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Form 990-EZ

EXTENDED TO AUGUST 17, 2015 Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2014 calendar year, or tax year beginning and ending В Check if applicable D Employer identification number C Name of organization INTERNATIONAL ACADEMY OF Address change DISPUTE RESOLUTION 35-2293056 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Final return C/O WSDD, 20 N. WACKER DR. 2250 (312) 332-6622 terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption CHICAGO, IL60606 Number > Application pending X Cash G Accounting Method Accrual Other (specify) H Check ▶ L ____ if the organization is Website ► WWW.INADR.COM not required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) √(insert no) (Form 990, 990-EZ, or 990-PF) X Corporation Trust Form of organization Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, 81178. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 28500. Contributions, gifts, grants, and similar amounts received 1 37031. 2 2 Program service revenue including government fees and contracts 15647. 3 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets Wher than inventors 2015 5a b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than 5c Gaming and fundraising events a Gross income from gaming (attach-Schedule G if greater than Revenue \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 6b gross income and contributions exceeds \$15,000) 6с c Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c A Other revenue (describe in Schedule O) 81178. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 30000. 12 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping 43643. SEE SCHEDULE O 16 16 Other expenses (describe in Schedule O) 73643. 17 Total expenses. Add lines 10 through 16 7535. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 5053. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 20 12588. Net assets or fund balances at end of year Combine lines 18 through 20 21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

