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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

2010
Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning and	ending			
B c	heck if pplicable	C Name of organization		D Employer identific	ation number	
	Addres change Name	STATE BAR ASSOCIATION OF NORTH DAKOTA		45.0	222470	
<u> </u>	_ichange ∃initial	Doing Business As			222470	
	return Termin- ated	·	Room/suite	E Telephone number (701	255-1404	
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,189,768.	
	Applica	LBISMARCK, ND 30302		H(a) Is this a group re	turn	
	pendin	F Name and address of principal officer: WILLIAM A. NEUMANN	·	for affiliates?	Yes X No	
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No	
<u> </u>	ax-exe	mpt status: 501(c)(3) X 501(c) (6) (Insert no.) 4947(a)(1) (1)	or 🔲 527	If "No," attach a	list. (see instructions)	
<u>J V</u>	Vebsit	e:▶ SBAND.ORG		H(c) Group exemption	number 🕨	
K F	orm of	organization: Corporation Trust X Association Other	L Year	of formation: 1899 M	State of legal domicile; ND	
Pa	irt I	Summary				
Ð	1 8	Briefly describe the organization's mission or most significant activities: ${ m { t TO} \ { t Pl}}$	ROMOTE	JUSTICE AND	D SERVE THE	
Governance]	LAWYERS AND THE PEOPLE OF NORTH DAKOTA A	ND PRO	VIDE LEGAL :	SERVICES TO	
Ĕ	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets	
8	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	14	
දෙ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	14	
es	5 7	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	8	
Activities &	6	otal number of volunteers (estimate if necessary)		6	250	
₹ct	7 a 1	otal unrelated business revenue from Part VIII, column (CRECEIVED		7a	16,522.	
_	1d	Net unrelated business taxable income from Form 990 T, line 34	- l	7ь	756.	
		MAY 1 6 2019		Prior Year	Current Year	
ā	8 (Contributions and grants (Part VIII, line 1h)	# . ! · · · · · · · · · · · · · · · · · ·	610.	810.	
en		Program service revenue (Part VIII, line 2g)		1,135,704.	1,149,579.	
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and Col SOEM 117	-	36,687.	22,857.	
-	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_/ -	16,339.	16,410.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,189,340.	1,189,656.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14 1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
es	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		326,989.	351,524.	
Expenses	1	Professional fundraising fees (Part fX, column (A), line 11e)	_	0.	0.	
Š	1	Total fundraising expenses (Part IX, column (D), line 25)	0.			
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		837,022.	708,179.	
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,164,011.	1,059,703.	
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		25,329.	129,953.	
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year	
SSE	20	Total assets (Part X, line 16)	<u> </u>	1,203,844.	1,341,313.	
ag.	21	Total liabilities (Part X, line 26)		75,148.	82,305.	
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	1,128,696.	1,259,008.	
л—	art II	Signature Block				
		lties of parjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is	
_true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	mich prepare			
<u>Z</u> ⊑Sig	_	Signature of officer		Date		
_Sig	n 		D	24.0		
Her	e	WILLIAM A. NEUMANN, EXECUTIVE DIRECTO Type or print name and title	N.			
<u>i</u> ;				Date Check	PTIN	
Paid	.	1 1 1 1/1/	1	05/10/11 sett-employe	 j	
ī -	parer	Firm's name BRADY, MARTZ & ASSOCIATES			<u></u>	
2 '	Only	Firm's address P.O. BOX 1297		Firm's EIN		
~000	J.1117	BISMARCK, ND 58502		Phone no. 7	01-223-1717	
Mar.	u tha IS		 	Triione no. 7		
ivia	y ti le il	S discuss this return with the preparer shown above? (see instructions)		 	X Yes No	

	990 (2010) STATE BAR ASSOCIATION OF NORTH DAKOTA 45-0222470 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE JUSTICE AND SERVE THE LAWYERS AND THE PEOPLE OF NORTH
	DAKOTA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
*	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$
40	STATE BAR ASSOCIATION OF NORTH DAKOTA HELPS TO FUND AND OPERATE THE
	SUPREME COURT'S LAWYER DESCIPLINARY SYSTEM, AND MAINTAINS HIGH
	STANDARDS OF PROFESSIONAL ETHICS.
	DIEDIED OF FROTEBOTOMIE BINIOUS
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
	STATE BAR ASSOCIATION OF NORTH DAKOTA CONDUCTS AN ANNUAL MEETING THAT
	INCLUDES MANY HOURS OF CONTINUING LEGAL EDUCATION TO MAINTAIN
	PROFESSIONAL EXPERTISE.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
	STATE BAR ASSOCIATION OF NORTH DAKOTA PROVIDES SEVERAL MEMBER BENEFITS
	INCLDUING A FREE ON-LINE LEGAL RESEARCH SYSTEM, AND A FREE MEMBER
	ASSISTANCE PROGRAM TO ADDRESS OFFICE MANAGEMENT AND RELATED STRESS
	ISSUES.
4d	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

