal information. Se	e instructions.			
•							
CHEDULE A,	PART II,	LINE 10,	EXPLANAT	ION FOR	OTHER	INCOME:	
MISCELLANEO	IIS INCOME						
1100000	00 11100111			-			
		 					
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						<u> </u>	
			 -	-		_	
		 					

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
MANAGEMENT FEE DUES BOARD OF DIRECTORS SUPPLIES OTHER		5,000. 300. 824. 393. 11.
TOTAL TO FORM 990-EZ, LINE 16		6,528.

FORM 990-EZ		PAY	STATEMENT	2			
AFFILIATE'S NAME					AFFILIATES ADDRESS		
PUBLIC INFORMATION	COMM.	(STATE	BAR	OF	222 E CAPITOL AVE		
SD)		AFFILIATES ADDRESS					
PURPOSE OF PAYMENT						AMOUNT	
ASK A LAWYER				 		11,9	42.
AFFILIATE'S NAME					AFFILIATES ADDRESS		
ACCESS TO JUSTICE							
PURPOSE OF PAYMENT						AMOUNT	
COORDINATOR						60,0	00.

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT 3
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
MAINTAIN ADULT DISABLED PROGRAM SD GUARDIANSHIP PROGRAM 105 E CAPITOL AVE PIERRE, SD 57501	NONE	10,000.
STATEHOUSE COVERAGE SD PUBLIC BROADCASTING PO BOX 5000 VERMILLION, SD 57069	NONE	18,000.
OPERATE TEEN COURT SYSTEM SD TEEN COURT ASSOCIATION 116 NORTH EUCLID AVENUE PIERRE, SD 57501	NONE	10,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		38,000.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		TATE	MENT	4
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[]	YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO

990-EZ PG 2

STATEMENT

THE INTEREST PAID TO THE FOUNDATION FROM THE MEMBER TRUST ACCOUNTS IS USED TO 1) HELP PREVENT CRIME, 2) FACILITATE AND IMPROVE THE DELIVERY OF LEGAL SERVICES, 3) ENCOURAGE LAW RELATED EDUCATION, 4) GIVE THE PUBLIC INFORMATION ABOUT HOW THE COURTS AND LAWYERS FUNCTION, AND 5) ISSUE PUBLICATIONS ON THE LEGAL SYSTEM

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	u are filing for an Automatic 3-Month Extension, complet	=		form)		X
-	u are filing for an Additional (Not Automatic) 3-Month Ex	9		•		
	complete Part ii unless you have already been granted a		·			
	onic filing (e-file). You can electronically file Form 8868 if y			•	•	
	d to file Form 990-T), or an additional (not automatic) 3-mor		_		•	
	to file any of the forms listed in Part I or Part II with the exc	-				
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on th	ne elec	tronic filing of this	form,
	ww.irs gov/efile and click on e-file for Chanties & Nonprofits					
Part						
	oration required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and com	plete	_	
Part I c	•				•	· 🗀
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and t	rusts must use Form 7004 to request an	exten	sion of time 	
Type o	r Name of exempt organization			Emp	loyer identification	n number
	SOUTH DAKOTA BAR FOUNDATION	J		4	6-0378148	
File by th	8 Number street and seems to be B.O. hours		tions			
filing you	222 EAST CAPITOL					
return So instruction		reign add	ress, see instructions.			
	122222					
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			0 3
Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 9		03	Form 4720		-	09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
• The	TOM BARNETT books are in the care of \triangleright 222 EAST CAPITO phone No. \triangleright (605) 224-7554	OL - 1				
• If th	e organization does not have an office or place of business	s in the Ur	nited States, check this box		•	• 🔲
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	is ıs fo	r the whole group,	check this
box.	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension is	s for.
1	request an automatic 3-month (6 months for a corporation	required		ul —		
	s for the organization's return for	. 0.ga			THE EXICUTE OF	
i	calendar year or					
j	X tax year beginning AUG 1, 2009	, an	d ending JUL 31, 2010		<u> </u>	
2	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	al retur	n	
	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
-	nonrefundable credits. See instructions.			3a	\$	0.
	f this application is for Form 990-PF, 990-T, 4720, or 6069,			1		_
	estimated tax payments made. Include any prior year overp			3b		0.
	Balance due. Subtract line 3b from line 3a. Include your pa by using EFTPS (Electronic Federal Tax Payment System).	•	*	3c	 •	0.
	on. If you are going to make an electronic fund withdrawal v				EO for payment ins	