

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

For the 2009 calendar year, or tax year beginning

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

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

and ending

OMB No 1545-0047

Inspection

Form 990 (2009)

Check if applicable C Name of organization Iowa Academy of Trial Lawyers D Employer identification number use IRS Address change Doing Business As 42-6095281 label or Name change print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type Initial return 218 Sixth Street 515-282-9477 Specific City or town, state or country, and ZIP + 4 Terminated Amended return Des Moines 50309-0411 G Gross receipts \$ 150.927 Application pending Name and address of principal officer res X H(a) is this a group return for affiliates? GREG A. EGBERS 218 Sixth Avenue, Suite 404, Des Moines, IA 50309 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status. | X | 501(c) (4947(a)(1) or 6) ◀ (insert no) J Website: ▶ n/a H(c) Group exemption number X Association K Form of organization Corporation Trust Other -L Year of formation 1962 M State of legal domicile IΔ Part I Briefly describe the organization's mission or most significant activities: IATL SPONSORS EDUCATIONAL CONFERENCES TO EDUCATE LAWYERS, JUDGES CLERKS, AND COURT ADMINISTRATOR'S IATL ALSO MAINTAINS A LEGISLATIVE INFORMATION SERVICE TO EDUCATE AND INFORM CLIENTS AND MEMBERS OF IOWA TRIAL PRACTICES. Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 17 Number of independent voting members of the governing body (Part VI, line 1b). 4 17 5 3 Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, column (C), line 12. 0 7a Net unrelated business taxable income from Form 990-T, line 34. **Current Year** Contributions and grants (Part VIII, line 1h) 86,500 83,950 9 Program service revenue (Part VIII, line 2g) 68,309 66,130 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,853 847 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 157.662 150.927 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,000 750 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 72,853 15 67.861 16a Professional fundraising fees (Part IX, column (A), line 11e). 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 84,942 70,611 18 Total expenses. Add lines 13-17 (must equal Part 13, column (A) 156,803 144,214 <u>li</u>ne (25) . 19 Revenue less expenses. Subtract line 18 from line 12 859 Beginning of Current Year End of Year PRS-(20 Total assets (Part X, line 16) 147,559 168,035 21 Total liabilities (Part X, line 26) . . . 52,939 65,616 Net assets or fund balances. Subtract line 21 (from line-20) 94,620 102,419 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Davi d Srow Type or print name and title Preparer's Date Check if Preparer's identifying number (see instructions) signature self-Paid 4/30/2010 employed Preparer's Firm's name (or yours Pollard and Company PC EIN **Use Only** if self-employed), 5650 Johnston Drive, Suite A, Johnston, IA 50131 address, and ZIP + 4 Phone no **▶** (515) 251-8520 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

0)(Revenue \$

0 including grants of \$

144,214

(Expenses \$

Total program service expenses ▶

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			:
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	į	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	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	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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 Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_
15	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, Part II	15		X
16	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, Part III	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ

10 to								
Part IV	Checklist of Required Schedules (continued)							

		i .	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		i	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		<u> </u>
	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			
4	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction.	24d	-	
ZJa	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 "Yea," complete Separate I. Bent I.	05-		
h	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
U	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	056		
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		
20	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	0.0		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
_,	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
-	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	200		
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
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)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
_	19? Note. All Form 990 filers are required to complete Schedule O	38		Х
		Form	990	2009

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
	gaming (gambling) winnings to prize winners?	1c	Х	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			l
	this return?	3a	_	X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Χ_
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	1		\
	Prohibited Tax Shelter Transaction?	5c		<u> </u>
6a	Does 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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).	ļ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	ŀ		
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			1
	required?	7h		<u>X</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8_	<u> </u>	X
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4966?	9a		X_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X
10	Section 501(c)(7) organizations. Enter:	ł		
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0	Į		1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1]
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	1		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0	l .	l	1

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.

Sect	ion A. Governing Body and Management			_		
					Yes	No
1a	Enter the number of voting members of the governing body	1a	17			
b	Enter the number of voting members that are independent	1b	17]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	nip with			
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or u	ınder th	ne direct			
	supervision of officers, directors or trustees, or key employees to a management company or	r other	person?	3		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	990 was	filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization	n's ass	ets?	5		X
6	Does the organization have members or stockholders?			6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or r	more m	embers			
	of the governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or ot	ther pe	rsons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under	-				
	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		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul			9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the					
Reve	enue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of	of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization	on?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body to	before '	filing the			
	form?			11		Х
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990)				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	uld give			
	rise to conflicts?			12b		Х
С	Does the organization regularly and consistently monitor and enforce compliance with the po	licy? If	"Yes,"			
	describe in Schedule O how this is done			12c		X
13	Does the organization have a written whistleblower policy?			13		Х
14	Does the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and	approv	al by			
	independent persons, comparability data, and contemporaneous substantiation of the delibe	ration a	and decision?			
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		Х
	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	arrange	ement			
	with a taxable entity during the year?			16a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	n to eva	aluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken ste	ps to s	afeguard	ļ	ļ .	ĺ
	the organization's exempt status with respect to such arrangements?		<u> <u></u></u>	16b		
Sect	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990	-T (501(c)(3)s	only)		
	available for 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 docu	ments,	conflict of inter	est		
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the t	books a	and records of t	he		
	organization: ► BILL RICHARDSON		515-285-05	77		