Page 3 Form 990 (2010) Part IV Checklist of Required Schedules 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 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, 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 Х 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 10 Х If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes." complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		X
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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			}
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
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)		i	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ļ	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No		1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1		
	Note, All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2010)

tal Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W:20 included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with more without the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3a Did the organization have unrelated business gross income of \$10,000 or more during the year? 3a X 5b If "Yes," has if filed a Form 990-T for this year? If "Ne," provide an explanation in Schedule 0 4 At any time during the selendar 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, secuntes account, or other financial account). See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Saw the organization a party to a prohibited tax shelter transaction at any time during the lax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited atx shelter transaction at any time during the lax year? 5b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7b If "Yes," did the organization neture with every selectation an express statement that such contributions or grits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 9d Did the organization receive a payment in excess 50's made party as a contribution of the organization fore form 8282? 7c Did th	al	Check if Schedule O contains a response to any question in this Part V				
1s Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) with mackup withholding rules for reportable payments to vendors and reportable gaming (gaming) with mackup withholding rules for reportable payments to vendors and reportable gaming (gaming) with mackup withholding rules for reportable payments to vendors and reportable gaming (gaming) with mackup within the year covered by this return 1st eleast one a reported on the 2d, did the organization file all required dedraf employment tax returns? Note. If the sum of lines 1 a and 2 as greater than 250, you may be required to e-file (see instructions) 3st DM the organization have unreleaded business gross is encore of \$1,000 or more during the year? 1st if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T for this year?** if **\forestax** filled a Form 990T filled a Form 990T filled a Form 990T filled a Form 990T for measure if **\forestax** filled a Form 990T for white the organization near party to a prohibited tax that are normally greater than \$100,000, and did the organization self-action o	_				Yes	No
be Enter the number of Forms W26 included in line 1a, Enter Or 4 not applicable or Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with my the backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within the backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within the payment of the payment that is a payment of the payment of the payment of the payment tax returns? 22 Enter the number of prome with the organization file all required federal employment tax returns? 33 Did the organization have unrelated business gross incore of \$1,000 or more during the year? 34 All and white during the calendar year, did the organization of \$1,000 or more during the year? 35 If "Yes," and the organization payment of the organization of \$1,000 or more during the year? 36 If "Yes," enter the name of the foreign country, lew as a bank account, security cauches a payment of the organization of the organization of the payment of the organization of the was or is a party to a prohibited tax sheller transaction? 36 Did any taxable party notify the organization file form 888617? 37 Organization have annual gross excepts that are normally greater than \$100,000, and did the organization should be a payment in except of the organization have annual gross excepts that are normally greater than \$100,000, and did the organization should be a payment in except of \$2.00 the organization that were year to tax deductibil? 38 If "Yes," did the organization manual gross excepts that are normally greater than \$100,000, and did the organization should be a payment in except of the payment of the payment of the payment in except of the organization than the payment in except of t	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambing) with monitors to make with a series of the contributions of the organization selected the contribution of qualified intercent and selected the contributions of the series and selected the contributions of the selected for the contribution of qualified intercent and selected the contribution of qualified intercent and selected the organization have are contribution of advised funds. Let be considered the contribution of contribution of contributions of the selection of the organization make and section 405(2) supporting organizations. But the organization makes and section 405(2) supporting organizations makes and section 405(2) supporting organization makes and section 405(2) supporting organizations is contribution of advised funds. Let be organization and contribution of cause of the value of the gamp of contributions. Did the organization makes of the value of the gamp of a prohibition of the value of the gamp of a prohibition of the contributions or grifts were not tax deductible? Let be contribution that may receive deductible contributions under section 170(c). Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," did the organization interior that value of the gamp of a prohibition and partly for goods and services provided to the payor? To but the organization directly the payor of the value of the gamp of a prohibition and partly for goods and services provided to the payor? If "Yes," did the organization increave any funds, directly or indirectly, to pay premiums on a personal benefit contract? To but the organization directly were pay premiums, directly or indirectly, to a personal benefit contract? If the organization neceived a contribution of causified intellectual property, did the organizati		· · · · · · · · · · · · · · · · · · ·				
22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 2a 8	c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
field for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 a and 2 as greator than 250, you may be required to e-file (see instructions) Different or the organization have unrelated business gross income of \$1,000 or more during the year? By the organization have unrelated business gross income of \$1,000 or more during the year? All and the organization have unrelated business gross income of \$1,000 or more during the year? By the Yes, 1 and 8 filed a form 950 of for this year? If "No, provide an explication in Schedule 0 All All and time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account? By the Yes, 1 and	-			1c	_	
b f at least one is reported on line 2a, did the organization file all required rederal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year of unity of the year? 5a Viss, has if filed a Form 990-T for this year? If *No, provide an explanation in Schedule O 5a At any time during the calendaryear, 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)? 5b If *Ves, and the high party notify the foreign country. ► 5c See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization at party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any taxibility party notify the organization that it was or sell party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any taxibility party notify the organization that it was or sell party to a prohibited tax shelter transaction at any time during the tax year? 5c Tryes, to line 5a or 5b, did the organization file Form 8886-17 6a X 5b If Yes, and the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible on the organization and party for goods and services provided to the payer? 6b If Yes, and the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit than the organization section application receive a payment in excess of \$75 made party as a contribution of great and the section \$100,000, and did the organization self-did the organization self-did the organization self-did the organization received a payment in excess of \$75 made party as a contribu	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				-
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a 8			
33	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	X	
b if "Yes," this if filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 4 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): 5 If "Yes," enter the name of the foreign country. 5 See instructions for filling requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5 See instructions for filling requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5 If Yes, " to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If Yes, " to line Sa or 5b, did the organization file Form 8886.7? 5 Did any taxable party notify the organization file Form 8886.7? 5 Did any taxable party notify the organization file Form 8886.7? 5 Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization rate and contribution of or the value of the goods or services provided? 7 Did the organization and self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8899 as required? 7 Did the organization did the number of Forms 8282 filed during the year 9 Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of cars, boats, analysis, or other vehicles, did the organization file Form 8999 as required? 10 Did the organization received an contribution of cars, boats, analysis, or other vehicles, did the organization file year? 9 Sponsoring organizations maintaining door advised funds and sect		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			130	44.	+	v
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	0	ii 165, 1125 it iiidu a Form 120 to report triese payments (ii 140, provide ali explanation ili Schedu		_	_	(2010

