As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492321096270 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the **Public** Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019 **B** Check if applicable: D Employer identification number C Name of organization IOWA ACADEMY OF TRIAL LAWYERS ☐ Address change 42-6095281 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 317 6TH AVE STE 1200 ☐ Final return/terminated (515) 282-9477 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return F Group Exemption DES MOINES, IA 50309 ☐ Application pending Number Check ▶ ☑ if the organization is **not** G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶ 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) 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 1 96,200 2 65,340 2 Program service revenue including government fees and contracts 3 3 4 4 5a Gross amount from sale of assets other than inventory h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 60 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d7a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7с c 8 Other revenue (describe in Schedule O) . . 8 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . 161,540 10 10 5,700 Grants and similar amounts paid (list in Schedule O) . 11 11 Benefits paid to or for members 12 12 42,233 Salaries, other compensation, and employee benefits . Expenses 13 13 29,544 Professional fees and other payments to independent contractors 10,620 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 15 2,984 16 Other expenses (describe in Schedule O) 16 47,196 17 Total expenses. Add lines 10 through 16 17 138.277 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 23,263 Net Assets 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) 19 102,753 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 126,016 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this	Part II			
			1		eginning of year	Τ.	(B) End of year
22 Cash. sa	vings, and investments			(A) D	125,851	22	156,194
	buildings				113,001	23	100/10 .
	sets (describe in Schedule O)				75,918		67,403
	sets				201,769		223,597
	bilities (describe in Schedule O).				99,016	_	97,581
	ets or fund balances (line 27 of column	(B) must agree with	line 21)		102,753	1	126,016
Part II	Statement of Program Service A			ions for Par		T	Expenses
What is the o ORGANIZATI TO EDUCATE LEGISLATIVE	Check if the organization used Schedule organization's primary exempt purpose? ION'S MISSION OR MOST SIGNIFICANT AS LAWYERS, JUDGES, CLERKS AND COUR INFORMATION SERVICE FOR CLIENTS A	O to respond to any of CTVITIES - THE IATL TADMINISTRATORS. AND INFORMS ITS MEI	question in this SPONSORS ED THE IATL ALSO MBERS OF PUB	Part III OUCATION MAINTA LIC POLIC	🗹 AL CONFERENCES INS A CIES WHICH	(3	Required for section 501(c) and 501(c)(4) rganizations; optional for thers.)
SCHOLARSH Describe the measured by benefited, ar 28	A TRIAL PRACTICES. THE ACADEMY ALSO IPS TO LAW SCHOOLS IN THE STATE OF organization's program service accomplisy expenses. In a clear and concise manne and other relevant information for each pro- al Data Table	IOWA shments for each of its r, describe the service	s three largest	program	services, as	-	T
See Addition	ai Data Table						
(Grants \$)	If this amoun	t includes foreign grar	nts, check here		. ▶ 🗆	28	a
29			,			29	
(Grants \$)	If this amoun	t includes foreign grar	nts check here		. ▶ □		
30	II this amoun	- merades foreign gran	113, CHECK HETC	• •		30	a
(Grants \$)		t includes foreign grar	nts, check here		. ▶ 🗆		
	ogram services (describe in Schedule O)						
(Grants \$)		t includes foreign grar	its, check here		<u>. ▶ ⊔</u>	31	
	ogram service expenses (add lines 28a			<u></u>	<u> •</u>		
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule						
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no enter -	ation /1099- o t paid,	(d) Health ben contributions to en benefit plans, deferred comper	nploy and	yee of other compensation
See Addition	al Data Table						

