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. Form **990**

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)

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	For the	2009 calen	dar year,	or tax year begin	ning	, 20	09, and endir	ng		,	
В	Check if a	pplicable		С			·		D Employ	er Identific	ation Number
		ess change	Please use IRS label	Internation	nal Academy	of Trial	Lawvers		77-0	00171	50
	\vdash	=	or print	Foundation		01 11141	,		E Telepho		
	\vdash	e change	or type. See		ery Street #	3340				-421-	
	Initia	l return	specific Instruc-	San Franci:	sco, CA 9410	4			413	421-	1333
	Term	ination	tions.		·						
	Ame	nded return			<u>.</u>				G Gross re		799,038.
	Appli	ication pending	F Name a	and address of principal	l officer			H(a) Is this a			tes? Yes X No
			Same A	As C Above			_	H(b) Are all	affiliates incl attach a list		Yes No
<u> </u>	Tax-e	xempt statu	ıs X 501	(c) (3)◀	(insert no)	4947(a)(1) or	527	",,,,,	allacii a iist	(300 1113110	ictions)
J		ite: ► N/						H(c) Group (exemption nu	mber ►	
K		f organization	X Corpora	ation Trust	Association Other	· ►	L Year of Forma	• • • • • • • • • • • • • • • • • • • •			al domicile CA
Pa		Summa		1	<u> </u>		<u> </u>			•	
· •				nanization's missi	on or most signific	ant activities:	To promo	te ref	orm in	law.	facilitate_
-					stice and cu						
S		-11 <i>C 1</i> 10m7	717 5 67 7	. 5-5511 - 65- 17-67	7.7.62 MIN 54	***	1.6 725 5617	J	747 5457	. M. 472-71.	~~
ALINH GEBANGHER	_										
U S	2 C	hack this bo	~ ► []	if the organization	n discontinued its o	onerations or d	Isposed of me	ore than 2	 5% of its	assets	
8					ning body (Part VI		iisposca oi iii	ore triair E	070 01 113	3	7
18					s of the governing		line 1b)			4	7
fle				yees (Part V, line		, ,	•			5	0
容			•	eers (estimate if						6	7
				-	from Part VIII, col	umn (C), line 1	2			7a	0.
		_			from Form 990-T, I					7 b	0.
<u>ලෘ</u>					:		•	Р	rior Year		Current Year
Reventie	8 C	ontributions	and oran	ts (Part VIII, line	1h)			•	87,5	32	111,150.
			_	ue (Part VIII, line					<u> </u>	<u> </u>	
ven		_		-	ر کور کی), lines 3, 4, and 7	7d)		-	24,0	06	-37,887.
Be			•		nes 5, 6d, 8c, 9c, 1			-	21,0		0,700,1
			•		(must equal Part \) line 12)		111,5	38	73,263.
_					X, column (A), line), into (2)		145,3		116,591.
				•				<u> </u>	140,0	.05.	110,331.
				=	(, column (A), line		5 10)		-		
g			•	· -	e benefits (Part IX,		nes 5-10)				
Expenses	16a P	rofessional	fundraisin	ig fees (Part IX, c	column (A), line 11	e)			-	 ∤	
xpe	b To	otal fundrais	sing exper	ases (Part IX, col	นีโทก (D), line 25) เ	•					
Ü					nes 11a-11d, 11f-2				11,7	84.	9,574.
	18 T	otal expensi	es Add li	nes 13-17 (must)	qual Part IX, colu	mn (A) line 25	0		157,0		126,165.
						(), 20	,	` —	-45,5		-52,902.
- · ·	13 1		JUE	S Subtractione			-				
e c	оо т	, <u> </u> [\bullet	(D - 1 V - 1		Ē			Begin	ning of Y		End of Year
90		otal assets			ł				977,1	0.	1,100,948.
Net Assets or Fund Balancos		otal liabilitie	<u> </u>					-			
					ne 21 from line 20			لـ	977,1	36.	1,100,948.
Pa	rt II	Signati	ure Bloc	<u>:k</u>		··					
		Under penaltie	es of perjury,	I declare that I have ex	amined this return, includer (other than officer) is b	ding accompanying	schedules and sta	tements, and	to the best o	f my know	ledge and belief, it is
			701	1 D	131	_		1			_
Sig	ın			Vr K	avran	nson				1-	
He	re	Signature	of officer					Da			
				Abramson	 			Presi	ldent		
		Type or pr	rint name and	d title							<u></u>
		!			<i>(</i>)	. (Date /		neck if	Prep (see	arer's identifying number instructions)
Pai		Preparer's			1	III	5/2		lf- nployed ►		
Pre		signature	► Sar	a Holman 🥒	Sain /	19/han	1 1/26	7/10		N/.	A
pai	rer's	Firm's name (Silva & Hol	man				·		
Us		yours if self employed),		5 Leimert B	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			—— _{EI}	n ► N	/A	
On	ıy	address, and		land, CA 94						(510)	531-6262
May	the IR	·		•	shown above? (se	e instructions)				/	X Yes No