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	On the Control of Control of the Con			X					
<u></u>	Check if Schedule O contains a response to any question in this Part VI			بمب					
Sect	ion A. Governing Body and Management	—Т	V	<u></u>					
			Yes	No					
	Enter the number of voting members of the governing body at the end of the tax year Finter the number of voting members included in line 1a, above, who are independent 1b 14	Ì							
Ь									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v					
	officer, director, trustee, or key employee?	2		<u>X</u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			7.7					
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Does the organization have members or stockholders?	6	X						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a	<u>X</u>						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			i					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	ļ							
	and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>					
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts?	12b_	X						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l		i					
	ın Schedule O how this is done	12c	X	1					
13	Does the organization have a written whistleblower policy?	13	 -	X					
14	Does the organization have a written document retention and destruction policy?	14	├	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	1	İ						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,						
а		15a	X	├──					
b		15b	X	 					
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		.,					
	taxable entity during the year?	16a	╁	X					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		1						
	ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		1						
	exempt status with respect to such arrangements?	16b	1	ــــــــــــــــــــــــــــــــــــــ					
Sec	ction C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	or tor							
	public inspection. Indicate how you make these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ind fin	ancial						
	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the organization of the person who possesses the books and records of the organization of the orga	ation.]	_						
	JEANNE SCHLITTENHARD - 701-255-1404								
	510 N WASHINGTON, PO BOX 2136 BISMARCK, ND 58502-2136								

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Form	990	1201	M١

STATE BAR ASSOCIATION OF NORTH DAKOTA

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

Check if Schedule	O contains a	response to an	y question in	this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	-`-	neck	all t	hat	app	ly)	compensation from	compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
JAMES S HILL											
GOVERNOR	1.00	X		L.,		ļ	<u> </u>	0.	0.	0.	
MICHAEL J. WILLIAMS											
SECRETARY-TREASURER	1.00	Х	<u> </u>	Х		ļ	ļ	0.	0.	0.	
JANE DYNES	1 00							_		_	
IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.	
KRISTEN PETTIT	1 00					1	1	_			
PRESIDENT-ELECT	1.00	X	_		-	-	-	0.	0.	0.	
SANDI TABOR	1 00	,,					1	0.	0.	0.	
PRESIDENT	1.00	X	-		-		├	0.	0.	<u> </u>	
DENNIS E JOHNSON	1 00	.						0.	0.	0.	
GOVERNOR	1.00	X	-	-		╁		<u> </u>	0.	0.	
NANCY MORRIS	1.00	x	1			ı	İ	0.	0.	0.	
GOVERNOR	1.00	^	-	┢	-	╁	╁╌	<u> </u>			
KATHRYN R.L. RAND GOVERNOR	1.00	X	ł	}	ł	1	1	0.	0.	0.	
HON, GAIL HAGERTY	1.00	1	┢	 			1				
GOVERNOR	1.00	X				ļ		0.	0.	0.	
PETRA H. MANDIGO-HULM	1			\vdash	T						
GOVERNOR	1.00	x						0.	0.	0.	
MATTHEW KOLLING		1			1	Τ	T				
GOVERNOR	1.00	X				-		0.	0.	<u> </u>	
BARBARA WHELAN											
GOVERNOR	1.00	X						0.	0.	<u> </u>	
SCOTT JENSEN						Т					
GOVERNOR	1.00	X					<u> </u>	0.	0.	0.	
JASON BUTTS			[
GOVERNOR	1.00	X				1_	L	0.	0.	0.	
WILLIAM A. NEUMANN		1			1						
EXECUTIVE DIRECTOR	40.00		<u> </u>	X	$oldsymbol{ol}}}}}}}}}}}}}}}}}$		_	114,400.	0.	15,462.	
JEANNE SCHLITTENHARD										1	
ASSOC, EXECUTIVE DIRECTOR	40.00	1	1	X	<u> </u>	1_		54,100.	0.	10,911.	

