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DLN: 93492132024484

OMB No 1545-1150

Form **990-EZ**

Department of the Treasury

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

Short Form

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public

Intem	al Reven	ue Service										
			year, or tax year beginning 01-01-2013	, and ending	12-31-2	013						
	Check if applicable C Name of organization MONTANA DEFENSE TRIAL LAWYERS INC C O DIM MANAGEMENT SERVICES				D Employer identification number							
<u>'</u> _,	iddress Iame cl	cnange hange	C/O RMS MANAGEMENT SERVICES	almanad sa assa as 11 . S	In a company			81-0428452				
<u>`</u>	nitial re	iturn	Number and street (or P O box, if mail is not do 36 SO LAST CHANCE GULCH NO A	elivered to street address)	Koom/sur	te		E Telepho	one nun	nber		
┌╷	emına	ted							(406)	443-1160		
\Box	mende	d return	City or town, state or province, country, and ZIP	or foreign postal code	-			F Group I		ion		
Γ_{ℓ}	pplicati	on pending	HELENA, MT 59601					Numbe	r	P		
								<u> </u>				
G A	ccoun	tıng Method	Cash			1	required	to attach	Sche			
T \A/	oheite	SUEW@MDT	NET		-	((Form 99	90,990-E	ΞZ, or	990-PF)		
					_							
			only one)? 501(c)(3) 501(c)(6) ◀(insert no		527							
			Corporation Trust Association					<u> </u>				
			b, to line 9 to determine gross receipts I or more, file Form 990 instead of Form 9		200,000	Jorn	nore, or		sets (7,735			
P	art I	Revenue	Expenses, and Changes in Net	Assets or Fund B	alance	S (se	ee the in	struction	s for P	art I)		
			organization used Schedule O to respond							<u> </u>		
	1	Contributions	gifts, grants, and similar amounts received	ed					1			
	2	Program serv	ce revenue including government fees and	d contracts					2	25,446		
	3	Membership d	ues and assessments						3	22,200		
	4	Investment in	come						4	89		
	5a	Gross amount	from sale of assets other than inventory			5a						
핰	ь	Less cost or	other basis and sales expenses .		[5b			1			
Revenue	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from	line 5a)	•			 5c			
ě	6	Gaming and fu	ndraising events									
	a	Gross income	from gaming (attach Schedule G if greate	r than \$15,000)	.1	ا ۔۔						
						6a			-			
	b		from fundraising events (not including \$ _ ig events reported on line 1) (attach Sche		ributions:							
		sum of such g	oss income and contributions exceeds \$	15,000)		6b						
	С	Less direct e	openses from gaming and fundraising eve	nts	[6c						
	d	Net income or	(loss) from gaming and fundraising event	s (add lines 6a and 61	b and sul	btrac	t lıne 6 c)	6d			
	7a	Gross sales o	inventory, less returns and allowances			7a						
	ь	Less cost of	oods sold		[7b			1			
	С	Gross profit o	(loss) from sales of inventory (Subtract I	ıne 7b from lıne 7a)					7 7c			
	8	•							8			
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					.	9	47,735		
	10		nilar amounts paid (list in Schedule O)		<u>.</u>				10	,		
			,			• •		• •				
	11	·							11			
w.	12	•	compensation, and employee benefits			• •			12	35.360		
Expenses	13		es and other payments to independent co	ontractors					13	25,360		
<u> </u>	14		nt, utilities, and maintenance			• •			14			
щ	15		cations, postage, and shipping						15	909		
	16		es (describe in Schedule O)						16	31,333		
	17	Total expense	s. Add lines 10 through 16			•		•	17	57,602		
Ř	18	Excess or (de	icit) for the year (Subtract line 17 from lii	ne 9)					18	-9,867		
etAssets	19	Net assets or	fund balances at beginning of year (from l	ıne 27, column (A)) (ı	must agr	ee wi	th					
ب 4		end-of-year fi	ure reported on prior year's return)						19	94,251		
Ž	20	O ther change	ın net assets or fund balances (explaın ı	n Schedule O)					20	0		
	21	Net assets or	fund balances at end of year Combine lin	es 18 through 20				•	21	84,384		
										000 ==		

