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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
IOWA ACADEMY OF TRIAL LAWYERS

Number and street (or P O box, if mail is not delivered to street address)Room/suite
206 SIXTH AVENUE RM/STE 520

City or town, state or province, country, and ZIP or foreign postal code
DES MOINES, IA 50309

D Employer identification number
42-6095281
E Telephone number
(515) 282-9477
F Group Exemption Number

G Accounting Method ☐ Cash ☒ Accrual Other (specify)

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: IOWAACADEMYOFTRIALLAWYERS.COM

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (Insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ 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, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 175,903

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	100,900
	2	Program service revenue including government fees and contracts						2	74,995
	3	Membership dues and assessments						3	
	4	Investment income						4	8
	5a	Gross amount from sale of assets other than inventory				5a			
	b	Less cost or other basis and sales expenses				5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c	
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a			
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b			
	c	Less direct expenses from gaming and fundraising events				6c			
	d	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			
b	Less cost of goods sold				7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c		
8	Other revenue (describe in Schedule O)						8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	175,903	
Expenses	10	Grants and similar amounts paid (list in Schedule O)						10	2,400
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	82,698
	13	Professional fees and other payments to independent contractors						13	20,528
	14	Occupancy, rent, utilities, and maintenance						14	7,416
	15	Printing, publications, postage, and shipping						15	1,094
	16	Other expenses (describe in Schedule O)						16	61,729
	17	Total expenses. Add lines 10 through 16						17	175,865
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	38
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	36,319
	20	Other changes in net assets or fund balances (explain in Schedule O)						20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						21	36,357

Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	78,265	22	85,938
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	68,559	24	59,965
25	Total assets	146,824	25	145,903
26	Total liabilities (describe in Schedule O)	110,505	26	109,546
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,319	27	36,357

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES - THE IATL SPONSORS EDUCATIONAL CONFERENCES TO EDUCATE LAWYERS, JUDGES, CLERKS AND COURT ADMINISTRATORS THE IATL ALSO MAINTAINS A LEGISLATIVE INFORMATION SERVICE FOR CLIENTS AND INFORMS ITS MEMBERS OF PUBLIC POLICIES WHICH IMPACT IOWA TRIAL PRACTICES THE ACADEMY ALSO PROVIDES EDUCATIONAL ASSISTANCE THROUGH SCHOLARSHIPS TO LAW SCHOOLS IN THE STATE OF IOWA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 EDUCATIONAL CONFERENCES FOR LAWYERS, JUDGES, CLERKS AND COURT ADMINISTRATORS
 Grants \$ 2,400) If this amount includes foreign grants, check here . . . ☐



29

Grants \$) If this amount includes foreign grants, check here . . . ☐

30

Grants \$) If this amount includes foreign grants, check here . . .

31 Other program services (describe in Schedule O)

Grants \$) If this amount includes foreign grants, check here . . .  

32 Total program service expenses (add lines 28a through 31a)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

[illegible]

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/>		
b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text"/>		
39	Section 501(c)(7) organizations Enter <input type="text"/>		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	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 of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> Telephone no <input type="text"/> Located at <input type="text"/> ZIP + 4 <input type="text"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/>	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="text"/>		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/>		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>		No
c	Did the organization receive any payments for indoor tanning services during the year?		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
		46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2016-06-21 Date				
	DAVID L BROWN SECRETARY/TREASURER Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name KRISTYN ZIMMER		Preparer's signature		Date 2016-06-21	Check <input type="checkbox"/> if self-employed	PTIN P00909854
	Firm's name CLINE DEVRIES & ALLEN LLP					Firm's EIN 42-1520182	
	Firm's address 13375 UNIVERSITY AVE SUITE 203 CLIVE, IA 50325					Phone no (515) 252-7141	
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No							

Additional Data

Software ID:
Software Version:
EIN: 42-6095281
Name: IOWA ACADEMY OF TRIAL LAWYERS

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LES V REDDICK DIRECTOR	000 00	0		
NEVEN J MULHOLLAND DIRECTOR	000 00	0		
JOHN C GRAY DIRECTOR	000 00	0		
KRISTOPHER K MADSEN DIRECTOR	000 00	0		
CONNIE DIEKEMA DIRECTOR	000 00	0		
PATRICK M ROBY DIRECTOR	000 00	0		
MARTHA L SHAFF VICE PRESIDE	000 00	0		
MICHAEL J MORELAND DIRECTOR	000 00	0		
JAMES P HAYES DIRECTOR	000 00	0		
DAVID J DUTTON DIRECTOR	000 00	0		
SHARON SOORHOLTZ GREER DIRECTOR	000 00	0		
GLENN L NORRIS DIRECTOR	000 00	0		
JAKI K SAMUELSON PAST PRESIDE	000 00	0		
DAVID L BROWN SECRETARY/TR	000 00	0		
MAX E KIRK PRESIDENT	000 00	0		

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROBERT VP WATERMAN JR DIRECTOR	000 00	0		

SCHEDULE O
 (Form 990 or 990-EZ)

Department of the Treasury
 Internal Revenue Service

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

2015

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Name of the organization
 IOWA ACADEMY OF TRIAL LAWYERS

Employer identification number
 42-6095281

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 7,806 SERVICE CHARGES 22 MISCELLANEOUS 294 SEMINAR EXPENSE 46,421 BOARD MEETINGS 1,633 INSURANCE 1,453 TELEPHONE 2,075 NON-INVESTMENT DEPRECIATION 2,025 TOTAL 61,729
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 62,526 56,001 PREPAID EXPENSES AND DEFERRED CHARGES 2,536 2,492 63,781 63,781 LESS ACCUMULATED DEPRECIATION 60,284 62,309 TOTAL 68,559 59,965
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,775 2,181 DEFERRED REVENUE 107,730 107,365
FORM 990-EZ, PART III	ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES - THE IATL SPONSORS EDUCATIONAL CONFERENCES TO EDUCATE LAWYERS, JUDGES, CLERKS AND COURT ADMINISTRATORS THE IATL ALSO MAINTAINS A LEGISLATIVE INFORMATION SERVICE FOR CLIENTS AND INFORMS ITS MEMBERS OF PUBLIC POLICIES WHICH IMPACT IOWA TRIAL PRACTICES THE ACADEMY ALSO PROVIDES EDUCATIONAL ASSISTANCE THROUGH SCHOLARSHIPS TO LAW SCHOOLS IN THE STATE OF IOWA