STATE BAR ASSOCIATION OF NORTH DAKOTA

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Page 9

Part		• 1_	Statement of Neven			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Fed	derated campaigns	1a					
들	b	Me	embership dues	1b					
am,	С	Fu	ndraising events	1c	810.				
<u>a</u> ä	d	Re	lated organizations	1d					
S.E.	е	Go	vernment grants (contribution	ons) 1e					
er s	f	ΑII	other contributions, gifts, grant	s, and					
흕뒴		sım	nilar amounts not included abov	re . [1f]					
Contributions, gifts, grants and other similar amounts	g		ncash contributions included in lines	1a-1f \$		010		:	
0 8	<u>h</u>	To	tal. Add lines 1a-1f		<u> </u>	810.			
	_	-	una.		Business Code	720 100	720 100		
. <u>ğ</u>	2 a		UES	קק מק ז	900099	729,189. 171,232.	729,189.		
اَدِ جَ			ONTINUING LEGA OLTA	n en.ee	900099	76,075.	76,075.		
E Z	c C		NNUAL MEETING		900099	71,521.	70,073.		71,521.
Program Service Revenue	d e		EMBER BOOKS, SE	<u>Ст.</u>	900099	48,063.	48,063.		11,3211
Pro	f		other program service reve		900099	53,499.	53,499.		
	, a		tal. Add lines 2a-2f		>	1,149,579.			
	3		estment income (including	dividends, intere	est, and				
		oth	ner similar amounts)		>	22,857.			22,857.
	4	Inc	come from investment of tax	k-exempt bond p	proceeds				
·	5	Ro	oyalties	·	<u> </u>				
				(i) Real	(ii) Personal				
	6 a	Gr	oss Rents			ļ	!		
ŀ	b		ss rental expenses						
	C		ental income or (loss)	L					
	_ d		et rental income or (loss)	(2) Consumbation	(i) Other		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	7 a		ross amount from sales of	(i) Secunties	(ii) Other	-			
	.		sets other than inventory ess: cost or other basis	<u> </u>		1			
			id sales expenses						
	c		ain or (loss)			1			
1	d		et gain or (loss)		>	1			
a	8 a	_	ross income from fundraisin	g events (not					
		ind	cluding \$8	<u>110.</u> of					
Other Revenu		CC	ontributions reported on line	1c). See	1				
ia l		Pa	art IV, line 18	а					
ŧ۱			ess direct expenses	b	112.				
			et income or (loss) from fund	-	. •	<112	•>		<112.
	9 a		ross income from gaming ac						
ļ			art IV, line 19	a					
			ess. direct expenses	t	· L	4			
			et income or (loss) from gan ross sales of inventory, less	-			-		
	10 8		ross sales of inventory, less ad allowances	i i di ums					
			ess: cost of goods sold	t		1			
			et income or (loss) from sale		—				
Ī			Miscellaneous Revenu		Business Code				
ľ	11 a	N	EWSLETTER/WEB		541800	14,341	•	14,341.	
ļ	t	5 <u>S</u>	UPPLIES		541900	2,181		2,181.	
1	c	· _							
İ	•	d Al	Il other revenue						
	•		otal, Add lines 11a-11d	•	. •	16,522	•		
	12	Te	otal revenue. See instructions.			11 189 656	.1,078,058.	16,522.	94,266.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (D) Fundraising (A) (B) (C) Do not include amounts reported on lines 6b, Management and Total expenses Program service 7b. 8b. 9b. and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 194,873. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 130,814. 7 Other salaries and wages Pension plan contributions (include section 401(k) 4,702 and section 403(b) employer contributions) 9 Other employee benefits 21,135. Payroll taxes 10 Fees for services (non-employees). a Management 3,775 Legal 6,450. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other g 1,017. Advertising and promotion 12 20,032. 13 Office expenses 10,223. Information technology 14 15 Royalties 33,501 Occupancy 16 5,364 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials , 365 Conferences, conventions, and meetings 19 1,720 Interest 20 Payments to affiliates 21 8,699 22 Depreciation, depletion, and amortization 26,099 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 129. UBIT 156,187. DISCIPLINARY EXPENSES 86,122. ANNUAL MEETING 47,191 d NEWSLETTER EXPENSE e CLE PRODUCTION 45,736. 254,569. f All other expenses SEE SCH O 1,059,703. Total functional expenses. Add lines 1 through 24f 25 Joint costs, Check here If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Par	t X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			619,375.	1	717,923.
	2	Savings and temporary cash investments			471,677.	2	493,586.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			25,937.	4	30,908.
	5	Receivables from current and former officers, di	rectors,	, trustees, key			
		employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sect	tion 501	1(c)(9) voluntary			
"		employees' beneficiary organizations (see instru	ictions)			6	· · · · · · · · · · · · · · · · · · ·
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			1,575.	8	1,631.
	9	Prepaid expenses and deferred charges			13,087.	9	13,365.
	10a	Land, buildings, and equipment cost or other					
	i	basis Complete Part VI of Schedule D	10a	162,494.			
	b	Less: accumulated depreciation	93,855.	47,284.	10c	68,639.	
	11	Investments · publicly traded securities		11			
	12	Investments - other securities See Part IV, line	19,631.	12	10,927.		
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets	}		14		
	15	Other assets See Part IV, line 11	5,278.	15	4,334.		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	1,203,844.	16	1,341,313.
	17	Accounts payable and accrued expenses	74,656.	17	64,563.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	D . 11 .	(0)		20	
Liabilities	21	Escrow or custodial account liability Complete				21	
Ε	22	Payables to current and former officers, directo					
Lia		highest compensated employees, and disqualif	iea per	sons Complete Part II		000	
	-	of Schedule L	atad th	urd nartica		22	
	23 24	Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate				23	
	25	Other liabilities Complete Part X of Schedule D		parties	492.	25	17,742.
		Total liabilities. Add lines 17 through 25			75,148.		82,305.
	26	Organizations that follow SFAS 117, check h	oro D	X and complete	757110.	-20	027303.
v		lines 27 through 29, and lines 33 and 34.		and complete		1	
ည	27	Unrestricted net assets			575,887.	27	653,155.
ala	28	Temporarily restricted net assets			552,809.		605,853.
Ø	29	Permanently restricted net assets				29	1
Ē		Organizations that do not follow SFAS 117, o	heck h	nere and			
ě		complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds			30		
SSe	31	Paid-in or capital surplus, or land, building, or e		31			
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,128,696.	1	1,259,008.
	34	Total liabilities and net assets/fund balances			1,203,844.		1,341,313.