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

TEEA0113L 12/29/09

Form 990 (2009) International Academy of Trial Lawyers	<u>77-00</u>	17150		F	age 2
Part III Statement of Program Service Accomplishments					
- 1 Briefly describe the organization's mission To promote reform in law, facilitate the administration of justi science of jurisprudence.		<u>ıltiva</u>	te_	the	
2 Did the organization undertake any significant program services during the year which were not listed of Form 990 or 990-EZ?	n the prior	Y	es	X	No
If 'Yes,' describe these new services on Schedule O.	vr.4005?			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 service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a expenses, and revenue, if any, for each program service reported	es by expense nd allocations	to other	on 50 s, the	tota	3) Il
4a (Code) (Expenses \$ 116,591. including grants of \$) Grant and expenses to the China program)
	-	. .		 	
		. .		 	
4b (Code) (Expenses \$including grants of \$)	(Revenue \$	\$)
				<u>-</u> -	
4c (Code) (Expenses \$ including grants of \$)	(Revenue \$	\$)
		. 		 	
					
Ad Other program services (Describe in Schodule C.)					
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue	\$))	
4e Total program service expenses ► 116,591.					

Form 990 (2009) International Academy of Trial Lawyers 77-0017150 Page 3 Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 Schedule A 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 public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х 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 5 provide advice on the distribution or investment of amounts in such 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 Х 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 complete 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 9 Х Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 'Yes,' complete Schedule D, Part VХ 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 Х X as applicable 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 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X Nο 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a 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, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Х 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 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, Part III 16 Х

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

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

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

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

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.

Х

Х

Х

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20

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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		_x_
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		Х
24 8	a 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, and 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		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		X
ı	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		X
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee 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 transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 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 Schedule L, Part IV</i>	28b		X
•	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		Х
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? <i>If 'Yes,' complete Schedule M</i>	30		Х
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		х
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 L.	33		Х
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 $512(b)(13)^7$ 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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
) A A		Form	agn i	ronnas

