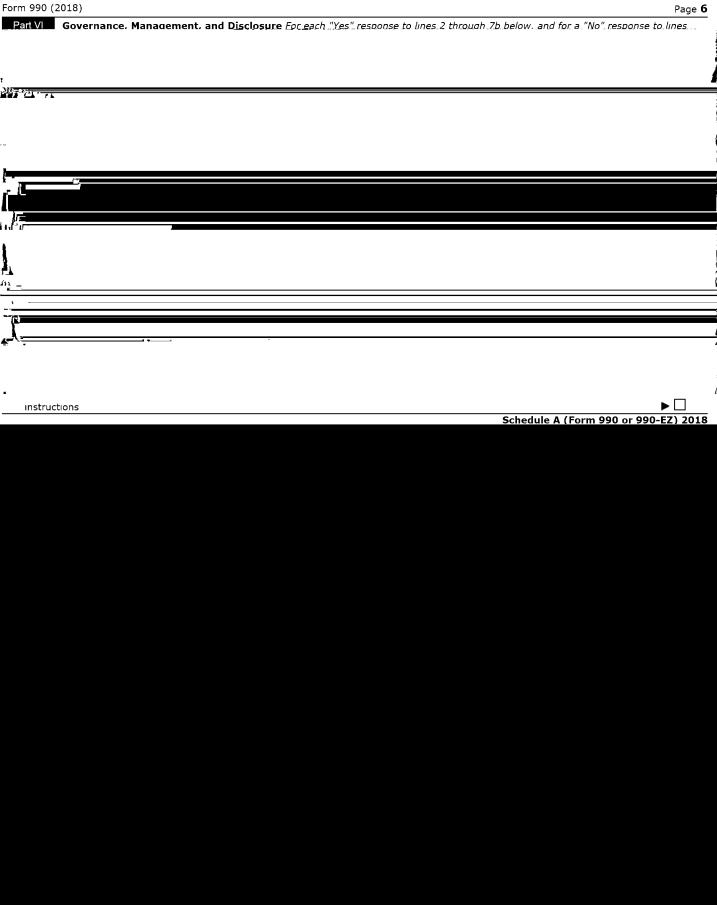
DLN: 93493035002110 OMB No 1545-0047 **Return of Organization Exempt From Income Tax 2018** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number **B** Check if applicable IOWA STATE BAR FOUNDATION \square Address change 42-6055756 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 625 EAST COURT AVE \square Amended return ☐ Application pending (515) 243-3179 City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA $\,$ 50309 $\,$ **G** Gross receipts \$ 345,831 Name and address of priprinaLofficer

Form 990 (2018)								Page 2
Part III	Statement of Program Servi	ice Accompli	shme	nts					
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• List the	organization's five current highest o	ompensated er	nnloves	as (oth	or than	an office	r director trustee	or key employee)	
who receive	ed reportable compensation (Box 5 of								
_	n and any related organizations of the organization's former officers,	kev employees	s or hid	ihest d	ompens	ated emi	olovees who receive	ed more than \$100	000
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List persons	s in the following order individual trusted employees, and former such perso	stees or directo		_			-		
	this box if neither the organization no		rganızat	tion co	mpensa	ted any	current officer, dire	ctor, or trustee	
	(A)	(B)			(C)		(D)	(E)	(F)
	Name and Title	Average hours per				ck more s person	Reportable compensation	Reportable compensation	Estimated amount of other
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Form 990 (2018) Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current Nο and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and Nο 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a Nο b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 25b that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Nο Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26 Nο Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member No Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a Nο b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28b Nο An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