Pai	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	33		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)?	35a		No			
h	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					
	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		 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	36		No No			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	30					
	Did the organization file Form 1120-POL for this year?	37b		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?	38a		No			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section 501(c)(7) organizations. Enter:						
а	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 ►; section 4912 ►; section 4955 ►						
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	40b					
С	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 sections4912, 4955, and 4958						
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization						
	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		No			
41 42a	List the states with which a copy of this return is filed. ► IOWA ACADEMY OF TRIAL LAWYERS The organization's books are in care of ► SUITE 520 Telephone no	. ► (51	5) 282-0	2477			
u	Located at ► 317 6TH AVE SUITE 1200 DES MOINES , IA ZIP + 4 ►			7477			
			Yes	No			
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)?	42b		No			
	If "Yes," enter the name of the foreign country: ▶						
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No			
	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	•	▶ □				
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No			
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	162	No			
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		No			
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No			
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d					
1 5~	explanation in Schedule O	44a 45a		No No			
	Did the organization raceive any payment from or engage in any transaction with a controlled entity within the meaning	754		140			
43U	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No			

									Yes	No
		n engage, directly or indirec lic office? If "Yes," complete					to	46		No
art VI	Section 5	O1(c)(3) Organizations	s Only					1 1		
	All section Check if the	501(c)(3) organizations i organization used Schedule	must answer question of to respond to any qu	ons 47- 49b and Jestion in this Part	52, and o	omplete t	he table	s for li	nes 50	and 5:
									Yes	No
		n engage in lobbying activiti	es or have a section 50	01(h) election in ef	fect during	the tax yea	ar?			
If "Y∈	es," complete	Schedule C, Part II .						47		
8 Is the	e organization	a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E			48		
9a Did t	he organizatio	n make any transfers to an e	exempt non-charitable	related organization	on?			49a		
b If "Ye	If "Yes," was the related organization a section 527 organization?							49b		
		e for the organization's five h more than \$100,000 of com						and key	employ	ees)
(a)) Name and tit	le of each employee	(b) Average hours per week	(c) Reportable compensation) Health be			timated	
			devoted to position	(Forms W-2/109 MISC)	99- b	enefit plans erred compe	, and ´		e comp	Jiisatio
				МІЭС	dere	erred compe	insacion .			
f Tot	al number of	sther employees naid ever t	100.000		I					
		other employees paid over \$					•	¢10	0.000.0	
1 Comp	plete this table	other employees paid over \$ e for the organization's five h the organization. If there is	nighest compensated in	· · · · · · · · · · · · · · · · · · ·	tors who e	• • • • ach receive	►d more th	nan \$10	0,000 o	=
1 Comp	plete this table pensation from	e for the organization's five h	nighest compensated in none, enter "None."			ach receive			0,000 o	
1 Comp	plete this table pensation from	e for the organization's five h the organization. If there is	nighest compensated in none, enter "None."							
1 Comp	plete this table pensation from	e for the organization's five h the organization. If there is	nighest compensated in none, enter "None."							
1 Comp	plete this table pensation from	e for the organization's five h the organization. If there is	nighest compensated in none, enter "None."							
1 Comp	plete this table pensation from	e for the organization's five h the organization. If there is	nighest compensated in none, enter "None."							
1 Comp	plete this table pensation from	e for the organization's five h the organization. If there is	nighest compensated in none, enter "None."							
1 Comp	plete this table pensation from	e for the organization's five h the organization. If there is	nighest compensated in none, enter "None."							
1 Comp	plete this table pensation from	e for the organization's five h the organization. If there is	nighest compensated in none, enter "None."							
1 Comլ	plete this table pensation from	e for the organization's five h the organization. If there is	nighest compensated in none, enter "None."							
1 Comp	plete this table pensation from (a) Nam	e for the organization's five h the organization. If there is	nighest compensated ir none, enter "None." ach independent contr	actor						
d Tot	plete this table pensation from (a) Nam al number of o	e for the organization's five he the organization. If there is ne and business address of e	righest compensated ir none, enter "None." ach independent contr	\$100,000	(b) T	ype of servi				
d Tot	plete this table pensation from (a) Nam al number of o	e for the organization's five h the organization. If there is ne and business address of e	rs each receiving over	\$100,000 c)(3) organizations	(b) T	ype of servi	ce (c)) Compo		