Form 9	90 (2009) International Academy of Trial Lawyers	77-0017150)	P	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1 a E	inter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S of ormation Returns Enter -0- if not applicable	1a 0			'
b E	inter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c [old the organization comply with backup withholding rules for reportable payments to vendo gambling) winnings to prize winners?	rs and reportable gaming	1 c		
2a E	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the alendar year ending with or within the year covered by this return	2a _0			
2b l1	at least one is reported on line 2a, did the organization file all required federal employme	nt tax returns?	2b		
N	lote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re	turn. (see instructions)			
3a E	nd the organization have unrelated business gross income of \$1,000 or more during the years return?	ar covered by	За		Х
b II	'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule C	,	3 b		
4a A	it any time during the calendar year, did the organization have an interest in, or a signatur nancial account in a foreign country (such as a bank account, securities account, or other	e or other authority over, a financial account)?	4a		х
	'Yes,' enter the name of the foreign country	_			
S F	ee the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report o inancial Accounts.	f Foreign Bank and	_		
5 a V	/as the organization a party to a prohibited tax shelter transaction at any time during the $oldsymbol{t}$	ax year?	_5a		Х
b 0	id any taxable party notify the organization that it was or is a party to a prohibited tax she	ter transaction?	5 b		X
c II	'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E ax Shelter Transaction?	ntity Regarding Prohibited	5 c		
6a D	oes the organization have annual gross receipts that are normally greater than \$100,000, olicit any contributions that were not tax deductible?	and did the organization	6a		х
b II	'Yes,' did the organization include with every solicitation an express statement that such deductible?		6 b		
	organizations that may receive deductible contributions under section 170(c).				_
a D	id the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods and services	_ 7a		x
•	rovided to the payor? 'Yes,' did the organization notify the donor of the value of the goods or services provided'	,	- <u>/a</u> 7b		
	id the organization sell, exchange, or otherwise dispose of tangible personal property for v				
	orm 8282?	,	7с		Х
	'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e D	nd the organization, during the year, receive any funds, directly or indirectly, to pay premic enefit contract?	ms on a personal	7e		х
	id the organization, during the year, pay premiums, directly or indirectly, on a personal be	nefit contract?	7f		X
	or all contributions of qualified intellectual property, did the organization file Form 8899 as		7g		
_	or contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fo	·	7h		
8 S	ponsoring organizations maintaining donor advised funds and section 509(a)(3) support upporting organization, or a donor advised fund maintained by a sponsoring organization,	ing organizations. Did the			
	oldings at any time during the year?		8		
	ponsoring organizations maintaining donor advised funds.		9a		
	nd the organization make any taxable distributions under section 4966?		9a 9b		
	od the organization make any distribution to a donor, donor advisor, or related person?		מכ		
	ection 501(c)(7) organizations. Enter nitration fees and capital contributions included on Part VIII, line 12	10a			
	·	10a			
	iross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	וטטן			·
	ection 501(c)(12) organizations. Enter:	110			
	iross income from other members or shareholders	11a			
	iross income from other sources (Do not net amounts due or paid to other sources against mounts due or received from them)	116			

BAA Form **990** (2009)

12 b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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.