Form **990** (2010)

<u>Form</u>	990 (2010)	<u>STATE</u>	<u>BAR</u>	<u>ASS</u>	<u>OCIATIO</u>	<u> </u>	OF NOF	<u>YTY</u>	DAKOTA	45	<u>-022</u>	<u> 2470</u>	Pag	_{je} 12
Pai	t XI Reconciliation	of Net As	sets											
	Check if Schedule	O contains a	respon	se to a	ny question ii	this F	Part XI							X
1	Total revenue (must equ	al Part VIII, co	lumn (A	A), line 1	12)					1		1,189	9,6	<u>56.</u>
2	Total expenses (must ed	jual Part IX, co	olumn (A	4), line	25)					2	<u> </u>	1,05	9,7	03.
3	Revenue less expenses	Subtract line	2 from	line 1						3		129	9,9	<u>53.</u>
4	Net assets or fund balar	ices at beginn	ing of y	ear (m	ust equal Par	t X, line	e 33, colur	nn (A))	4		1,12	<u>3,6</u>	<u>96.</u>
5	Other changes in net as	sets or fund b	alances	s (expla	ın ın Schedul	e O)				5			3	<u>59.</u>
6	Net assets or fund balar	ces at end of	year C	ombini	e lines 3, 4, a	nd 5 (n	nust equal	Part	X, line 33, column	(B)) 6		1,25	9,0	<u>08.</u>
Pa	t XII Financial Stat	ements an	id Rej	portin	g									
	Check if Schedule	O contains a	respon	se to a	ny question i	n this f	Part XII		<u> </u>		-	· · · ·		
					_				_				Yes	No
1	Accounting method use	d to prepare t	he Forn	n 990.	Cash	X	Accrual		Other			1 1		
	If the organization change	ged its method	d of acc	countin	g from a prior	year o	or checked	l "Oth	ner," explain in Sch	nedule O.		-		
2a	Were the organization's	financial state	ements	compile	ed or reviewe	d by a	n indepen	dent	accountant?			2a	X	
b	Were the organization's	financial state	ements	audited	d by an indep	enden	t accounta	ant?				2b	X	
С	If "Yes" to line 2a or 2b,	does the orga	anizatio	n have	a committee	that a	ssumes re	spon	sibility for oversigh	nt of the audi	it,	1		
	review, or compilation o	f its financial s	tateme	nts and	d selection of	an ind	lependent	acco	untant?			2c	X	
	If the organization chan	ged either its o	oversigh	nt proc	ess or selecti	on pro	cess dunn	ng the	tax year, explain	ın Schedule	Ο.	1 1		
đ	If "Yes" to line 2a or 2b,	check a box t	oelow to	o indica	ite whether th	ne fina	ncıal state	ment	s for the year were	e issued on a	ì			
	separate basis, consolid	la <u>ted</u> basis, or	both.											
	X Separate basis	Consoli	dated t	asıs	Both c	onsoli	dated and	sepa	rate basis					
За	As a result of a federal a	ward, was the	organi	zation	required to u	ndergo	an audit (or aud	dits as set forth in	the Single A	udit			
	Act and OMB Circular A											3a		X
þ	If "Yes," did the organiz	ation undergo	the rec	quired a	audit or audits	s? If th	e organiza	ition o	did not undergo th	e required a	udit			
	or audits, explain why in	Schedule O	and des	cnbe a	iny steps take	en to u	ndergo su	ich au	udits			3b		

Form **990** (2010)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

• Section E01(a)(A) (F) or (6) organizations: Complete Doct III

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II⋅B. Do not complete Part II⋅A

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

		or (c)(-), (o), or (o) organizat	ions. Complete r art in			
	ne of organ				Emplo	yer identification number
		STATE B	AR ASSOCIATION O	F NORTH DAK	OTA	45-0222470
Pa	rt I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2		expenditures	ation's direct and indirect politic	al campaign activities		
Pa	rt I-B	Complete if the ora	anization is exempt und	er section 501(c)	(3).	
			incurred by the organization und		▶ \$	
2		•	incurred by organization manage			
		· ·	n 4955 tax, did it file Form 4720			Yes No
	-	prrection made?		, ,		Yes No
b	If "Yes,"	describe in Part IV.				
Pa	rt I-C	Complete if the org	anization is exempt und	er section 501(c)	, except section 501(c	c)(3).
1	Enter the	amount directly expended	by the filing organization for se	ction 527 exempt func	tion activities > \$	
2	Enter the	amount of the filing organi	zation's funds contributed to ot	her organizations for s	ection 527	
	exempt f	unction activities			▶\$	
3	Total exe	empt function expenditures	Add lines 1 and 2. Enter here a	ind on Form 1120-POL	-1	
	line 17b				▶ \$	
4	Did the f	iling organization file Form	1120-POL for this year?			Yes No
5	made pa	yments For each organizations received that were pro	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org	zation's funds Also enter th ganization, such as a separat	e amount of political
	Political					(1) A
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		, , , , , , , , , , , , , , , , , , , ,				