2a first the number of employees reported on Form W.3, Transmittal of Wage and Tax Statemens, field for the cader year ending with or within the year covered by this return. b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: The sum of lines is and 3a in greater train 250, you may be required to effect (see instructions). 3a In No. b If Press, Train stilled a Form 990-T for this year? If No for line 3b, provide an explanation in Schedule O. b If Press, Train stilled a Form 990-T for this year? If No for line 3b, provide an explanation in other authority over, a day of the organization have an interest in, or a separation of other function (execute)? b If Yes, I enter the name of the foreign county Press, I have a second as account, secondes account, or other function (execute)? 5a Was the organization a party to a prohibited tax shelter transaction? 5b Od any laxabile party notify the organization that A was or is a party to a prohibited tax shelter transaction? 6c Institutions) You must complete Part IV, Sections A and D, and Part V. c Check the box if the organization about the supported organization from the 156 that it is a Type II, Type III functionally interested on Type III on Infinitionally interested supported organization for the II State it is a Type II, Type III functionally interested on Type III on Infinitionally interested supported organization (ii) Etil (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of III Amount of III III III III III III III III III	Form	n 990 (2018)		Page 5
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Part VII	Section A. Officers, Dire	ctors, Trustees	, Key	Emp	loye	es,	and I	High	est Compensate	ed Employees (co	ontir	nued)	
	(A) Name and Title	(B) Average hours per week (list annotated	than o	ne b	ox, u in of	t che inles ficer	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		ited f other sation the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relati organiza	ed
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Tota of re	l number of individuals (includir portable compensation from the	g but not limited organization >	to thos	e list	ed a	bove	e) who	rec	eived more than \$1	00,000			
	the organization list any forme r				ey e	mplo	oyee, o	or hi	ghest compensated	employee on		Yes	No
Fora	1a? If "Yes," complete Schedule any individual listed on line 1a, i nization and related organizatio vidual	s the sum of rep	ortable (comp 0? <i>If</i>	ensa "Yes	tion	and o	ther e Sc	compensation from	-	3		No
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	90 (2018)							Page 9
Part								
	Check if Schedul	le O contains a	respor	nse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	_					revenue	revenue	512 - 514
হ হ	1a Federated campaig	_	1a					
ons, Gifts, Grants Similar Amounts	b Membership dues	_	1b					
5 E	c Fundraising events		1c					
ifts, ar A	d Related organizatio	ons	1d					
<u>.</u>	e Government grants (co	ontributions)	1e					
utions er Sir	f All other contributions and similar amounts in above	ot included	1f	88,432				
Contributions, and Other Sim	g Noncash contribution in lines 1a - 1f \$							
ಕ ಬ	h Total. Add lines 1a	-1f	• •	•	88,432			
Пė	_			Business	Code			
Program Service Revenue	2a 							
å	b ————		-					
Š	с ———			-				
Ŧ	ч							
an	e		•					
ıßo	f All other program se	rvice revenue					l	
_₹	9Total. Add lines 2a-2	2f	1	<u> </u>	_			
	3 Investment income (i similar amounts) .			terest, and other	42,596	5		42,596
	4 Income from investme	• • • • • ent of tax-exem			<u>'</u>			<u> </u>
	5 Royalties		•	•				
	•	(ı) Real		(II) Personal	<u> </u>			
	6a Gross rents]			
	b Less rental expenses		\dashv		-			
	c Rental income or (loss)							
	d Net rental income o	r (loss)		· · •	1			
		(ı) Securitie	s	(II) Other				
	7a Gross amount from sales of	214	1,455]			
	assets other than inventory		.,					
	b Less cost or				1			
	other basis and	152	2,396					
	sales expenses C Gain or (loss)	62	2,059		†			
	d Net gain or (loss)			>	62,059			62,059
	8a Gross income from f							
ne Ine	(not including \$ contributions reporte	of						
S	See Part IV, line 18		a					
Other Revenue	b Less direct expense	s	ь]			
er	c Net income or (loss)			nts	_			
₽	9a Gross income from g See Part IV, line 19		5					
	,		a					
	b Less direct expense	s	ь]			
	c Net income or (loss)	from gaming a	ctivitie	es · · •	-			
	10aGross sales of invent returns and allowand							
			a					
	b Less cost of goods s	sold	ь		1			
	c Net income or (loss)	from sales of ir	vento	ry <u>►</u>				
	Miscellaneous	Revenue		Business Code				
	11aMISCELLANEOUS			900099	278	278		
	b GAIN FROM BENEFIC	CIAL INTEREST		900099	70			70
	с							
					<u></u>	<u> </u>		
	d All other revenue .							
	e Total. Add lines 11a	-11d			348	3		
	12 Total revenue. See	Instructions .						104 705
				-	193,435	278	I	104,725 Form 990 (2018)