Sec	tion A.	Governing Body and Ma	nagement							
									Yes	No
1 a	Enter the	number of voting members of t	he governing body			1 a		_7		
t	Enter the	number of voting members that	are independent		L	1 b		7	1	
2	Did any o officer, d	ficer, director, trustee, or key e ector, trustee or key employee	mployee have a fa	mily relationship or a busine	ess relat	tions	hip with any othei	2		X
3	Did the o	ganization delegate control ove , directors or trustees, or key e	r management dut mployees to a mar	ies customarily performed by nagement company or other	y or und person?	der th ?	ne direct supervis	on 3		Х
4		ganization make any significant prior Form 990 was filed?	changes to its org	ganizational documents				4	ļ	X
5		ganization become aware durin	n the year of a ma	terial diversion of the organi	zation's	255	ets?	5		Х
		organization have members or		terial diversion of the organi	zations	a33	cis:	6		X
7 a	Does the governing	organization have members, sto body?	ockholders, or othe	r persons who may elect on	e or mo	re m	embers of the	7a		X
t	Are any o	ecisions of the governing body	subject to approva	l by members, stockholders,	or othe	r pe	rsons?	7 b		Χ_
8	Did the o	ganization contemporaneously and	document the mee	tings held or written actions	underta	aken	during the year b	У		
ā	The gove	ning body?						8 a		
t	Each con	mittee with authority to act on t	ehalf of the gover	ning body?				86	X	
9	Is there a	ny officer, director or trustee, or on's mailing address? If 'Yes,' p	key employee list	ed in Part VII, Section A, wh and addresses in Schedule	no canni O	ot be	reached at the	9		Х
Sec		Policies (This Section L				quir	ed by the Inter	rnal		
Reve	enue Code)							, 	
									Yes	No
10 a	Does the	organization have local chapters	s, branches, or affi	liates?				10 a		X
	and bran	oes the organization have writte hes to ensure their operations a	are consistent with	those of the organization?				s, <u>10 t</u>		
11	Has the d	rganization provided a copy of t	his Form 990 to al	I members of its governing b	ody be	fore	filing the form?	11	X	
11 /	A Describe	n Schedule O the process, if ar	y, used by the org	anization to review this Forn	n 990	Se	e Schedule			
		organization have a written con						12 a		X
t	Are office to conflic	rs, directors or trustees, and ke s?	y employees requi	red to disclose annually inte	rests th	at co	uld give rise	12 t		
•	Does the Schedule	organization regularly and cons O how this is done	stently monitor an	d enforce compliance with the	he polic	y? <i>If</i>	'Yes,' describe ir	120		
13	Does the	organization have a written whi	stleblower policy?					13		<u>X</u>
14	Does the	organization have a written doc	ument retention ar	nd destruction policy?				14		X
15	Did the p persons,	ocess for determining compens comparability data, and contem	ation of the following substant	ing persons include a review itiation of the deliberation an	and ap	prov	al by independen	t		'
ā	The orga	ization's CEO, Executive Direct	or, or top manage	ment official				15 a		<u>X</u>
t	Other off	ers of key employees of the or	ganızatıon					15 t	1	X
	If 'Yes' to	line 15a or 15b, describe the pr	ocess in Schedule	O (See instructions)						
16 a		ganization invest in, contribute ng the year?	assets to, or partic	cipate in a joint venture or si	mılar ar	rang	ement with a tax	able 16 a		X
t	in joint vi	as the organization adopted a winture arrangements under appl	cable federal tax I	ocedure requiring the organiz aw, and taken steps to safeç	zation to guard th	eva ne or	iluate its participa ganization's exem	ition ipt – 16t		
Sec		respect to such arrangements Disclosures	<u> </u>					1101	'	
		ates with which a copy of this F	orm 990 is require	d to be filed ► CA						
		104 requires an organization to	-		 bnc 00	aan	T (501(c)(3)s onl	v) availat	de for	nublic
	inspectio	Indicate how you make these vebsite X Another's	available Check a	Ill that apply X Upon request	Jo, and	330	1 (301(0)(3)3 0111	y) avanac	,	public
19		n Schedule O whether (and if s		_ ' '	documo	nte 4	conflict of interest	t notice a	nd fins	ancial
	statemer	s available to the public Se	e Schedule	0	200UITE	. ILO, (Commet of interest	. policy, a	11110	,, , U (U)
20	State the	name, physical address, and te	lephone number o	f the person who possesses	the boo	oks a	nd records of the	organiza	tion.	
,	- Alber	Abramson 44 Montgo	mery St., St	e. 3340 <u>San Fran</u> o	<u>cisco</u>	<u>CA</u>	<u> 94104 415-</u>	421-7	995_	
						-				

Form 990 (2009)

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 organizations'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 employees'

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

BAA

- 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)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours per week		_		_	hat app		Reportable compensation from	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other
	por moon	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099 MISC)	compensation from the organization
		tor tru	onal		ptoye	ee com				and related organizations
	ļ	stee	ruste		ř	Densa				
**************************************			e		L	Ē				
Florentino Garza		,,						_	0	0
Board Trustee	0	Х	├			ļ		0.	0.	0.
Guy Allison	1	,,							0	0
Board Trustee	0	X	├		_		_	0.	0.	0.
Robert Parks	_	,,					1	_	0	0
Board Trustee	0	X	<u> </u>		_		<u> </u>	0.	0.	0.
Betty Thompson	_	ا ا							•	•
Board Trustee	0	Х	<u> </u>	<u> </u>		ļ		0.	0.	0.
George_Tompkins	_	l				•		_	_	
Board Trustee	0	Х		_	_		<u> </u>	0.	0.	0.
Albert R. Abramson								_	_	
President	0		<u> </u>	Х			_	0.	0.	0.
James Bostwick			1				ŀ	_	_	
Treasurer	0		<u></u>	X	_	ļ	$ldsymbol{ld}}}}}}$	0.	0.	0.
		 	-		-					
									-	
									 	
					_					

TEEA0107L 11/10/09

(A)	(B)							(D)	(E)	Joyee	(F)	н.)
Name and Title	Average					hat ap	oply)	Reportable compensation from	Reportable	E	stimated]
	nours 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)	con f orç ar	unt of ot opensation rom the ganization of relate anization	on n d
										<u> </u>		
												