432171 12-15-14

Form 990-EZ (2014) DISPUTE RESOLUTION

	irt II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to res	pond to any que			. —	
				(A) Beginning of year		(B) Er	nd of year
22	Cash,	savings, and investments		5053	. 22		12588.
23	Land	and buildings	[23		
24	Other	assets (describe in Schedule O)			24		
25	Total	assets		5053	• 25		12588.
26	Total	liabilities (describe in Schedule O)		0	- 26		0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		5053	• 27		12588.
Pa	rt III	Statement of Program Service Accomplishmen	nts (see the instr	uctions for Part III)		Ex	penses
		Check if the organization used Schedule O to res	spond to any que	estion in this Part III	\mathbf{X}	(Required	
Wha	t is the d	organization's primary exempt purpose?SEE SCHEDULE C)				and 501(c)(4) ons, optional for
		rganization's program service accomplishments for each of its three largest program		openses In a clear and concise		others)	
		be the services provided, the number of persons benefited, and other relevant inform		•			
28	LAW	SCHOOL MEDIATION TOURNAMENTS					
,			•				
•							
	(Grants	s \$) If this amount includes foreign of	grants, check here	•		28a	19419.
29	COLI	LEGE MEDIATION TOURNAMENTS		-			
	(Grants	s \$) If this amount includes foreign	grants, check here	>		29a	2940.
		MOTE MEDIATION EDUCATION					
	-		<u> </u>				
	(Grants	s \$) If this amount includes foreign	grants, check here	>		30a	7514.
		program services (describe in Schedule O) SEE SCHE					
	(Grants	• •	grants, check here	>		31a	6297.
		program service expenses (add lines 28a through 31a)				32	36170.
Pe	art IV	List of Officers, Directors, Trustees, and Key E	mployees (list each	h one even if not compensated -	see the	instructions f	or Part IV)
		Check if the organization used Schedule O to re-	spond to any que	estion in this Part IV	/		
			(b) Average hour		(d) He	ealth benefits,	(e) Estimated
		(a) Name and title	per week devoted	to compensation (Forms	i cont		
			1 '	W-2/1099-MISC)	empl	oyee benefit	amount of other
H.		(2)	position	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,		amount of other compensation
PA	CA	SE ELLIS	1 '	W-2/1099-MISC)	empl plans,	oyee benefit and deferred	
7. 7.7			1 '	W-2/1099-MISC)	empl plans,	oyee benefit and deferred	
AIN	ST :	SE ELLIS PRESIDENT AND DIRECTOR	position	(if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation	compensation
	ST A B	SE ELLIS PRESIDENT AND DIRECTOR AUDER	position	(if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation	compensation
v.	ST : A B	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR	2.00	(if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation	compensation 0.
V. KE	ST A B P.	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK	2.00	(if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation	ompensation 0.
V. KE V.	ST P. Z P. Z P. Z	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK AND DIRECTOR	2.00 1.00	(If not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation O .	ompensation 0.
V. KE V. FR	ST IA B P. IN F P. RANK	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK AND DIRECTOR A. DUSEK	2.00 1.00	(If not paid, enter -0-)	empl plans, con	oyee benefit and deferred npensation O .	0. 0.
V. KE V. FR	A BARANK	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK AND DIRECTOR A. DUSEK URER AND DIRECTOR	2.00 1.00	(if not paid, enter -0-) 0 . 0 .	empl plans, con	oyee benefit and deferred and deferred of a constant of the co	0. 0.
V. KE V. FR TR	AST P. CN F. P. CANK REAS	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK AND DIRECTOR A. DUSEK URER AND DIRECTOR SHAMJI	2.00 1.00	(if not paid, enter -0-) 0 . 0 .	empl plans, con	oyee benefit and deferred and deferred of a constant of the co	O. O. O.
V. KE V. FR TR RA PR	A B. P. CN F. P. CANK REAS HIM RESI	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK AND DIRECTOR A. DUSEK URER AND DIRECTOR SHAMJI DENT ELECT AND DIRECTOR	position 2.00 1.00 1.00 1.00	W-2/1093-MISC) (If not paid, enter -0-) 0 . 0 .	empl plans, con	oyee benefit and deferred neensation O . O . O .	O. O. O.
V. KE V. FR TR RA PR	EANK RESI	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK AND DIRECTOR A. DUSEK URER AND DIRECTOR SHAMJI DENT ELECT AND DIRECTOR CALKINS	position 2.00 1.00 1.00 1.00	W-2/1093-MISC) (If not paid, enter -0-) 0 . 0 .	empl plans, con	oyee benefit and deferred neensation O . O . O .	0 . 0 . 0 . 0 .
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V. KE V. FR RA PR DI PR AI V.	IA B. P. CN F. RANK REAS HIM RESI CK RESI N. P.	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK AND DIRECTOR A. DUSEK URER AND DIRECTOR SHAMJI DENT ELECT AND DIRECTOR CALKINS DENT AND DIRECTOR OURAEI AND DIRECTOR	position 2.00 1.00 1.00 1.00 1.00 1.00	0 . 0 . 0 . 0 . 0 .	empl plans, con	oyee benefit and deferred and deferred on the control of the contr	0 . 0 . 0 . 0 . 0 .
V. KE V. FR RA PR DI PR AI V.	IA B. P. ANK REAS HIM RESI CK RESI LI P.	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK AND DIRECTOR A. DUSEK URER AND DIRECTOR SHAMJI DENT ELECT AND DIRECTOR CALKINS DENT AND DIRECTOR OURAEI AND DIRECTOR RY EARLE	position 2.00 1.00 1.00 1.00 1.00 1.00 1.00	0 . 0 . 0 . 0 . 0 .	empl plans, con	oyee benefit and deferred and deferred on the control of the contr	0 . 0 . 0 . 0 . 0 . 0 .
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V. KE V. FR TRA PR DI PR AI V. HI V. LI	IA B. P. IN F. RANK REAS HIM RESI CK RESI LI N P. LLA P. IZ S	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK AND DIRECTOR A. DUSEK URER AND DIRECTOR SHAMJI DENT ELECT AND DIRECTOR CALKINS DENT AND DIRECTOR OURAEI AND DIRECTOR RY EARLE AND DIRECTOR IMON	position 2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	0 . 0 . 0 . 0 . 0 . 0 . 0 .	empl plans, con	oyee benefit and deferred and deferred needs of the control of the	0 . 0 . 0 . 0 . 0 . 0 .
V. KE V. FR TRA PR DI PR AI V. HI V. LI	IA B. P. IN F. RANK REAS HIM RESI CK RESI LI N P. LLA P. IZ S	SE ELLIS PRESIDENT AND DIRECTOR AUDER AND DIRECTOR RANK AND DIRECTOR A. DUSEK URER AND DIRECTOR SHAMJI DENT ELECT AND DIRECTOR CALKINS DENT AND DIRECTOR OURAEI AND DIRECTOR RY EARLE AND DIRECTOR IMON	position 2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	0 . 0 . 0 . 0 . 0 . 0 . 0 .	empl plans, con	oyee benefit and deferred and deferred needs of the control of the	0 . 0 . 0 . 0 . 0 . 0 .
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in this			X
				No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		163	140
•	activity in Schedule 0	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	1		
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	Α
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions]		
þ	Did the organization file Form 1120-POL for this year?	37b	,,,,,,,,,,,	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities. 39a N/A	-		
	areas resolute, more est mile of the passing and areas.	┥ !		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
_				
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any		Ì	1
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400		
•	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
-	by the organization			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed > IL			
42 a	The organization's books are in care of ► MR. RICHARD CALKINS Telephone no ► (515)	283		
		026	5-0	331
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country	1		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	40-	1	Х
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		<u> </u>
40	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	\ _	
	and enter the amount of tax-exempt interest received of accided during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a	Ĺ	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	I If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1.		
	ın Schedule O	440	ļ	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	X
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1		
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1
		Form 9	990-E2	(2014)