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	1					that app		Reportable	Reportable	Estimated
	hours per week		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GREG A. EGBERS PRESIDENT		1.	x		X				0	0.	0
JOSEPH L. FITZGIBBONS						П					
PAST PRESIDENT		1.	X		X				О	o	0
MARION L BEATTY VICE PRESIDENT		1.	х		x				0	0	0
JOHN A. MCCLINTOCK SECRETARY/TREASURER		1.	х		X				0	0	0
MICHAEL J. COYLE FIRST DISTRICT		1.	х						0	0	0
JAMES P. MCGUIRE SECOND DISTRICT		1.	х						0	0	0
PAUL D. LUNDBERG THIRD DISTRICT		1.	х						0	0	0
RANDALL J. SHANKS FOURTH DISTRICT		1.	Х						0	0	0
DAVID L. BROWN FIFTH DISTRICT		1.	х						0	0	0
LEON F. SPIES SIXTH DISTRICT		1.	х						0	0	0
RAND S WONIO SEVENTH DISTRICT		1.	x						0	0	0
R.L. FEHSEKE, JR. EIGHTH DISTRICT		1.	х						0	0	0
LEX HAWKINS BOARD MEMBER		1.	х						0	0	0
JAMES F. HAYES BOARD MEMBER		1.	х						0	0	0
KIRK C. QUINN BOARD MEMBER		1.	х_						0	0	0
JAKI K. SAMUELSON BOARD MEMBER		1.							0	0	0

Pa	t VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	/ees	and	l Hig	hest	Co	mpensated Em	ployees (co	ontinu	ied)		_
	(A)	(B)	(C)						(D)	(E)		(1	₹)	
	Name and title	Average hours per week	or director		Officer	k all to Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensat from relate organizatio (W-2/1099-M	on ed ns	amou oth compe from organi	the zation elated	
DAV	ID J. DUTTON		\vdash			\vdash	 				\dashv			-
	RD MEMBER	1.	X						o		0			<u>0</u>
	ID M. ELDERKIN		١.,						_					
<u>DEA</u>	<u>N</u>	1.	X				├	-	0		0			<u>0</u>
									۰ ا		اه		(0
							<u> </u>							<u>_</u>
														_
			_											
			<u> </u>											
														_
						_	<u> </u>				_			_
							<u> </u>							
							<u> </u>							_
<u>1b</u>	Total							<u>, </u>	0	L	0		(0
2	Total number of individuals (including but no reportable compensation from the organization)					e) wi	ho re	ceiv	ed more than \$1	00,000 in				
	reportable compensation from the organiza-	1011			U				 _	 		Yes	No	-
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sc										3		X	_
4	For any individual listed on line 1a, is the su	ım of reportable	com	pen	satio	n an	d oth	ner c	ompensation fro	m				_
	individual						٠.				4		<u> </u>	_
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y										5		x	
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor compensation from the organization.	mpensated inde	pend	dent :	conti	acto	rs th	at re	ceived more tha	ın \$100,000	of			
	(A) Name and business a	address							(B) Description of ser	vices	Con	(C) npensatio	n	
	None							ļ						0
								-						0
		·			_			\vdash		+				0
														0
2	Total number of independent contractors (in more than \$100,000 in compensation from	•			tho	se lis	sted a		e) who received					