										<u></u>		
								-				
	<u></u>				_							
1 b Total							>	0.	0.	· <u> </u>		0
 Total number of individuals (including but not limite from the organization ▶ 0 	d to tho	se li	sted	l ab	ove)	who	o re	ceived more than	\$100,000 in repor	table co	mpens	ation
3 Did the organization list any former officer, director	or trust	lee.	kev	emi	olov	ee. o	or hi	ahest compensat	ed emplovee		Yes	No
on line 1a ⁷ If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the organization of the sum of the organization and related organizations.	ndıvıdua	a/								3		X
ındıvıdual										4		X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	ompens hedule	satio <i>J for</i>	n fro	om a ch pe	any e <i>rso</i>	unre n	elate	d organization fo	services	5		х
Complete this table for your five highest compensation from the organization	ted inde	pen	dent	cor	ntrac	tors	tha	t received more t	han \$100,000 of			
(A) Name and business addres	ss	_						(B Description) of Services	Compe	C) ensatio	n_
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		lımı	ted	to ti	nose	list	ed a	above) who receiv	ed more than			

Га	rt 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
S	1 a Federated campaigns 1 a				
ANT	b Membership dues 1b				
MOU	c Fundraising events 1c				
FTS	d Related organizations 1 d				
S, G	e Government grants (contributions). 1 e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 111, 150.				
E C	g Noncash contributed in line 1a-1f \$				
SA	h Total. Add lines 1a-1f	111,150.			
Щ	Business Code			_	
ĒN	2a	' • · · · · · · · · · · · · · · · · ·		•	
RE	b			· · ·	
ĬĊE	c			·	
Š	d				
S W	e			· · · · · · · · · · · · · · · · · · ·	
S _R	f All other program service revenue				
8	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts).	43,461.			43,461.
	4 Income from investment of tax-exempt bond proceeds ▶				l
	5 Royalties				· · ·
	(i) Real (ii) Personal		-		
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)			_	
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 644, 427.				
	b Less cost or other basis				
	and sales expenses 725,775.				
	c Gain or (loss) -81, 348.				
	d Net gain or (loss) ▶	-81,348.	-81,348.		
UE	8a Gross income from fundraising events (not including \$				
VEN	of contributions reported on line 1c).				
OTHER REVEN	See Part IV, line 18				
Ή	b Less direct expenses b				;
6	c Net income or (loss) from fundraising events		-	*	
	9a Gross income from gaming activities See Part IV, line 19		<u>-</u>		
	b Less: direct expenses				
Ì	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	*			
	Miscellaneous Revenue Business Code				
	11a				<u> </u>
	b				
	c	- · · · · · · · · · · · · · · · · · · ·			
	d All other revenue		·		
	e Total. Add lines 11a-11d			· · · ·	
	12 Total revenue. See instructions	73,263.	-81,348.	0.	43,461.

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).

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		116,591.	116,591.		
2		110,331.	110,351.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	a Management				
1	D Legal				
•	Accounting	1,343.		1,343.	
•	d Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees	6,385.		6,385.	
9	g Other				
12	Advertising and promotion				
13	Office expenses	1,670.		1,670.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
:	a Taxes	⁷ 110.		110.	···-
	Bank Charge	66.		66.	
	:				· · · · · · · · · · · · · · · · · · ·
	`		***	·	
	All other expenses				
	Total functional expenses Add lines 1 through 24f	126,165.	116,591.	9,574.	0.
	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	,			
BAA	campaign and fundraising solicitation				Form 990 (2009)
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۲a	nt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	85,146.
	2	Savings and temporary cash investments	18,720.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis. 10a			
		Complete Part VI of Schedule D	- <del></del>		
	b	Less accumulated depreciation 10b		10 c	
	11	Investments — publicly-traded securities	958,416.	11	1,015,802.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	977,136.	16	1,100,948.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	<u></u>	19	<del></del>
į	20	Tax-exempt bond liabilities		20	<del></del>
B	21	Escrow or custodial account liability. Complete Part IV of Schedule D	. <u>.</u>	21	
<b>ドーAB-L-F-ES</b>	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
į		of Schedule L		22	<del></del>
5		Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
E		Organizations that follow SFAS 117, check here  and complete lines			
		27 through 29 and lines 33 and 34.			
A COOL		Unrestricted net assets		27	
Ē		Temporarily restricted net assets		28	
	29	Permanently restricted net assets	<del></del>	29	
Q R		Organizations that do not follow SFAS 117, check here ► X and complete			
UZCT		lines 30 through 34.			1 100 040
	30	Capital stock or trust principal, or current funds.	977,136.	30	1,100,948.
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
田々」くている	32	Retained earnings, endowment, accumulated income, or other funds	077 126	32	1 100 040
Č	33	Total net assets or fund balances	977,136.	33	1,100,948.
3	34	Total liabilities and net assets/fund balances	977,136.	54	1,100,948.