d Tot	al number of of the organization scheme that the organization from the organization of the organization scheme the organization of the organizatio	e for the organization's five he the organization. If there is not and business address of each other independent contractor tion complete Schedule A? Not all the contractor of the complete schedule A. Not all the contractor of the complete schedule A. Not all the complete schedule all the complete schedul	rs each receiving over	\$100,000	must attac	ype of servi	ce (c)	Compo	ensation es best of	
d Tot	al number of of the organiza mpleted Scheol	e for the organization's five he the organization. If there is not and business address of each other independent contractor tion complete Schedule A?	rs each receiving over	\$100,000	must attac	ype of servi	ce (c)	Compo	ensation es best of	
d Tot 2 Dia conder pena	al number of of the organiza mpleted Scheolities of perjurand belief, it is owledge.	e for the organization's five he the organization. If there is not and business address of each other independent contractor tion complete Schedule A? Not all the contractor of the complete schedule A. Not all the contractor of the complete schedule A. Not all the complete schedule all the complete schedul	rs each receiving over	\$100,000	must attac	ype of servi	ce (c)	Compo	ensation es best of	
d Tot 2 Dia conder pena	al number of of the organiza mpleted Scheol	e for the organization's five he the organization. If there is the and business address of each other independent contractor tion complete Schedule A? Note that I have example the correct, and complete strue, correct, and complete strue, correct, and complete strue.	rs each receiving over	\$100,000	must attac	ype of servi	ce (c)	Compo	ensation es best of	
d Tot 2 Dia conder penalowledge is any knowledge	al number of of the organiza mpleted Scheel	e for the organization's five he the organization. If there is the organization. If there is the and business address of each of the contractor of the complete Schedule A? Note that I have example the contractor of the complete strue, correct, and complete officer	rs each receiving over	\$100,000	must attac	vpe of servi	ce (c)	Compo	ensation es best of	
d Tot 2 Dia conder penalowledge is any knowledge	al number of of the organiza mpleted Scheolities of perjurand belief, it is owledge. Market Marke	e for the organization's five he the organization. If there is the organization. If there is the and business address of each other independent contractor tion complete Schedule A? Note that I have exampled the contractor of the complete strue, correct, and complete officer	rs each receiving over IOTE. All section 501(a	\$100,000	must attac	vpe of servi	ce (c)	Compo	ensation es best of	
d Tot 2 Dia conder pena owledge is any knowledge is any knowledge	al number of of the organiza mpleted Scheolities of perjurand belief, it is owledge. Name	e for the organization's five he the organization. If there is the organization. If there is the and business address of each of the contractor of the complete Schedule A? Note that I have example the contractor of the complete strue, correct, and complete officer	rs each receiving over	\$100,000	must attac	vpe of servi	ents, and ormation	Yel to the of whic	ensation es best of	
d Tot 2 Dio con moder pena nowledge is any knowledge is any knowledge aid repare	al number of of the organiza mpleted Scheel and belief, it is owledge. DAVID L BROTTY Print/T KRISTO	e for the organization's five he the organization. If there is the organization. If there is the and business address of each of the contractor of the complete Schedule A? Note that I have example the contractor of the complete strue, correct, and complete of the complete of the complete strue, correct, and complete of the complete	rs each receiving over IOTE. All section 501(content of preparetion of preparetion of preparetion of preparetion of preparetics signature	\$100,000	must attac	cha and statemed on all info	enents, and ormation if PTIN P0090	Yell to the of whic	ensation es best of	
d Tot 2 Dia con con der pena owledge s any kno gn ere aid repare	al number of of the organiza mpleted Scheel of the organization of th	e for the organization's five he the organization. If there is the organization. If there is the and business address of each of the independent contractor tion complete Schedule A? Note that I have example the contractor of the complete strue, correct, and complete of the complete strue, and complete strue, correct, and complete of the complete strue, correct, and complete of the correct of the complete strue, correct, and complete of the correct of t	rs each receiving over IOTE. All section 501(continued this return, include. Declaration of preparer's signature	\$100,000	must attac	check self-employe	pents, and proposed and propose	Yell to the of whic	ensation es	
d Tot 2 Dia con inder pena iowledge is any knowledge is any knowledge aid	al number of of the organiza mpleted Scheel of the organization of th	e for the organization's five he the organization. If there is the organization. If there is the and business address of each of the contractor of the complete Schedule A? Note that I have exampled the correct, and complete officer DINN SECRETARY/TREASURER in the complete officer of the complete of t	rs each receiving over IOTE. All section 501(continued this return, include. Declaration of preparer's signature	\$100,000	must attac	th a	pents, and proposed and propose	Yell to the of whic	ensation es	