Check if the organization used	Schedule O to respond to	any question in this Pa	ort II	<u> </u>	<u> </u>
		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments			94,251	22	84,384
23 Land and buildings				23	
24 Other assets (describe in Schedule O				24	
25 Total assets			94,251	25	84,384
26 Total liabilities (describe in Schedule	0)		0	26	0
27 Net assets or fund balances (line 27 of	f column (B) must agree wi	th line 21)	94,251	27	84,384
Part III Statement of Program	Schedule O to respond to	·	'—		Expenses equired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt BUSINESS LEAGUE	purpose?			org	anizations and section
Describe the organization's program service measured by expenses In a clear and conditional benefited, and other relevant information for	cise manner, describe the				47(a)(1) trusts, nonal for others)
28 CONTINUING EDUCATION (Grants \$ 0) If the	s amount includes foreign	grants, check here .	▶┌	28a	0
29					
(Grants \$) If thi	s amount includes foreign	grants, check here .	▶┌	29a	
30					
(Grants \$) If the	s amount includes foreign	grants, check here .	▶┌	30a	
31 Other program services (describe in Sci (Grants \$) If thi	hedule O) s amount includes foreign	grants shack hara	.	24-	
32 Total program service expenses (add line		· · · · · · ·	· · •	31a 32	
Part IV List of Officers, Directors, Tru Check if the organization used	stees, and Key Employees	(list each one even if not co	mpensated — see the ins	structio	
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter-0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o dans,	(e) Estimated amount of other compensation
See Additional Data Table					

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	<u>v</u>	<u> </u>	<u>l~ </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Yes	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 💮 37a 💮 0			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	.		
Ь	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			
	section 4911 -, section 4912 -, section 4955 -			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3) 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 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	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ▶ RMS MANAGEMENT SERVICES Telephone no	<u>(40</u>	6)443	-1160
	Located at > 36 SO LAST CHANCE GULCHSUITE A HELENA, MT ZIP + 4	<u> 59</u>	9601	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No No
	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 the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶□
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		Νo
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	-		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