BAA

Form **990** (2009)

Form: 990 (2009) International Academy of Trial Lawyers 77-0017150		Pa	ige 12
Part XI Financial Statements and Reporting			
		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 $\overline{X}$ Cash $\overline{\ }$ Accrual $\overline{\ }$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			1
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
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			
<b>d</b> 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			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		

BAA

Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

International Academy of Trial Lawyers

Employer identification number

			Foun	<u>dation</u>						<u> 77-00</u>	)17150	)		
Part	I	Re	ason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ii	nstruct	ions		
The o	rgaı	nızat	ion is not a pri	ivate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box )					
1		A ch	urch, conventi	ion of churches or ass	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)	) <b>.</b>				
2		A sc	hool described	d in <b>section 170(b)(1)(</b>	<b>A)(ii).</b> (Attach Schedule	E)								
3	П	A ho	spital or coop	erative hospital servic	e organization described	ın secti	on 170(	Ь)(1)(А)(	iii).					
4		A m	edical researcl	h organization operate	ed in conjunction with a h	nospital	describe	d in <b>sec</b>	tion 17	0(b)(1)(A	<b>XX</b> (iii) Er	nter the hos	spital's	3
			e, city, and sta					_,_,_						
5	므	170(	<b>Ь</b> Ӂ1ХАХіv). ((	Complete Part II)	of a college or university		·		-	rnmental	unit des	scribed in s	ectio	n
6 7		An c	rganization th		governmental unit descri substantial part of its si art II )					t or from	the ger	neral public	: desci	rıbed
8			, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 <b>70(b)(1)(A)(vi).</b> (Comple	te Part I	1)							
9	Ħ		-		more than 33-1/3 % of its			tributions	s. memb	ership fe	es. and o	oross receip	ts	
·	لـــا	from inve	activities relate stment income	ed to its exempt function	ns — subject to certain exc ess taxable income (less	eptions, a	and (2) r	o more t	than 33-	1/3 % of	its suppo	ort from gros	SS	ifter
10	$\Box$	An c	rganization or	ganized and operated	exclusively to test for pr	ublic safe	ety See	section	1 509(a)	(4).				
11		more	e publicly supp	ported organizations of	exclusively for the bene described in section 509( zation and complete line	a)(1) or	section	509(a)(2	ctions ( 2) See	of, or can <b>section</b>	rry out th <b>509(a)(3</b>	ne purpose <b>).</b> Check ti	s of or ne box	ne or c that
		а	Туре І	<b>b</b> Type II	c ☐ Type II	I – Fund	tionally	integrat	ted		d 🗌	Type III-	Other	:
е		than	hecking this bi foundation ma a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direc	tly or in d organi	directly zations	by one describ	or more ed in sec	disquali ction 509	ified perso (a)(1) or s	ns oth ection	ner
f		If the		received a written de	termination from the IRS	that is a	а Туре І	, Type II	or Typ	e III sup	porting (	organizatio	n,	
g		Sinc	e August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	,2		
													Yes	No
		(i)	a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
		(ii)	a family men	nber of a person desc	cribed in (i) above?							11 g (ii)		
		(iii)	a 35% contro	olled entity of a persor	n described in (i) or (ii) a	bove?						11 g (iii)		l
<u>h</u>		Prov	ride the followi	ng information about	the supported organization	ons				,				
	(i)		e of Supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister	is the ion in cot in your irring ment?	the organ	(i) of	(vi) I organizat (i) organi: U S	zed in the	(vii) Amour	ıl of Sup	port
						Yes	No	Yes	No	Yes	No			
		-				-		<del> </del>	<del> </del> -					
						<del>                                     </del>								
ivial				1	i	1	I	1	I	ı				