432174 12-15-14

Use Only

Firm's name ► WEISS,

Firm's address ► 20 N.

May the IRS discuss this return with the preparer shown above? See instructions

DUSEK,

LTD.

36-2996439

332-6622

Form 990-EZ (2014)

X Yes

Firm's EIN

&

SUITE

DVORAK

SUGAR,

CHICAGO, IL 60606

WACKER DR.,

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

INTERNATIONAL ACADEMY OF

Employer identification number 35-2293056 DISPUTE RESOLUTION

Pa	rt I	Reason for Public C	Charity Status (A	il organizations must co	mplete this	s part.) Se	e instructions.	
The	organ	ization is not a private founda	ation because it is: (F	For lines 1 through 11, c	heck only	one box.)		
1								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3	\Box	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	一	A medical research organiza						he hospital's name.
•		city, and state:	ation operated in our	ijonotion with a hoopital	000011000	5551.51		
_	\Box	An organization operated fo	r the benefit of a cell	logo or university owner	or operati	ed by a go	wernmental unit describ	ed in
5				lege of university owner	or operati	ed by a go	Weitimental unit describ	
_		section 170(b)(1)(A)(iv). (Co	•		41 . 47	0/1.1/41/41/		
6	묽	A federal, state, or local gov	-					the transfer des
7	X	An organization that normal	•	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
	$\overline{}$	section 170(b)(1)(A)(vi). (Co	•					
8	닏	A community trust describe						
9		An organization that normal						
		activities related to its exem						
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the organization	after June 30, 1975.
	_	See section 509(a)(2). (Con	nplete Part III.)					
10	\square	An organization organized a	•	•				
11	لـــا	An organization organized a						
		more publicly supported org						theck the box in
		_lines 11a through 11d that o						
а	L	Type I. A supporting orga						
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or trustees of the s	upporting
	_	organization. You must c						
b		☐ Type II. A supporting orga						
		control or management of	f the supporting orga	anization vested in the s	ame perso	ns that co	entrol or manage the sup	ported
		organization(s). You mus						
С		Type III functionally inte						ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally						
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a disti	ribution re	quirement and an attent	iveness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.		
f	Ent	er the number of supported o	organizations					
	Pro	ovide the following information	n about the supporte	ed organization(s).	·			· · · · · · · · · · · · · · · · · · ·
		(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization In your	l * *	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	governing	document?	support (see Instructions)	other support (see Instructions)
				(see instructions))	Yes	No	instructions	instructions)
			i		!			
_						ļ		
_					ļ			
Tot	al				<u> </u>			<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 DISPUTE RESOLUTION