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010	STATE BAR	<u>ASSOCIATION</u>	OF NORTH DA	KOTA 45-0	0222 4 70 Page 2
Part II-A Complete if the organical Complete		npt under section	n 501(c)(3) and file	ea Form 5768	
	ion belongs to an affil	ated group	<u>. </u>		
	ion checked box A an	• .	visions apply		
Limit	s on Lobbying Exper litures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (g	grass roots lobbying)			
b Total lobbying expenditures to influ	ience a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add lii	nes 1a and 1b)		1	····	
d Other exempt purpose expenditure	es		Ļ		
e Total exempt purpose expenditures	s (add lines 1c and 1d)			
f Lobbying nontaxable amount Ente	 	following table in bot	h columns		<u> </u>
If the amount on line 1e, column (a) o	r(b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		O plus 10% of the exc			
Over \$1,500,000 but not over \$17,		O plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (en	tor 25% of line 16				
h Subtract line 1g from line 1a If zero			-		
i Subtract line 1f from line 1c If zero	·	•			
j If there is an amount other than zer		line 1i. did the organiz	u atıon file Form 4720		
reporting section 4911 tax for this		,,			Yes No
		raging Period Under	Section 501(h)		
		• •	n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount				<u> </u>	
 b Lobbying ceiling amount 					
(150% of line 2a, column(e))					·
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount		·			
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 STATE BAR ASSOCIATION OF NORTH DAKOTA 45-0222470 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(8	a)	(b)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of.				
а	Volunteers?	ļ			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С.	Media advertisements?				-
a	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
'	Direct contact with legislators, their staffs, government officials, or a legislative body?				
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		-		
i	Other activities? If "Yes," describe in Part IV				
i	Total Add lines 1c through 1:				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				· · · ·
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	tion 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1_1_	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3_	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), sec		3		X
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes."		ne 3 is a		
1	Dues, assessments and similar amounts from members	ikaal	1	-	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid).	Iticai			
9	Current year		2a		
	Carryover from last year		2b	-	
c			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an			!	
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, ny additional information	and Part II-B	, line 1ı Als	o, complete	this part
_					
		<u> </u>			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Name of the organization

Employer identification number

	STATE BAR ASSOCIATION OF NORT		45-0222470
Par		r Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
	(a) Donor advi	sed funds (I	b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised fun-	ds
	are the organization's property, subject to the organization's exclusive legal contro	1?	L Yes L No
6	Did the organization inform all grantees, donors, and donor advisors in writing that	grant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for	r any other purpose confer	ring
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the organization answered "	Yes" to Form 990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization (check all that app	ly)	
	Preservation of land for public use (e.g., recreation or education)	reservation of an historical	ly important land area
	Protection of natural habitat	reservation of a certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation cont	tribution in the form of a co	nservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not	t on a historic structure	
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, released, extinguished,	or terminated by the organ	nization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, insp	pection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing consei		· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation		
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	nents of section 170(h)(4)(t	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easements in its re		
	include, if applicable, the text of the footnote to the organization's financial statem	nents that describes the or	ganization's accounting for
Da	conservation easements. Int III Organizations Maintaining Collections of Art, Historical	Treasures or Other	Similar Assets
Га	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	rreasures, or ource	Olimai Assets.
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report	in its revenue statement o	nd halance sheet works of art
та	historical treasures, or other similar assets held for public exhibition, education, or		
		research in fulfillerance of	public service, provide, in rare xiv,
	the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in it	to revenue statement and l	nalance sheet works of art, historical
D	-		
	treasures, or other similar assets held for public exhibition, education, or research	in furtherance of public se	provide the lonowing amounts
	relating to these items:		▶ \$
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
•	(ii) Assets included in Form 990, Part XIf the organization received or held works of art, historical treasures, or other similar	ar accets for financial cain	
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating		, p. 01:00
_	Barrana maladad in Farra 000, Bart VIII, Inn 4	g to those hells.	> \$
a	Acceptated and a Formation Board V		\$
Ð	7 Assets mondaga m 1 0mm 550, Cart A	•	F V

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIV and complete the following table: 1c			AR ASSOCIA						<u>-0222470</u>	
Check all that apply a Public exhibition d Loan or exchange programs										
a		-	on, and other record	s, check any	of the follo	wing that are	e a signi	ficant use o	of its collection	items
b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization solicition? Ves No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. b If Yes' Explain the arrangement in Part XIV and complete the following table: c Beginning balance 1d Amount c Beginning balance 1d Amount d Description of the organization include an amount on Form 990, Part X, line 21? b If Yes' Explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Description of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Three years back (e) Four years back (e) Fou		1								
c	а	=	d		_					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990 Part X X, line 21. 1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X XIV and complete the following table: □ If "Yes" explain the arrangement in Part XIV and complete the following table: □ Segnining balance □ Additions during the year □ Is Ending balance □ Distributions during the year during the year guited the organization answered "Yes" to Form 990, Part IV, line 10. □ Distributions during the year and balance held as □ Distributions during the year and balance held as □ Distributions □ Distributions □ Distributions □ Distributions □ Distributions □ Distributions □ Distributions □ Distributions □ Distributions □ Distributions □ Distributions □ Distributions	b		е	Other			·			
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance d Additions during the year 1			 		<u> </u>	-41		li i al a al		
b If "Yes," explain the arrangement in Part XIV and complete the following table: C Seginning balance 1c	та		an or other intermed	liary for contr	ibutions or	otner assets	s not inc	luaea		
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Board designated or quasi-endowment ▶		· i								
b Permanent endowment	2	Provide the estimated percentage of the year	r end balance held a	as			-			
c Term endowment ▶	а	Board designated or quasi-endowment		_%						
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d Equipment 162,494. 93,855. 68,639 e_Other		·	 							
e_Other		,			1.00	404		2 055		0 630
					104,	474.		3,635	• •	0,039.
Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			aual Form 200, Car	t V solumn "	2) //ac 10/-				<u> </u>	8.639.