Schedule A (Form 990 or 990-EZ) 2009 International Academy of Trial Lawyers 77-0017150

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)		<u>.</u>				
Sec	tion A. Public Support		γ							
begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	66,823.	64,200.	54,900.	87,532.	111,1	50.	384,605.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							0.		
4	Total. Add lines 1-through 3	66,823.	64,200.	54,900.	87,532.	111,1	50.	384,605.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							0		
	<b>Public support.</b> Subtract line 5 from line 4							384,605.		
Section B. Total Support										
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200		(f) Total		
7	Amounts from line 4	66,823.	64,200.	54,900.	87,532.	111,1	150.	384,605.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	28,971.	38,512.	39,423.	41,275.	43,461.		191,642.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).							0.		
11	Total support. Add lines 7 through 10							576,247.		
12	Gross receipts from related activ	ities, etc (see ins	tructions)				12	0.		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here										
	tion C. Computation of Pul			11 / 0			14	66 79		
15	14Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)1466.7 %15Public support percentage from 2008 Schedule A, Part II, line 141566.5 %									
16a 33-1/3 support test − 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization										
t	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances' test The organiz	' test, check this ation qualifies as	box and <b>stop her</b> a publicly suppor	<b>e.</b> Explain i rted organiz	n Part zation	IV how the ▶		
18	8 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

## Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

<del></del>	(Complete only if you che	cked the box on ii	ine 9 of Part ( )							
	tion A. Public Support	4-> 0005	42.0000	(-) 0007	(4) 2000	(-) 0000	(O Total			
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total			
'	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2									
	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year									
C	Add lines 7a and 7b				ļ					
8	Public support (Subtract line									
	7c from line 6)									
<u>Sec</u>	tion B. Total Support			γ						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total			
	Amounts from line 6									
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.									
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
13 14	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz I stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)			
	tion C. Computation of Pu									
	Public support percentage for 20			ne 13, column (f)	)	15	%_			
	Public support percentage from	•	-			16	%			
	tion D. Computation of Inv			e						
	Investment income percentage f				umn (f))	17	%			
	Investment income percentage f				-	18	%			
	<b>33-1/3 support tests</b> – <b>2009.</b> If the more than 33-1/3%, check this b	organization did not	check the box on	line 14, and line 15	is more than 33-1/3 publicly supported	8%, and line 17 is no organization	ot ► □			
ŀ	33-1/3 support tests - 2008. If t	he organization d	id not check a box	x on line 14 or 19	a, and line 16 is i	more than 33-1/3%	%, and line 18 ☐			
20	Is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Schedule A	(Form 990 or	990-E	Z) 2009	In	tern	ati	onal	Ac	ademy	of	Tria	al	Lawyers	77-	0017150	)	Page 4
Part IV	Supplement Part II, line	ntal Ir	nforma	tion.	Com	plete	e this	par	t to pr	ovide	the e	exp	lanations	required	by Part	II, line 1	0;
	Part II, line	e 1/a	or I/D	; and	Part	· III,	line i	2. P	roviae	any	otner	r a	dditional II	ntormatio	n. See ii	1Structio	ons.
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COUEDIII E I	Cranto and Other Accietance to Organizations	OMB No 1545-0047
(Form 990)	Governments and Individuals in the United States	2009
Department of the Treasury internal Revenue Service	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  Attatch to Form 990.	Open to Public Inspection
Name of the organization		Employer identification number
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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered 'Yes' to Form Yes 77-0017150 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? International Academy of Trial Lawyers

Part | General Information on Grants and Assistance

=		X	(h) Purpose of grant or assistance	
3	00. Use		(h) Pur or ¿	
allowed car	I more than \$5,0		(g) Description of non-cash assistance	
	ecipient received		(f) Method of valuation (book, FMV, appraisal, other)	
ca states. comple	this box if no one r		(e) Amount of non-cash assistance	
במנוסווס זוו נווכ סווור	an \$5,000. Check	needed	(d) Amount of cash grant	
cills and Organ	eceived more the	itional space is	(c) IRC section if applicable	
ווכע נס פססעוווווו	<ul> <li>ι recipient that ι</li> </ul>	Form 990) if add	(b) EIN	
Fail II Jefaills and Other Assistance to Governments and Organizations of the States. Complete in the organization and the states of the state	990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	Part IV and Schedule I-1 (Form 990) if additional space is needed	1 (a) Name and address of organization or government	