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	53855.	60811.	61672.	15475.	79177.	270990.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	50055	60011	- (1650	15455	50155	0.50000
	Total. Add lines 1 through 3	53855.	60811.	61672.	15475.	79177.	270990.
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)	<u> </u>				·	270000
	Public support. Subtract line 5 from tine 4	<u> </u>		1	, 1	1	270990.
	ndar year (or fiscal year beginning in)	(=) 0010	(b) 0011	(*) 0010	(-A 0012	(-) 2014	(6 Total
	Amounts from line 4	(a) 2010 53855.	(b) 2011 60811.	(c) 2012 61672.	(d) 2013 15475.	(e) 2014 79177.	(f) Total 270990 •
		33033.	00011.	01072.	13473.	131110	270550.
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources				2.		2.
9	Net income from unrelated business				2.0		
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				5130.		5130.
11	Total support. Add lines 7 through 10						276122.
	Gross receipts from related activities,	etc (see instruction	3	<u> </u>		12	
	First five years. If the Form 990 is for	•		d. fourth, or fifth ta	ا Ix vear as a sectioi		
	organization, check this box and stor	-	5 m 5t, 5555ma, triii	o, 1001111, 01 111111 10	or your as a soons.		ightharpoons
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	livided by line 11, o	olumn (f))		14	98.14 %
	Public support percentage from 2013			• • •		15	97.54 %
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			► X
t	33 1/3% support test - 2013. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly	supported organiza	ation			ightharpoons
178	10% -facts-and-circumstances tes	i t - 2014 . If the org	ganization did not d	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	-	•		_		▶□
ŧ	10% -facts-and-circumstances tes						
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Expiain	in Part VI how the	. —
	organization meets the "facts-and-cire						. ▶⊨
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>			
					Sche	dule A (Form 990	or 990-EZ) 2014

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	low, please comp	Diete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,25,75	(3)	(6) 33.13			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from line 6)				<u></u>		
<u>Se</u>	ction B. Total Support		1		,		
Cale	ndar year (or fiscal year beginning in) 🏲 🛚	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	The state of the s						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the organization	e first second the	rd fourth or fifth	lay year as a sacti	on 501(c)(3) organi	zation.
14		the organization	s mst, second, til	id, idditii, di ilitii	tax year as a secti	on our tolor organi	▶ □
Sa	check this box and stop here ction C. Computation of Publi	ic Support Pe	ercentage		 		
15				column (fl)		15	<u>%</u>
16				001011111 (1))		16	%
$\overline{}$	ction D. Computation of Inves						
17						17	%
18	Investment income percentage from 2			10, 001011111 (1//		18	%
	a 33 1/3% support tests - 2014. If the			on line 14, and lin	e 15 is more than		
וטו	more than 33 1/3%, check this box a						▶□
,	b 33 1/3% support tests - 2013. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. if the organization						▶ □
20	Filvate loundation, it the organizatio	II GIG HOL CHOOK E		, cco, ccox		·-·· -	