Part					
•	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations		
	Check here if the organization satisfied the Integral Part Test as a qualifying tru				
	instructions. All other Type III non-functionally integrated supporting organization	ations	1		
\$	Section A - Adjusted Net Income		(A)	Prior Year	(B) Current Yea (optional)
. [Net short-term capital gain	1			(optional)
	Recoveries of prior-year distributions	2			
	Other gross income (see instructions)	3			
	Add lines 1 through 3	4			
	Depreciation and depletion	5			
	Portion of operating expenses paid or incurred for production or collection of gross	6			
ı	income or for management, conservation, or maintenance of property held for production of income (see instructions)				
, (Other expenses (see instructions)	7			
. ,	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
-:	Section B - Minimum Asset Amount		(A)	Prior Year	(B) Current Yea
					(optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1			
a /	Average monthly value of securities	1a			
b /	Average monthly cash balances	1 b			
c i	Fair market value of other non-exempt-use assets	1c			
d ·	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors (explain in detail in Part VI)				
2 /	Acquisition indebtedness applicable to non-exempt use assets	2			
	Subtract line 2 from line 1d	3			
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
<u></u>	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
1	Multiply line 5 by 035	6			
<u> </u>	Recoveries of prior-year distributions	7			
	Minimum Asset Amount (add line 7 to line 6)	8			
:	Section C - Distributable Amount				Current Year
-	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
_					

		The state of the s	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	90,347	1	98,763
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	202,299	3	177,005
	4	Accounts receivable, net	12,330	4	14,180
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ets	6 7	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. Notes and loans receivable, net		6	
SS	8	Inventories for sale or use		8	
Ŕ	9	Prepaid expenses and deferred charges		9	

9	Frepaid expenses and deterred charges			9	
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
b	Less accumulated depreciation	10b		10 c	
11	Investments—publicly traded securities .			11	
12	Investments—other securities See Part IV, line	11	1,951,152	12	2,024,971
13	Investments—program-related See Part IV, line	11		13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		81,784	15	86,854
16	Total assets.Add lines 1 through 15 (must equ	al line 34)	2,337,912	16	2,401,773
17	Accounts payable and accrued expenses		16,490	17	16,400

	basis Complete Part VI of Schedule D	10a			
ь	Less accumulated depreciation	10b		10 c	
11	Investments—publicly traded securities .			11	
12	Investments—other securities See Part IV, line	11 [1,951,152	12	2,024,97
13	Investments—program-related See Part IV, line	11		13	
14	Intangible assets	[14	
15	Other assets See Part IV, line 11	[81,784	15	86,85
16	Total assets.Add lines 1 through 15 (must equa	al line 34)	2,337,912	16	2,401,77
17	Accounts payable and accrued expenses		16,490	17	16,40
18	Grants payable			18	
19	Deferred revenue	•		19	
20	Tax-exempt bond liabilities			20	

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22 23

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31 32

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34

16.400

2.123.889

261,484

2,385,373

2,401,773

Form **990** (2018)

16.490

2.037.964

201,674

81.784

2,321,422

2,337,912

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

persons Complete Part II of Schedule L .

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D
	26	Total liabilities. Add lines 17 through 25
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets
Bal	28	Temporarily restricted net assets
Fund	29	Permanently restricted net assets
Ful		Organizations that do not follow SFAS 117 (ASC 958),
or	30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds
Assets	31	Paid-in or capital surplus, or land, building or equipment fund
As	32	Retained earnings, endowment, accumulated income, or other funds
Net	33	Total net assets or fund balances
2	24	Tabel behilders and not proceed from a believes

34

Liabilities

23

24

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			193,435
2	Total expenses (must equal Part IX, column (A), line 25)	2			98,951
3	Revenue less expenses Subtract line 2 from line 1	3			94,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,321,422
5	Net unrealized gains (losses) on investments	5			-30,533
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,385,373
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

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

Form **990** (2018)

3b

Additional Data

Software ID: Software Version:

GRANT-MAKING IN THE SUPPORT OF IOWA STATE BAR ASSOCIATION FOR PROJECTS FURTHERING THE MISSION OF THE IOWA STATE BAR FOUNDATION

EIN: 42-6055756

Name: IOWA STATE BAR FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

efile GRAPHIC prin	nt - DO NOT PROCESS	As Filed Data -		DLI	N: 93493035002110
SCHEDULE A (Form 990 or 990EZ) Department of the Treasury	Complete if the org	ganization is a section 4947(a)(1) nonexen ▶ Attach to Form 99	s and Public Sup on 501(c)(3) organization on the charitable trust. 90 or Form 990-EZ. 90 for the latest informat	n or a section	OMB No 1545-0047 2018 Open to Public Inspection
Name of the organiza OWA STATE BAR FOUNDAT		/A.U	21	42-6055756	tification number
7) [. :					
3 Mınımum asset ar	mount for prior year (from Se	ction B, line 8, Columr	n A) 3		
4 Enter greater of l	ine 2 or line 3		4		
5 Income tax impos	sed in prior year		5		
	mount. Subtract line 5 from li	ne 4, unless subject to	o emergency 6		
7 Check here instructions	if the current year is the organical	anızatıon's fırst as a no	on-functionally-integrated T		
				Schedule A (For	m 990 or 990-EZ) 2018