Part	VIII	Statement of Revenue					
-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
12 th	1a	Federated campaigns 1a	0				
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b	83,950				
ا ع ق	C	Fundraising events 1c	00,000				
i#s a	d	Related organizations					
رة <u> </u>		Government grants (contributions) 1e	<u> </u>				
Sir	e						
ig F	T	All other contributions, gifts, grants, and				=	
윤동		similar amounts not included above 1f	0				
2 g	g	Noncash contributions included in lines 1a-1f: \$	<u>.</u> 9				l .
O e	<u> </u>	Total. Add lines 1a-1f	<u> </u>	83,950			
ne			Business Code		-		
Ve	2a	Seminar Income		60,770			
Program Service Revenue	b	Donations		100			
ij	C	Workshops		5,260			
ĕ	d						
Ē	е			0			
ge	f	All other program service revenue		0			
P.	g	Total. Add lines 2a-2f		66,130	- -		
	3	Investment income (including dividends, interest, an					
		other similar amounts)		847			
	4	Income from investment of tax-exempt bond proceed		0			
	5	Royalties	,	0			
		(i) Real	(ii) Personal				
	60	Gross Rents	(ii) i Gisoriai				
	6a						
	b	Less: rental expenses Rental income or (loss)					ł
	C						
	ď	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Secunties	(II) Other				
		assets other than inventory0	. 0				
i	ь	Less: cost or other basis					
		and sales expenses0					
	С	Gain or (loss)	0			_	
	d	Net gain or (loss)	<u></u> ▶	0			
a	8a	Gross income from fundraising					
		events (not including \$ 0					·
Ve		of contributions reported on line 1c).					
Re		See Part IV, line 18	o				
ē	b	Less: direct expenses b	0				1
Other Revenu	c	Net income or (loss) from fundraising events		0	•	-	
0		Gross income from gaming activities.		-			
		See Part IV, line 19	ا				
	h	Less direct expenses b					
		Net income or (loss) from gaming activities		0			
	100	Gross sales of inventory, less		<u> </u>		 	
	104	returns and allowances					1
		Less: cost of goods sold b		_		-	1
	_ <u>c</u>	Net income or (loss) from sales of inventory		0		 	
		Miscellaneous Revenue	Business Code				
	11a			0		ļ	
	b		}	0	<u> </u>	ļ	
	C			0		ļ	
	d	All other revenue		0		ļ	<u></u>
	е	Total. Add lines 11a-11d		0]	
	12	Total revenue. See instructions	▶	150.927	0	C) <u> </u>

Form **990** (2009)

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)

	All other organizations must complete column	T (A) Dut are not rec	dured to complete	Columns (B), (C), a	na (b).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	ol	ol		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	750	750		
3	Grants and other assistance to governments,	730	730		
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	ا			
	Benefits paid to or for members	0	0		
4	•	U		on the second of the contract	
5	Compensation of current officers, directors,				
_	trustees, and key employees	0			
6	Compensation not included above, to disqualified		i		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	64,507	64,507		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	3,280	3,280		-
10	Payroll taxes	5,066	5,066		
11	Fees for services (non-employees):				
а	Management	l ol			
b	Legal	0			
С	Accounting	2,685	2,685		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	ol			
g	Other	0			
12	Advertising and promotion	0		·-·	
13	Office expenses	4,010	4,010		
14	Information technology	4,010	4,010		
15		0			
16	Royalties		0.044		
	Occupancy	8,041	8,041		
17	Travel	0			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	34,736	34,736		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	636	636	0	0
23	Insurance	1,109	1,109		
24	Other expenses. Itemize expenses not	: 3	«	* *	
	covered above. (Expenses grouped together	å` l	*	* ,	
	and labeled miscellaneous may not exceed	`	<i>'</i>	,	
	5% of total expenses shown on line 25 below.)				
а	Telephone	1,656	1,656		
b	Postage	285	285	·	
C	Misc.	45	45		
đ	Printing	2,408	2,408		
е	Lobbying Expense	15,000	15,000		
f	All other expenses	0	0		
25	Total functional expenses. Add lines 1 through 24f	144,214	144,214	0	0
26	Joint costs. Check here ▶ if following	1,1,1,2,1,1,1	1 1 7,6 1 7		
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation	<u> </u>			

Form 990 (2009)

Part X **Balance Sheet** (A) Beginning of year End of year 23,535 1 29,739 110,254 2 2 121,101 3 3 0 4 0 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 0 7 8 8 6,612 9 8.830 9 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D **b** Less: accumulated depreciation 10b 48.002 7,158 **10c** 8,365 Investments—publicly traded securities. 0 11 11 ol 12 0 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 ol 13 0 13 14 0 14 0 15 ol 15 0 Total assets. Add lines 1 through 15 (must equal line 34) 147,559 16 168,035 16 1,645 Accounts payable and accrued expenses 17 1,422 17 18 18 1,694 1,694 49,600 19 62,500 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 0 22 0 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 23 24 Unsecured notes and loans payable to unrelated third parties 이 24 0 25 0 25 0 65,616 26 Total liabilities. Add lines 17 through 25. 52,939 26 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 102,419 32 Retained earnings, endowment, accumulated income, or other funds. 94.620 32 102,419 94,620 33 33 147,559 34 168,035