Additional Data

(Grants \$ 5,700)

Software ID:

Software Version:

EIN: 42-6095281

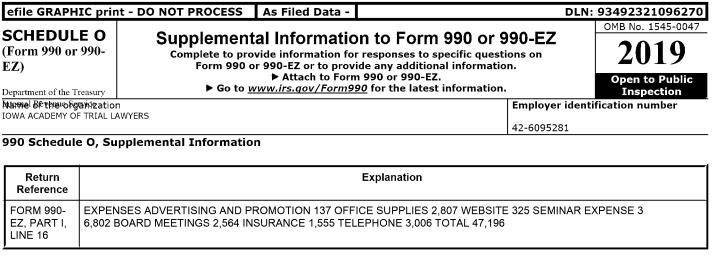
Name: IOWA ACADEMY OF TRIAL LAWYERS

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	`(c	Expenses quired for section 501)(3) and 501(c)(4) panizations; optional for others.)
28 EDUCATIONAL CONFERENCES FOR LAWYERS, JUDGES, CLERKS AND COURT ADMINISTRATORS.	28a	143,978

If this amount includes foreign grants, check here . . .

Check if the organization used Schedule O to	(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
NEVEN J MULHOLLAND PRESIDENT	000.00	0		
TODD L STEVENSON DIRECTOR	000.00	0		
JOHN D JORDAN DIRECTOR	000.00	0		
JOHN C GRAY DIRECTOR	000.00	0		
ROBERT M LIVINGSTON DIRECTOR	000.00	0		
CONNIE DIEKEMA DIRECTOR	000.00	0		
BRAD BRADY DIRECTOR	000.00	0		
ROBERT VP WATERMAN JR DIRECTOR	000.00	0		
MICHAEL J MORELAND VICE PRESIDE	000.00	0		
JAMES P HAYES DIRECTOR	000.00	0		
DAVID J DUTTON DIRECTOR	000.00	0		
GLENN L NORRIS DIRECTOR	000.00	0		
LES V REDDICK PAST PRESIDE	000.00	0		
DAVID L BROWN SECRETARY/TR	000.00	0		



Return Explanation

990 Schedule O, Supplemental Information

FORM 990- ACCOUNTS RECEIVABLE 75,376 65,976 PREPAID EXPENSES AND DEFERRED CHARGES 542 1,427 63,781 6
EZ, PART II, 3,781 LESS ACCUMULATED DEPRECIATION 63,781 63,781 TOTAL 75,918 67,403

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 26

FORM 990-EZ, PART II,

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990EZ, PART III
S A LEGISLATIVE INFORMATION SERVICE FOR CLIENTS AND INFORMS ITS MEMBERS OF PUBLIC POLICIES
WHICH IMPACT IOWA TRIAL PRACTICES. THE ACADEMY ALSO PROVIDES EDUCATIONAL ASSISTANCE THROU
GH SCHOLARSHIPS TO LAW SCHOOLS IN THE STATE OF IOWA