orm 990-EZ (20	013)						Page 4
						Yes	No
		or indirectly, in political complete Schedule C, Pa		ehalf of or in opposition to			No
	ection 501(c)(3) orga section 501(c)(3) orga	anizations only anizations must answer	questions 47-49b ar	nd 52, and complete th	e table:	s for lir	nes 50
	ld 51 leck if the organization use	ed Schedule O to respond to	o any question in this P	art VI			_
	eek in the organization as o		- u., questien in inio i		<u></u>	Yes	No
	ganization engage in lobby omplete Schedule C, Part	ing activities or have a sec	tion 501(h) election in	effect during the tax year	· ? 47		
		ribed in section 170(b)(1)(A)(II)? If "Yes." comple	ete Schedule E	. 48		
		fers to an exempt non-char			. 49a		
_		n a section 527 organizatio	_		. 49b		
Complete t	this table for the organizat	ion's five highest compens than \$100,000 of compen	ated employees (other	than officers, directors, ti			ı
	d title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Es	tımated	amount ensatior
					1		
f Total nun	mber of other employees pa	aid over \$100,000 .			-		
L Complete t	this table for the organizat sation from the organizatio	ion's five highest compens on Ifthere is none, enter "I	None "				•
L Complete t	this table for the organizat sation from the organizatio	ion's five highest compens	None "	cactors who each received (b) Type of service		an \$10 Compen	•
Complete t	this table for the organizat sation from the organizatio	ion's five highest compens on Ifthere is none, enter "I	None "				•
L Complete t	this table for the organizat sation from the organizatio	ion's five highest compens on Ifthere is none, enter "I	None "				•
. Complete t	this table for the organizat sation from the organizatio	ion's five highest compens on Ifthere is none, enter "I	None "				•
Complete t	this table for the organizat sation from the organizatio	ion's five highest compens on Ifthere is none, enter "I	None "				•
L Complete t	this table for the organizat sation from the organizatio	ion's five highest compens on Ifthere is none, enter "I	None "				•
L Complete to	this table for the organizat sation from the organizatio	ion's five highest compens on Ifthere is none, enter "I	None "				
L Complete to	this table for the organizat sation from the organizatio	ion's five highest compens on Ifthere is none, enter "I	None "				
1 Complete to of compens (a) d Total num 2 Did the compens	this table for the organizat sation from the organization. Name and business address and the same and business address. mber of other independent organization complete Sch	cion's five highest compens on If there is none, enter "I ress of each independent co	ontractor over \$100,000 1 501(c)(3) organizatio	(b) Type of service (b) Type of service		Compen	sation
d Total num 2 Did the connexem	this table for the organizat sation from the organization. Name and business address and the same and business address address and the same and business address address. The same and business address and the sation complete such a same and the sation complete. Such a sation complete such a sation complete such a sation complete such a sation complete. The sation complete such a sation complete such a sation complete such a sation complete such a sation complete.	cion's five highest compens on If there is none, enter "I ress of each independent co	ontractor over \$100,000 501(c)(3) organizatioule A	(b) Type of service ▶ ns and 4947(a)(1)	(c)	Yes	sation
d Total num 2 Did the connexem	this table for the organizat sation from the organization. Name and business address and the same and business address address and the same and business address address. The same and business address and the sation complete such a same and the sation complete. Such a sation complete such a sation complete such a sation complete such a sation complete. The sation complete such a sation complete such a sation complete such a sation complete such a sation complete.	cion's five highest compens on If there is none, enter "I ress of each independent co contractors each receiving redule A? NOTE: All Section attach a completed Sched	ontractor over \$100,000 501(c)(3) organizatioule A	(b) Type of service ▶ ns and 4947(a)(1)	(c)	Yes	sation
d Total num 2 Did the connexem der penalties of owledge and be owledge.	this table for the organizat sation from the organization. Name and business address address. mber of other independent organization complete Schapt charitable trusts must of perjury, I declare that I have elief, it is true, correct, and contact is true.	cion's five highest compens on If there is none, enter "I ress of each independent co contractors each receiving redule A? NOTE: All Section attach a completed Sched	ontractor over \$100,000 501(c)(3) organizatioule A	(b) Type of service	(c)	Yes	sation
d Total num 2 Did the cononexem der penalties of bwledge and be bwledge. gn ere Sign	this table for the organizat sation from the organization. Name and business address and sation. The particular is a sation complete School in the charitable trusts must alief, it is true, correct, and contains the sation.	contractors each receiving attach a complete. Declaration of preports for the preparation of preports for the preparation of p	ontractor over \$100,000 501(c)(3) organizatioule A	(b) Type of service	(c)	Yes	sation
d Total num 2 Did the cononexem der penalties of bwledge and be bwledge.	this table for the organizat sation from the organization. Name and business address and sation. The properties of other independent organization complete Schapt charitable trusts must alief, it is true, correct, and contains the sation. ****** Ignature of officer UE A WEINGARTNER EXECUTIVE by the or print name and title	contractors each receiving attach a completed Sched	ontractor over \$100,000	(b) Type of service ns and 4947(a)(1) edules and statements, and is based on all information 2014-05-10 Date	to the be	Yes	sation
d Total num 2 Did the converge and becowledge and becowledge.	this table for the organizat sation from the organization. Name and business address and sation. The properties of the organization complete Schapt charitable trusts must alief, it is true, correct, and contains the organization complete. The perjury, I declare that I have alief, it is true, correct, and contains the organization complete. The perjury, I declare that I have alief, it is true, correct, and contains the organization complete. The perjury of the properties of the perjury of the	contractors each receiving attach a completed Sched ve examined this return, including the complete of preparer's signature. E DIRECTOR	ontractor over \$100,000	(b) Type of service Ins and 4947(a)(1) edules and statements, and is based on all information 2014-05-10 Date Check If self-employed PTIN P000	to the be of which	Yes	sation
d Total num 2 Did the cononexem der penalties of cowledge and becowledge.	this table for the organizat sation from the organization. Name and business address and sation. The properties of the organization complete Schapt charitable trusts must alief, it is true, correct, and contains the organization complete. The perjury, I declare that I have alief, it is true, correct, and contains the organization complete. The perjury, I declare that I have alief, it is true, correct, and contains the organization complete. The perjury of the properties of the perjury of the	contractors each receiving attach a completed Sched complete. Declaration of preparer's signature. EDIRECTOR Preparer's signature. ERCLARKCAMPANELLASTEVENSPC	ontractor over \$100,000	(b) Type of service (b) Type of service In and 4947(a)(1) Edules and statements, and is based on all information 2014-05-10 Date	to the be of which	Yes	sation

Software ID: Software Version:

EIN: 81-0428452

Name: MONTANA DEFENSE TRIAL LAWYERS INC

C/O RMS MANAGEMENT SERVICES

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SUE WEINGARTNER EXECUTIVE DIRECTOR	30 00	0	0	0
LEONARD H SMITH PAST PRESIDENT	1 00	0	0	0
DALE R COCKRELL PRESIDENT	1 00	0	0	0
PAUL R HAFFEMAN VICE PRESIDENT	1 00	0	0	0
LEE BRUNER BOARD OF DIRECTOR	1 00	0	0	0
JARED S DAHLE BOARD OF DIRECTOR	1 00	0	0	0
RANDALL J COLBERT SECRETARY-TREASURER	1 00	0	0	0
WAYNE HARPER BOARD OF DIRECTOR	1 00	0	0	0
STEPHANIE HOLLAR BOARD OF DIRECTOR	1 00	0	0	0
NICHOLAS J PAGNOTTA BOARD OF DIRECTOR	1 00	0	0	0
JOHN J RUSSELL BOARD OF DIRECTOR	1 00	0	0	0
BROOKE B MURPHY BOARD OF DIRECTOR	1 00	0	0	0

DLN: 93492132024484

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

If the organization answered "Yes" to Form 990 Part IV Line 4 or Form 990-F7 Part VI line 47 (Lobbying Activities), then

• \$ • \$ f the	Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Postion 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part Section 501(c)(4), (5), or (6) organizations Complete Part III	art II-A É ete Part I r t V , line	Do not II-B D e 35c	tcomp onot (Pro x	olete Part II-l complete Pa	B art II-A en	
MO	ONTANA DEFENSE TRIAL LAWYERS INC	employe 81-0428			ition numb	er	
ar	t I-A Complete if the organization is exempt under section 501(c) or is a s				anizatio	n.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part	tIV					
2	Political expenditures	•	-	\$			
3	V olunteer hours			_			
ar	t I-B Complete if the organization is exempt under section 501(c)(3).						
1	Enter the amount of any excise tax incurred by the organization under section 4955		⊨	\$ <u></u>			
2	Enter the amount of any excise tax incurred by organization managers under section 4955		-	\$			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No	
4a	Was a correction made?				☐ Yes	┌ No	
b	If "Yes," describe in Part IV						
ar	rt I-C Complete if the organization is exempt under section 501(c), except	sectio	n 50)1(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities	•	\$ <u></u>			
2	Enter the amount of the filing organization's funds contributed to other organizations for section sexempt function activities	527	-	\$ <u></u>			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	L7b	F	\$			
4	Did the filing organization file Form 1120-POL for this year?			T	┌ Yes	┌ No	•
5	Enter the names, addresses and employer identification number (EIN) of all section 527 politica organization made payments. For each organization listed, enter the amount paid from the filing of amount of political contributions received that were promptly and directly delivered to a separate	rganızat	ion's	funds	Also ente	rthe	

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political

organization If none, enter -0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ			r age s
		(;	a)	(b)
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	Amo	unt
1 a	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 Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	, ,				
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r secti	on
	301(0)(0).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3 Yes	5
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			22,20
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			3,03
b	Carryover from last year	2b			
С	Total	2c			3 ,0 3
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			8,19
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 and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			-5,15
Р	art IV Supplemental Information	1			
Pre	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grount II-B, line 1 Also, complete this part for any additional information	ıp lıst),	Part II	-A, line 2	2, and
	Return Reference Explanation				

	Selectatic C (Form 550 of 550 EZ) Z015		
Part IV	Supplemental Inf	ormation (continued)	
Retur	n Reference	Explanation	

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93492132024484

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public

Inspection

Name of the organization	Employer identification number
MONTANA DEFENSE TRIAL LAWYERS INC	
C/O RMS MANAGEMENT SERVICES	81-0428452

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION AMOUNT 89
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK CHARGES & CREDIT CARD FEES AMOUNT 184 DESCRIPTION BOARD CONFERENCE CALLS AMOUNT 134 DESCRIPTION WEB SITE FEES AMOUNT 876 DESCRIPTION SUBSCRIPTIONS AMOUNT 106 DESCRIPTION TELEPHONE AMOUNT 518 DESCRIPTION BOARD TRAVEL AMOUNT 4,625 DESCRIPTION LEGISLATIVE EXPENSES AMOUNT 3,038 DESCRIPTION CLE EXPENSES AMOUNT 17,837 DESCRIPTION AMICUS EXPENSES AMOUNT 4,000 DESCRIPTION MISCELLANEOUS AMOUNT 15 TOTAL TO FORM 990-EZ, LINE 16 31,333

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: MONTANA DEFENSE TRIAL LAWYERS INC

C/O RMS MANAGEMENT SERVICES

EIN: 81-0428452

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.