Schedule A (Form 990 or 990-EZ) 2014 DISPUTE RESOLUTION

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VIhow the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI**how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part Viwhen and how the organization made the determination**.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part Vi**what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part Vi**what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	4b		
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	4 -		
	4c		
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	9a		
	9b		
	9c	1	1
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	10a	ļ	
	10b		``
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	dule A (Form 990 or 990-EZ) 2014 DISPUTE RESOLUTION ** IV Supporting Organizations (continued)	35-229	303	o Pa	ge 5
	Continued)			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			res	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		[
	below, the governing body of a supported organization?	ļ,	I1a	1	
ь	A family member of a person described in (a) above?		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		11c		
	tion B. Type I Supporting Organizations				
900	tion by type i eapporting of gameations		T	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				
	tax year? If "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or			1	
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1	1	
2	Did the organization operate for the benefit of any supported organization other than the supported				
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.		2]	
Sec	tion C. Type II Supporting Organizations				
_				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				ı
	or management of the supporting organization was vested in the same persons that controlled or managed				i
	the supported organization(s).		1		
Sec	tion D. Type III Supporting Organizations				
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior ta	x			l
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the				l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u></u>	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				ļ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				l
	the organization maintained a close and continuous working relationship with the supported organization(s).	<u> </u>	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's				ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				ĺ
	supported organizations played in this regard.		3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstructions):			
а					
b	<u>==</u> ···· ·· • ·· • · · · · · · · · · · · ·				
C		ity (see instru	ctions		T
2	Activities Test. Answer (a) and (b) below.	Į		Yes	No
а					
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined	ŀ	٥.	•	
	that these activities constituted substantially all of its activities.	-	2a	 	
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more				

Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in *Part VI*.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in *Part VI* the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2014

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INTERNATIONAL ACADEMY OF

Schedule A (Form 990 or 990-EZ) 2014 DISPUTE RESOLUTION 35-2293056 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3

Schedule A	(Form	990	or 990-	EZ)	2014

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Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3 Income tax imposed in prior year

instructions)

Par	V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp		··	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s		
	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C 4:	- F Distribution Allocations (and instructions)	Excess Distributions	Underdistributions	Distributable
Section	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	,,,,,		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
<u>a</u>				
b				
С				***************************************
d				
е	From 2013		HA	
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·	,,,, ',,,,,' ,,,,,,,,,,,,,,,,,,,,,,,,,	
<u>h</u>	Applied to 2014 distributable amount			
<u> i </u>	Carryover from 2009 not applied (see instructions)		4 ,,, ,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7. \$			
a_	Applied to underdistributions of prior years		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Applied to 2014 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			***************************************
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	<u> </u>	1111' 1111'- 111111 1111'- 11'- 11'	
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.		[11.11.11.11.11.11.11.11.11.11.11.11.11.
8	Breakdown of line 7:			
a				
<u> </u>				
<u>c</u>			}	• • • • • • • • • • • • • • • • • • •
	Excess from 2013			
<u> </u>	Excess from 2014	1	<u> </u>	<u> </u>

Schedule A (Form 990 or 990-EZ) 2014

INTERNATIONAL ACADEMY OF

	2014 DISPUTE RESOLUTION Information. Provide the explanations required by Part II, II part for any additional information. (See instructions).	35-2293056 Page 8 line 10; Part II, line 17a or 17b; and Part III, line 12.
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Also complete this	part for any additional information. (See instructions).	
		
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL ACADEMY OF DISPUTE RESOLUTION

Employer identification number <u>35-2293056</u>

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
AWARDS	6373.
ADVERTISING	300.
CATERING	2465.
CONFERENCE CALLS	397.
DELIVERY/POSTAGE	244.
DINNERS	11910.
OTHER	3364.
PRINTING	2301.
SCHOLARSHIPS	1523.
SPEAKER FEES	4294.
SUPPLIES	326.
TEAM EXPENSES	37.
TRAVEL	6669.
WEB SITE	293.
VIDEO PRODUCTION	3147.
TOTAL TO FORM 990-EZ, LINE 16	43643.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE N	MEDIATION, A
FORM OF ALTERNATIVE DISPUTE RESOLUTION, THROUGH EDUCATIONAL	PROGRAMS
AND COLLEGE AND LAW SCHOOL MEDIATION TOURNAMANTS ON A NATION	NAL AND
INTERNATIONAL BASIS.	
FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMP	LISHMENTS:

PROMOTE OTHER MEDIATIONS PROGRAMS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. INTERNATIONAL ACADEMY OF

Employer identification number

DISPUTE RESOLUTION	35-2293056
GRANTS \$ 0. EXPENSES \$ 6297.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL B	SENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE AN	Y FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT	CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY P	REMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	