Return Reference	Explanation
PART IV, SECTION A, LINE 6	THE MAIN OBJECTIVE OF THE FOUNDATION IS TO SUPPORT IOWA STATE BAR ASSOCIATION, HOWEVER, FR OM TIME-TO-TIME THE FOUNDATION GRANTS MONEY TO OTHER ORGANIZATIONS THAT HAVE A SIMILAR MIS SION OF PROMOTING AND ADVANCING OF THE SCIENCE OF JURISPRUDENCE

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	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						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	3	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Sche	edule A (Form 990 or 990-EZ) 2018							F	Page 4
	Complete only if you checked a box of Part I, complete Sections A and C If y Sections A and D, and complete Part N	you checked 12c of F V)							
S	ection A. All Supporting Organizations	S						1 34	
1	Are all of the organization's supported organi If "No," describe in Part VI how the supported	ed organizations are	designated If des					Yes	No
(11 m	-								
_ ▲	-								
c	Preservation for future generations								
4	Provide a description of the organization's col Part XIII	llections and explain	how they further	the organız	ation's e	xempt purpose ır	1		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to					nılar 	Yes	□ No	
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990, Part IV	, line 9, or	reporte	ed an amount o	on Form	990, Pa	art
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermed	liary for contributi	ons or othe	r assets	not \Box	Yes	□ No	
Ь	If "Yes," explain the arrangement in Part XIII	I and complete the fo	ollowing table	[Amou	ınt		
c	Beginning balance	·	-	Ī	1c				
d	Additions during the year			Ī	1d				
e	Distributions during the year			Ī	1e				
f	Ending balance			Ī	1f				
2 a	Did the organization include an amount on Fo					_	Yes	□ No	
b	If "Yes," explain the arrangement in Part XIII								
Pa	art V Endowment Funds. Complete if	· · · · · · · · · · · · · · · · · · ·							
1 2	Beginning of year balance	(a)Current year	(b)Prior year	(c)Iwo ye	ears back	(d)Three years ba	ack (e)Fo	our years	back_
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g, column	(a)) held as	 S		i		
а	Board designated or quasi-endowment ►	,	((//					
b	Permanent endowment ▶								
c	Temporarily restricted endowment ▶								
٠	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%							
3а	Are there endowment funds not in the posses organization by	•	tion that are held	and admini	stered fo	r the	「	Yes I	No
	(i) unrelated organizations						3a(i)		
b	(ii) related organizations If "Yes" on $3a(II)$, are the related organization						3a(ii) 3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds					•	
Pa	rt VI Land, Buildings, and Equipme		200			000			

(c) Accumulated depreciation

(d) Rook value

	The West State Companies Companies (continued)			aye 3
i k	Supporting Organizations (continued)			
	The the consequence of the first control of the con		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		No
b	A family member of a person described in (a) above?	11b		No
	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		No
	Section B. Type I Supporting Organizations	<u> </u>	l	
	,, <u>, , , , , , , , , , , , , , , , , ,</u>		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 Part VI how the supported organization(s) effectively operated, supervised, or 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
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	103	No
S	Section C. Type II Supporting Organizations		V	₿1.:
	War		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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	Section D. All Type III Supporting Organizations			
	ection D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	!		
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		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 income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	Section 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 instruct	ions)		
	a			
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	. ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 that these activities constituted substantially all of its activities	2a		
	b 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	2b		
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. 	3a		
	 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 	3h		

3b

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A	(Form 990 or 990-EZ)	2018 Pag	ge 8
Part VI	Section A, lines 1, 2, Part IV, Section D, lir	rmation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1 nes 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See	
		Facts And Circumstances Test	
990 Sche	dule A, Supplemer	ntal Information	_
Ret	urn Reference	Explanation	
1			- 1

THE IOWA STATE BAR ASSOCIATION'S BOARD OF GOVERNORS

PART IV, SECTION A, LINE 3B THE IOWA STATE BAR FOUNDATION'S ARTICLES PROVIDE THAT ALL OF ITS DIRECTORS ARE ELECTED BY

Return Reference	Explanation
PART IV, SECTION A, LINE 3C	THE IOWA STATE BAR FOUNDATION SHARES STAFF AND MANAGEMENT WITH THE IOWA STATE BAR ASSOCIAT ION THE FOUNDATION, ON OCCASION, PROVIDES GRANTS FOR SPECIAL RESEARCH AND EDUCATIONAL PRO JECTS UNDERTAKEN BY THE ASSOCIATION THE CLOSE STAFF AND BOARD WORKING RELATIONSHIPS ASSUR E PROPER USE OF GRANTS PROVIDED BY THE FOUNDATION