Schedule D (Form 990) 2010

1. (a) Description of liability (b) Amount

(1) Federal income taxes

(2) CAPITAL LEASE PAYABLE-DUE WITHIN

(3) ONE YEAR

(4) CAPITAL LEASE PAYABLE-DUE AFTER

(5) ONE YEAR

(6)

(7)

(8)

(9)

(10)

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 45 (ASC 740) Foolnote in Part XIV, provide the text of the foolnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under the part XIV, provide the text of the foolnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under the part XIV, provide the text of the foolnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under the part XIV, provide the text of the foolnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under the part XIV, provide the text of the foolnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under the part XIV, provide the text of the foolnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under the part XIV, provide the text of the foolnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under the part XIV, provide the text of the organization's financial statements that reports the organization's liability for uncertain tax positions under the part XIV, provide the text of the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the organization's financial s

	dule D (Form 990) 2010 STATE BAR ASSOCIATION OF NO					<u>0222470</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Finance	cial Stat	emen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		}	1		1,189	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,059	703.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		129	<u>953.</u>
4	Net unrealized gains (losses) on investments		į	4			230.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments		i	7			
8	Other (Describe in Part XIV.)			8			129.
9	Total adjustments (net) Add lines 4 through 8			9			359.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		10			312.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Rever	ue per	Retur	1	
1	Total revenue, gains, and other support per audited financial statements				1	1,189	<u>,998.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a		230			
b	Donated services and use of facilities	2b		 			
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d		112	<u>.</u>		
е	Add lines 2a through 2d				2e		342.
3	Subtract line 2e from line 1				3	1,189	,656.
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 XIV)	4b					
С	Add lines 4a and 4b			-	4c		_0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,189	,656.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	nses pe	r Retu	ım	
1	Total expenses and losses per audited financial statements				1_1_	1,059	<u>,686.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				-	ł	
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b	L			ļ	
С	Other losses .	2c				1	
ď	Other (Describe in Part XIV.)	2d		112	<u>.</u>		
е	Add lines 2a through 2d				2e		112.
3	Subtract line 2e from line 1				3	1,059	,574.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b		129	<u>.</u>		
С	Add lines 4a and 4b				4c		129.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1,059	,703.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	Lines 1	ia and 4· Pa	rt IV lines	1b and	2b: Part V. line	4. Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						1,1 0.1
	RT X, LINE 2: THE ASSOCIATION'S POLICY IS			-			
	it it also by the moderate of the control of the co	<u> </u>	*****				
TH	AT ITS UNCERTAIN TAX POSITIONS WILL PREVAIL	L UP	ON EXA	MINAT	NOI	BASED O	<u>N</u>
<u>TH</u>	E EXTENT TO WHICH THOSE POSITIONS HAVE SUBS	STAN	TIAL S	UPPOR	T WI	THIN TH	E
<u>IN'</u>	TERNAL REVENUE CODE AND REGULATIONS, REVENU	UE R	ULINGS	, COU	R <u>T</u> E	ECISION	s ,
AN	D OTHER EVIDENCE.						
тт	IS THE OPINION OF MANAGEMENT THAT THE ASSO	OCT 2	TTON P	IAS NO	O STO	יאדהדראאי	
IT				<u> </u>	,		
UN	<u>CERTAIN TAX POSITIONS THAT WOULD BE SUBJECT</u>	<u>r TO</u>	CHANG	E UPC	N EX	ITANIMA	UN.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010	STATE	BAR ASSOC	CIATION OF	NORTH DAKO	ra 45-0222470	Page 5
Schedule D (Form 990) 2010 Part XIV Supplemental In	nformation (co	ontinued)				
			•			
PART XII AND PART	XIII: F	UNDRAISING	EXPENSES	ON PART VI	II OF FORM 990	
EQUALS \$112.						
			<u>. </u>	<u> </u>		
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032055 12-20-10 Schedule D (Form 990) 2010

SCHEDULE.O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010
Open to Public Inspection

Name of the organization

STATE BAR ASSOCIATION OF NORTH DAKOTA 45-0222470

DIAIL DAN ADSOCIATION OF NORTH DANGER 43-0222470
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE POOR; PUBLIC EDUCATION ABOUT THE LAW; PUBLICATIONS; CONTINUING
LEGAL EDUCATION; DISCIPLINE; JURY INSTRUCTIONS; CLIENT PROTECTION.
FORM 990, PART VI, SECTION A, LINE 6: ALL LICENSED ATTORNEYS IN THE STATE
OF NORTH DAKOTA ARE REQUIRED TO BE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS CONSIST OF ATTORNEYS IN THE
STATE OF NORTH DAKOTA. THE MEMBERS ELECT THE BOARD OF GOVERNORS.
FORM 990, PART VI, SECTION A, LINE 7B: AT THE ANNUAL CONFERENCE, MEMBERS
VOTE ON THE ACTIONS BY THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE 990 ARE CIRCULATED TO
THE BOARD MEMBERS ELECTRONICALLY.
FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE DIRECTOR MONITORS
THE BOARD AND THE BOARD MONITORS THE EXECUTIVE DIRECTOR. OFFICERS,
DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS
THAT COULD GIVE RISE TO CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF GOVERNORS REVIEW THE
COMPENSATION AND BENEFITS SURVEY COMPILED BY THE NATIONAL ASSOCIATION OF
BAR EXECUTIVES. THE BOARD OF GOVERNORS REVIEWS SALARIES FOR COMPARABLE
POSITIONS IN THE BISMARCK AND SURROUNDING COMMUNITIES.

CONTRACT SERVICES:

14,258.