Form:	990 (2009) Towa Academy of Trial Lawyers	<u>42-6095281</u>	Pi	age 12
Par	t XI Financial Statements and Reporting			
	<u> </u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	. 2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ł
Ja	the Single Audit Act and OMB Circular A-133?	. 3a		x
.		· Ja		├^
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		<u> </u>

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury

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 Inspection

Internal Revenue Service Employer identification number Name of the organization Iowa Academy of Trial Lawyers 42-6095281

Par	Organizations Maintaining Done the organization answered "Yes" to		Similar Funds	or Accounts. Complete if
	and digamization andwored 100 to	(a) Donor advised funds		(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 d	onor advisors in writing that the	assets held in do	onor advised
	funds are the organization's property, subject	ct to the organization's exclusiv	e legal control?.	Yes No
6	Did the organization inform all grantees, dor	nors, and donor advisors in writ	ing that grant fund	ds can be
	used only for charitable purposes and not for			
	purpose conferring impermissible private be	nefit?		Yes No
Par				
1	Purpose(s) of conservation easements held	by the organization (check all t	hat apply).	
	Preservation of land for public use (e.g.			historically important land area
	Protection of natural habitat	· · · · =		certified historic structure
	_	L.,	reservation of a c	certified filstoric structure
2	Preservation of open space			No form of a constant
2	Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	ation neid a qualified conservati	on contribution in	the form of a conservation
	easement on the last day of the tax year.		1	T
а	Total number of conservation easements .			Held at the End of the Tax Year 2a
b	Total acreage restricted by conservation ease			2b
c	Number of conservation easements on a ce			2c
d	Number of conservation easements include			2d
3	Number of conservation easements modifie			·
•	during the tax year	u, transferred, released, exting	district, or termina	ned by the organization
4	Number of states where property subject to	conservation easement is local	ed Þe	
5	Does the organization have a written policy			ndling of
_	violations, and enforcement of the conserva		•	
6	Staff and volunteer hours devoted to monito			
	>	3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,		g ,
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing cons	ervation easemer	nts during the year
	▶ \$,
8	Does each conservation easement reported	on line 2(d) above satisfy the r	equirements of se	ection
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization r	eports conservation easements	in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the		anization's financia	al statements that describes
	the organization's accounting for conservati			
Pari				lar Assets.
	Complete if the organization answere			
1a	If the organization elected, as permitted und			
	art, historical treasures, or other similar asse			
_	service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted und historical treasures, or other similar assets h	ier SFAS 116, to report in its re	venue statement :	and balance sneet works of art,
	service, provide the following amounts relati		uon, or research i	in witherance of public
	(i) Revenues included in Form 990, Part VII	-		▶ ¢
	(ii) Assets included in Form 990, Part X	i, iiiiC I		• • • · · · · · · · · · · · · · ·
2	If the organization received or held works of			
-				or imancial gain, provide the
•	following amounts required to be reported u			▶ ¢
a h	Revenues included in Form 990, Part VIII, li			· · • •
b	Assets included in Form 990, Part X			\$

Part	III Organizations Maintainin	g Collections of	Art, Hist	orical T	reasures, o	r Oth	er Similar As	sets (c	ontinu	ied)
3	Using the organization's acquisition use of its collection items (check all		ther recor	ds, chec	k any of the fo	ollowir	ng that are a siç	ınifıcant		
а	Public exhibition		d 🗌	Loan	or exchange p	rograi	ms			
b	Scholarly research		e 🗀	Other		_				
c	Preservation for future genera	ations	ر							
4	Provide a description of the organiz		and expla	in how t	hey further the	e orga	nization's exem	pt purp	ose in	
	Part XIV.									
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Part	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								_	
	included on Form 990, Part X?							Y•	es 🔛	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	tollowing	table:					
_	Paginning balance					10		mount		
C	Beginning balance						· · · · · · · · · · · · · · · · · · ·		—	0
d e	Distributions during the year							-		
f	Ending balance									
•	Did the organization include an amo								🔽	
2a	If "Yes," explain the arrangement in		Part X, III	1e 21 ? .				U 10	es X	No
Part			ization a	newered	1 "Yes" to Fo	rm Q	O Part IV In	e 10		
ı aı ı	Endownient Lands. Com	(a) Current year	(b) Prio		(c) Two years b	_	(d) Three years back		our years	
1a	Beginning of year balance	0	(2):	. , ,	(c) me years s	<u> </u>	(2)	(3).	u. you.o	
b	Contributions							1		
c	Net investment earnings, gains,						-	1		
•	and losses									
d	Grants or scholarships		-							
e	Other expenditures for facilities							-		
	and programs									
f	Administrative expenses									
g	End of year balance	0		0						
2	Provide the estimated percentage of	of the year end bala	ance held	as:			<u> </u>			
а	Board designated or quasi-endown	nent 🕨	%							
b	Permanent endowment	%								
C	Term endowment ▶	<u>%</u>								
3a	Are there endowment funds not in t	he possession of t	he organi	zation th	at are held an	id adm	ninistered for th	e		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
_	(ii) related organizations							3a(ii)	· 	
b	If "Yes" to 3a(II), are the related org		•					3b		
4 Part	Describe in Part XIV the intended u VI Investments—Land, Buil					V lin	0.10			
Part								(d) D		
	Description of investment	(a) Cost or oth			st or other s (other)	٠,	ccumulated preciation	(a) B	ook value	3
	Land		0		0					
b	Buildings		0		0		0			0
C	Leasehold improvements		0		2,407		2,407			 ö
d	Equipment		0		53,960		45,595		!	8,365
e	Other		ol		0		0			0
	I. Add lines 1a through 1e. (Column		m 990, Pa	art X, col	lumn (B), line	10(c).				8,365
_										