990 Schedule A, Supplemental Information

990 Schedule A, Supplemental Information					
Return Reference	Explanation				
PART IV, SECTION A, LINE 6	THE MAIN OBJECTIVE OF THE FOUNDATION IS TO SUPPORT IOWA STATE BAR ASSOCIATION, HOWEVER, FR OM TIME-TO-TIME THE FOUNDATION GRANTS MONEY TO OTHER ORGANIZATIONS THAT HAVE A SIMILAR MIS SION OF PROMOTING AND ADVANCING OF THE SCIENCE OF JURISPRUDENCE				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493035002110 OMB No 1545-0047 SCHEDULE D **Supplemental Financial Statements** (Form 990) ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** IOWA STATE BAR FOUNDATION 42-6055756 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible

		(Form 990) 2018 Page 2
Part		Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3		the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection (check all that apply)
а		Public exhibition d Loan or exchange programs
b		Scholarly research e Other
С		Preservation for future generations
4	Provid Part >	de a description of the organization's collections and explain how they further the organization's exempt purpose in (III
5	asset	g the year, did the organization solicit or receive donations of art, historical treasures or other similar s to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No
Par	t IV	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.
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Part VII	Investments—Other Securities. Complete if th See Form 990, Part X, line 12.	ie organizatioi	n answ	vered "Yes" or	Form 990, Pa	art IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book va	alue	Cos	(c) Method of v	
(1) Financia						
(3) Other _	FUNDS AND COMMON STOCK	2.02	24,971		F	
(B)			.,,.,.			
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	2,02	24,971			
i dit VIII	Complete if the organization answered 'Yes' on F			ne 11c. See F		
	(a) Description of investment	(b) Book	value	Cos	(c) Method of v t or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) ————						
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered	Yes' on Form 9	990, Pa	rt IV, line 11d	See Form 990, F	Part X, line 15
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)				•	
Part X	Other Liabilities. Complete if the organization a	nswered 'Yes'	on Fo	rm 990, Part :		
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
(1) Federal i	ncome taxes					
(2)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)	f the feetnets to	. 44	gangashi 1 C	moral sheker	a that parate the
	or uncertain tax positions In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 7					

Schedule D (Form 990) 2018	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1, Total revenue, gains, and other support per audited financial statements	183_410
	4
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Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

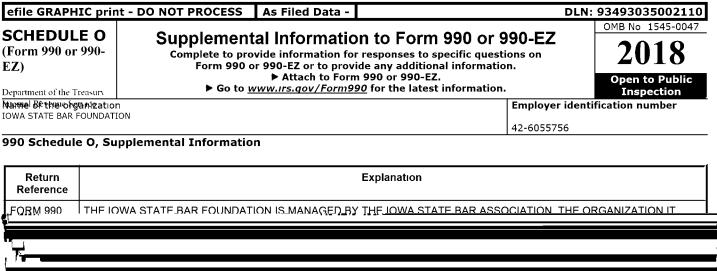
EIN: 42-6055756

Name: IOWA STATE BAR FOUNDATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE MANAGEMENT IS UNAWARE OF ANY UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 201 9 AND 2018 INTEREST AND PENALTIES ASSOCIATED WITH INCOME TAX MATTERS WOULD BE PRESENTED A S COMPONENTS OF INCOME TAX EXPENSE THERE WERE NO INTEREST OR PENALTY CHARGES DURING 2019 AND 2018

efile GRAPHIC pri	nt - DO NOT PROCESS	As Filed Data -					DLN: 93493035002110
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Schedule I (Form 990)		Grants and 0	Other Assistan	ce to Organiz	ations,		OMB No 1545-0047
(101111330)			and Individua	-	-		2018
Department of the Treasury Internal Revenue Service	231		► Attach to Formularity Advisory Advisory Attach to Formularity Formularity Attach to Formularity Attach to Formularity Formu	n 990.	•		Open to Public Inspection
Name of the organization IOWA STATE BAR FOUN	IDATION					Employer idea 42-6055756	ntification number
Part I General	Information on Grants	and Assistance				<u>.</u>	
the selection crite	ation maintain records to subs eria used to award the grants of V the organization's procedure	or assistance?				, and	☑ Yes ☐ No
	d Other Assistance to Domered more than \$5,000 Part II			ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV,	line 21, for any recipient
(a), Name and addr	ress of (b) EIN	(c) IRC section	(d) Amount of cash.	(e) Amount of non-	(f) Method of valuation	(a) Description of	(h) Purpose of grant
<u> </u>							
i							



Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 7A

FORM 990, THE BOARD OF DIRECTORS OF THE FOUNDATION ARE ELECTED BY THE BOARD OF THE IOWA STATE BAR
PAGE 6, ASSOCIATION
PART VI.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS 10 DAYS PRIOR TO FILING DIR
PAGE 6, ECETORS WILL BE ASKED TO REVIEW AND DIRECT ANY QUESTIONS TO ISBA ACCOUNTANT OR DIRECTLY TO
PART VI, THE RETURN PREPARER
LINE 11B

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE ISBF PROVIDES COPIES OF FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
PAGE 6,	FINANCIAL STATEMENTS UPON REQUEST THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF T
PART VI,	IME AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 6104(D) FOR OTHER PUBLIC DISCLOSURE DOCU
LINE 19	MENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493035002110 OMB No 1545-0047

> Open to Public Inspection

Name of the organization IOWA STATE BAR FOUNDATION							Empl	oyer identif	icatio	number		
			1.1157		200 5)55756				
Part I Identification of Disregarded Entities Complete if	the organiz	ation answe	ered "Yes	on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ac	tivity	Legal dom or foreigr	c) Icile (state I country)	(d) Total inc	(d) (e) End-of-year a		(e) End-of-year assets		f) ontrolling tity	
Identification of Boloted Toy Evenut Overvication	za Camplata	o if the ever	ni=ation	an a su a ma a d	"Vos" on F	000	Down IV	. luna 24 ha		the bad are ar		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	n s complete	e ii trie orga	inization	answered	tes on F	oriii 990,	Part IV	, line 34 be	cause	it flad one of	more	
(a) Name, address, and EIN of related organization		b) y activity	Legal dom or foreign	ıcıle (state	(d) Exempt Cod	e section	Public ch	(e) narity status n 501(c)(3))	Di	(f) rect controlling entity	Section (13) co ent	g) n 512(b ontrolled tity?
(1)IOWA STATE BAR ASSOCIATION 625 EAST COURT AVE	JUSTICE		1	A	6				NA		Yes	No No
DES MOINES, IA 50309 42-0335370												
											+	
											+	
For Paperwork Reduction Act Notice, see the Instructions for Form S	990.		Ca	t No 5013	5Y				Sch	edule R (Form	990) 2	018

(a) Name, address, and EIN of related organization	(a) ie, address, and EIN of elated organization		anization activity domicile controlling income(related, state entity unrelated, excluded from foreign country) sections 512-		total income	(g) Share of end-of-year assets					j) eral or aging mer?	(k Percer owner	ntag	
					514)			Yes	No		Yes	No		
														_
Identification of Related Organiza because it had one or more related o	ations Taxable as a C	Corporation s a corporation	or Trus	t Complete st during th	ıf the organ ne tax year.	ızatıon ansı	wered "Yes	" on Fo	orm 9!	90, Part IV	, line	34		
Identification of Related Organization because it had one or more related of Name, address, and EIN of related organization	ations Taxable as a C rganizations treated as (b) Primary activity	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e)	wered "Yes (f) Share of total Income	Share	(g) of end- year assets	-of- Perce	, line h) entage	s (:	(I) ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	tro y?

Schedule R (Form 990) 2018		Pa	ige 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	_	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r	\vdash	No

1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d) Name of related organization Transaction type (a-s)	nount	ınvolve	d
(1) IC	WA STATE BAR ASSOCIATION B 60,000 CASH			

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018	Page 4
Part VI Uprelated Organizations Taxable Para Bartaership Greathly of the Greatest and world "You" on Form Ook Dart IV Ivo 27	
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historical treasures or other similar assets held for nublic exhibition, education, or research in furtherance of nublic service, provide the	
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Schedule R (Form 990) 2018 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation SCHEDULE R PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS NAME OF RELATED ORGANIZATION IOWA STATE BAR ASSOCIATION PRIMARY ACTIVITY ADVANCE JURISPRUDENCE AND FACILITATE THE ADMINISTRATION OF JUSTICE IN IOWA

Schedule R (Form 990) 2018