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3 Enter total number of other organizations	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule I (Form 990) 2009

Page 2 Grants and Other Assistance to Individuals in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) of additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 77-0017150 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance International Academy of Trial Lawyers (c) Amount of cash grant (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

Schedule I (Form 990) 2009

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#### SCHEDULE O (Form 990)

#### **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization International Academy of Trial Lawyers	Employer identification number 77-0017150
Foundation	111-0011120
Form 990, Part VI, Line 11 - Form 990 Review Process	
The signing director reviews the form 990 before signing the re	eturn.
	2222222222
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Governing documents, policies, and financial statements are available.	ailable on request.

Schedule O (Form	n 990) 2009	
Name of the organization	n 990) 2009 On International Academy of Trial Lawyers Foundation	Employer identification number 77-0017150
	,	<u> </u>

# (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Internal Revenue			► File a separ	ate application for ea	ach return.				
If you are	filing for an	Automatic 3-Month	Extension, comp	ete only Part I and c	heck this box.			<u> </u>	
•	-		· · · · · · · · · · · · · · · · · · ·	xtension, complete		page 2 of this	s form)	_	
•	•	•	•	n automatic 3-month	•		•	68.	
Part I	Automatic :	3-Month Extens	ion of Time. O	nly submit origina	al (no copies	needed).			
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A corporation	required to f	ile Form 990-T and	requesting an aut	omatic 6-month exter	nsion – check t	this box and c	omplete Par	t I only	
All other corp income tax re		udıng 1120-C filers	), partnerships, RE	MICS, and trusts mu	ist use Form 70	04 to request	an extensio	n of time to file	
returns noted the additiona Form 990-T	l below (6 mo l (not automa Instead, vou r	nths for a corporati tic) 3-month extens	on required to file sion or (2) you file ly completed and s	orm 8868 if you want Form 990-T) Howev Forms 990-BL, 6069, igned page 2 (Part II & Nonprofits	er, you cannot f or 8870, group	file Form 8868 returns, or a	B electronica composite d	lly if (1) you want or consolidated	
	Name of Exempt	Organization	•				Employer ident	ification number	
Type or	Internat	ional Academ	v of Trial	l.awvers					
print	Foundati		y or irrar	uanyezo			77-0017	150	
File by the due date for	Number, street, and room or suite number If a P O box, see instructions								
filing your return See	44 Montg	44 Montgomery Street #3340							
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions								
	San Fran	cisco, CA 94	104						
Check type of	f return to be	filed (file a separa	te application for e	each return)					
X Form 990	)		Form 990-T (co	poration)		Form 472	0		
Form 990	)-BL		Form 990-T (see	ction 401(a) or 408(a)	) trust)	Form 522	7		
Form 990	)-EZ		Form 990-T (tru	st other than above)		Form 606	9		
Form 990	)-PF		Form 1041-A			Form 887	0		
Telephone If the org If this is f	e No. ► <u>415</u> - anization doe: for a Group Re	eturn, enter the org . If it is for part of	e or place of busing anization's four dig	FAX No. Pess in the United Sta	Number (GEN)	If			
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<b>b</b> If this a made 1	pplication is f include any pr	or Form 990-PF or or year overpayme	990-T, enter any rent allowed as a cr	efundable credits and edit	d estimated tax	payments	3ь\$	0	
c Balance deposit See ins	e Due. Subtrac with FTD cou tructions	ct line 3b from line pon or, if required,	3a Include your p by using EFTPS (I	ayment with this forn Electronic Federal Ta	n, or, if required ax Payment Sys	d, stem)	3c \$	0	
Caution. If yo		o make an electror	ic fund withdrawal	with this Form 8868,	, see Form 8453	3-EO and For	m <b>8879-</b> EO f	or	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 4-2009)