_	~
2000	- 1

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(0	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial de	erivatives	0		
Closely-held	d equity interests	0		
Other		0		<u> </u>
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
	b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
Total. (Column (i	b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. See Form 990, P	art X, line 15.		
		a) Description		(b) Book value
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
Total. (Cold	umn (b) must equal Form 990, Part X, o		<u>•</u>	0
Part X	Other Liabilities. See Form 990), Part X, line 25.		
1.	(a) Description of liability	(b) Amount		
Federal inc	ome taxes		0	
			0	
			0	
			Ö	
		_	0	
			ō	
			o	
			- 0	
			Ö	
			<u> </u>	
			- 0	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		 	
	ootnote. In Part XIV, provide the text of	the footnote to the organiz	_ •	reports the
	n's liability for uncertain tax positions up			

Scried	idle D (Form 990) 2009			Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financia	l Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		150,927
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		144,214
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		6,713
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		6,713
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants		i	
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
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.)			
C	Add lines 4a and 4b	. L <u>'</u>	1c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	0
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es p	er Return	
1	Total expenses and losses per audited financial statements	_	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
þ	Prior year adjustments		ļ	
С	Other losses			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
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		İ	
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	0
Par	t XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	14: P	art IV. lines 1	b
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and			
this	part to provide any additional information.		-	
			• • • • • • • • • • • • • • • • • • • •	

	lowa Academy of Trial Lawyers	42-6095281	
Schedule D (Form			Page 5
Part XIV	Supplemental Information (continued)		
	• • • • • • • • • • • • • • • • • • • •		••••••
	• • • • • • • • • • • • • • • • • • • •		
	•		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Inspection

Employer identification number

lowa Academy of Trial Lawyers	42-6095281
Form 990 Part VI Section B Line 11A No formal review process is utilized.	

•••••••••••••••••••••••••••••••••••••••	•

IA ACADEMY OF TRIAL LAWYERS ATTACHMENT TO FORM 990 12/31/09

PART II: Statement of Functional Expenses Page 10 Line 22 - Depreciation

	Date	Acquisition	Depr	Useful	Salvage/	Depr	Prior	Curr	Total	Net
Property Description	Acquired		2	Life(Yrs)	0)	Basis	Depr	Depr	Accum Depr	Basis
Panasonic	07/31/99		200DB	7		1,025.33	1,025.33	•	1,025.33	•
Document Shredder	04/30/00	121.37	.,	വ	٠	121.37	121.37	•	121.37	(0.00)
Laser Printer	04/30/00			വ	•	734.97	734.97	•	734.97	
Office Chairs	02/27/01	<u>-</u>	200DB	7		1,907.49	1,907.49	•	1,907.49	
Computer System	06/05/01		200DB	2	•	3,142.22	3,142.22	•	3,142.22	
Office Equipment	07/01/05		200DB	2	•	2,118.94	1,074.73	244.10	1,318.83	
2 Computers	08/16/06	3,401.60	200DB	2	•	3,401.60	2,421.94	391.86	2,813.80	587.80
Fallipment	07/01/08		200DB	ഹ	•	329.00	65.80	105.28	171.08	
Computer Network	10/30/09	758.00	200DB	2	•	758.00	•	151.60	151.60	606.40
TOTALS		\$ 13,538.92			, &	\$ 12,451.92	\$ 10,428.05	\$ 635.97	\$ 11,064.02	\$ 1,387.90

42-6095281