CONTINGENCY:

TOTAL EXPENSES

TOTAL EXPENSES 13,760.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization STATE BAR ASSOCIATION OF NORTH DAKOTA	Employer identification number 45-022470
PRINTING AND PUBLICATIONS:	
	12 702
TOTAL EXPENSES	12,702.
POSTAGE AND COPIES:	
	12 622
TOTAL EXPENSES	
CONTRIBUTIONS:	
TOTAL EXPENSES	12,101.
LAWYER REFERRAL:	
TOTAL EXPENSES	11,262.
TELEPHONE:	
TOTAL EXPENSES	5,316.
MAINTENANCE:	
TOTAL EXPENSES	
UTILITIES:	
TOTAL EXPENSES	4,651
STAFF EXPENSE:	
TOTAL EXPENSES	3,744.
DIFC.	
TOTAL EXPENSES	3,669
TOTAL BAT BRODO	3,003
RETURNED UNEXPENDED GRANT FUNDS:	
032212 01-24-11	Schedule O (Form 990 or 990-EZ) (2010

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization STATE BAR ASSOCIATION OF NORTH DAKOTA	Employer identification number 45-0222470
TOTAL EXPENSES	2,999.
COMPUTER EXPENSE:	
TOTAL EXPENSES	625.
BANK CHARGES:	
TOTAL EXPENSES	597.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24F, COI	ZA 254,569.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	230.
UBIT	129.
TOTAL TO FORM 990, PART XI, LINE 5	359.
FORM 990, PART XI LINE 2 C	
FULL BOARD OF GOVERNORS IS RESPONSIBLE FOR THE SELECTION	N OF THE AUDITOR
AND REVIEW OF THE AUDITED FINANCIAL STATEMENTS WITH THE	AUDITOR.
	

Department of the Treasury Internal Revenue Service **SCHEDULE R** (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

STATE BAR ASSOCIATION OF NORTH DAKOTA

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number* 45-0222470

Direct controlling

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** Total income Ð Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part

(g) Section 512(b)(13) ž × controlled Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) NORTH DAKOTA EGAL AID AND EDUCATION Primary activity NORTH DAKOTA BAR POUNDATION - 45-0369407 Name, address, and EIN of related organization 58502 BISMARCK ND PO BOX 2136 Part II

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

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

		:	4	(-)	9)	3	<u> </u>	3	5	3
(a) Name, address, and EIN	(b) Pnmary activity	(C) Legal domicile	(a) Direct controlling	(e) Predominant income	Share of total	Share of end-of-vear	Disproportion-	Code V-UBI	General or managing	General or Percentage
or related organization		(state or foreign country)		excluded from tax under sections 512-514)			Yes No	20 of Schedule K-1 (Form 1065)	Yes No	
		·								
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Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related part IV organizations treated as a corporation or trust during the tax year)	yanizations Taxable a poration or trust durin	is a Corpo	ration or Trust (Cor	plete if the organizat	ion answered "Yes"	to Form 990, Par	rt IV, line 34 t	ecause it nad or	e or mor	e related
(a)			(q)	(2)	(ପ	(e)				Ξ
Name, address, and EIN of related organization	∡ د		Primary activity	ty Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	total Share of end-of-year assets		Percentage ownership
							-			

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					_	Yes	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	slated organizations listed	in Parts II-IV?			-	1 1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a		×
b Gift, grant, or capital contribution to other organization(s)					1b	-	X
c Gift, grant, or capital contribution from other organization(s)					10	X	
d Loans or loan quarantees to or for other organization(s)					1d		×
e Loans or loan guarantees by other organization(s)					1e		×
				1			
f Sale of assets to other organization(s)					=		×
g Purchase of assets from other organization(s)				1	5		×
h Exchange of assets					1	_	×
i Lease of facilities, equipment, or other assets to other organization(s)				l <u>-</u> l	Ť.	×	
				. •		+	دا
				l	- ;	+	4 >
 R Performance of services or membership or fundraising solicitations for other organization(s) 	ıızatıon(s)	•		1_	¥		×۱
 Performance of services or membership or fundraising solicitations by other organization(s) 	ıızatıon(s)				=	7	×
m Sharing of facilities, equipment, mailing lists, or other assets				1	13		×
n Sharing of paid employees					=		
				1	├		
o Reimbursement paid to other organization for expenses					10		×
p Reimbursement paid by other organization for expenses					1p	X	
q Other transfer of cash or property to other organization(s)				1	5	7	×
r Other transfer of cash or property from other organization(s)					+		×
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 thresholds	who must complete the	iis line, including covered	relationships and transaction thre	sploids.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determin amount involved	(d) Method of determining amount involved			
(1) NORTH DAKOTA BAR FOUNDATION	U	76,075.					
(2)							- 1
(6)							
(4)							
(5)							
(9)				j			

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding excusion for certain investment parties and parties of the	יייייי של יייייייי און אפיייייייייייייייייייייייייייייייייייי		9	(3)	٤	3	3
(a)	(a)	<u>(</u>)	<u>)</u>	<u>(a</u>		(A)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share of end-of-	Dispropor-	Code V-UBI	
of entity		(state or foreign	organizations?	year assets	ions?	of Schedule K-1	part
		country)	Yes No		Yes No	(Form 1065)	Yes No
							-
			-				
		.					
			-				
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Part VII	(Form 990) 2010 Supplemental Inf	ormation						••	
	Complete this part to r	roude edditions	l inform	intion for roomanaa ta m	ulootio	no on Coboo	lulo D (non inetni	ations)	
	Complete this part to p	provide additiona	u mom	ation for responses to g	uestio	ns on Sched	iule H (see instru	ctions).	
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