

Form **990**
Department of the Treasury
Internal Revenue Service

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 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
IOWA STATE BAR ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
625 E COURT AVENUE

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

D Employer identification number
42-0335370

E Telephone number
(515) 243-3179

G Gross receipts \$ 3,347,813

I Tax-exempt status 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

J Website: WWW IOWABAR ORG

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1874 **M** State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ISBA SUPPORTS MEMBERS AND THEIR SERVICES TO CLIENTS, COMMUNITY, AND THE JUDICIAL SYSTEM

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	49
4 Number of independent voting members of the governing body (Part VI, line 1b)	49
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	19
6 Total number of volunteers (estimate if necessary)	683
7a Total unrelated business revenue from Part VIII, column (C), line 12	128,608
7b Net unrelated business taxable income from Form 990-T, line 34	20,538

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	51,635	155,281
9 Program service revenue (Part VIII, line 2g)	2,682,265	2,547,547
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,265	62,871
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	366,277	336,317
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,121,442	3,102,016
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,942	37,992
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,255,823	1,382,603
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,583,786	1,562,951
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,877,551	2,983,546
19 Revenue less expenses Subtract line 18 from line 12	243,891	118,470

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,720,953	7,103,382
21 Total liabilities (Part X, line 26)	1,481,108	1,598,735
22 Net assets or fund balances Subtract line 21 from line 20	5,239,845	5,504,647

Part II Signature Block

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 _____ Date 2017-10-26
DWIGHT DINKLA EXECUTIVE DIRECTOR
Type or print name and title _____

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date
NATHAN T BECK CPA NATHAN T BECK CPA 2017-10-26
Check if self-employed PTIN P01222556
Firm's name ▶ MCGOWEN HURST CLARK & SMITH PC Firm's EIN ▶ 42-1104473
Firm's address ▶ 1601 W LAKES PKWY STE 300 Phone no (515) 288-3279
WEST DES MOINES, IA 50266

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

ISBA IS A LEADING VOICE AND TRUSTED COLLABORATOR IN HELPING ITS MEMBERS SERVE THEIR CLIENTS, THE PUBLIC, AND THE JUDICIAL SYSTEM THROUGH ENGAGEMENT, ADVANCEMENTS IN LAW, INNOVATION, AND ACCESS TO JUSTICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 876,966 including grants of \$) (Revenue \$) See Additional Data

4b (Code) (Expenses \$ 623,592 including grants of \$) (Revenue \$) See Additional Data

4c (Code) (Expenses \$ 428,530 including grants of \$) (Revenue \$) See Additional Data

















(Code) (Expenses \$ 535,938 including grants of \$) (Revenue \$)

COMMITTEE AND SECTION EXPENSES - THE ISBA HAS 22 SUBSTANTIVE LAW SECTIONS AND 36 COMMITTEES WITH OVER 600 VOLUNTEER PARTICIPANTS SECTIONS - A SECTION IS COMPRISED OF LAWYERS WHO PRACTICE IN SIMILAR LEGAL SPECIALTIES EACH SECTION IS DESIGNED TO OFFER CLOSER ASSOCIATION BETWEEN ATTORNEYS ENGAGED IN SPECIALIZED FIELDS OF LAW, THUS PROVIDING THE OPPORTUNITY TO SHARE PROFESSIONAL EXPERIENCES TO ACCOMPLISH THIS, MANY SECTIONS PUBLISH NEWSLETTERS/REPORTS COVERING CURRENT TOPICS, PENDING AND ADOPTED LEGISLATION, AND RECENT UPDATES ON CASES COMMITTEES - COMMITTEES ARE ESTABLISHED BY THE BOARD OF DIRECTORS AND APPOINTED BY THE PRESIDENT-ELECT TO CONSIDER MATTERS OF INTEREST TO THE BAR MEMBERSHIP, UPDATE PROFESSIONAL MATERIALS, RECOMMEND CHANGES TO POLICIES AND PROCEDURES, AND STUDY VARIOUS LEGAL ISSUES AFFECTING THE LEGAL PROFESSION AND THE PUBLIC LAW AND CIVIC EDUCATION - THE "KNOW YOUR CONSTITUTION" COMMITTEE OF THE YOUNG LAWYERS DIVISION OF THE IOWA STATE BAR ASSOCIATION OFFERS ONE OF THE BEST AND MOST PUBLICIZED LAW-RELATED EDUCATIONAL PROGRAMS IN THE STATE OF IOWA EACH FALL, A QUIZ WITH 50 MULTIPLE CHOICE QUESTIONS AND ONE ESSAY QUESTION IS DISTRIBUTED TO HIGH SCHOOL STUDENTS ALL OVER THE STATE AFTER ALL QUIZZES ARE RETURNED TO THE ISBA OFFICE, THE COMMITTEE THEN GRADES THE QUIZZES TO SELECT 100 FINALISTS, ONE FROM EACH HOUSE DISTRICT APPROXIMATELY 2000 HIGH SCHOOL STUDENTS PARTICIPATE IN THE CONTEST THE 100 FINALISTS THEN ARE INVITED ALONG WITH THEIR TEACHERS TO AN AWARDS LUNCHEON IN THE DES MOINES AREA OF THE 100 FINALISTS, 5 ARE CHOSEN AT RANDOM AND AWARDED AN ALL-EXPENSE-PAID TRIP TO WASHINGTON, D C , FOR THEM AND THEIR TEACHERS THE MOCK TRIAL PROGRAM IS DESIGNED TO INTRODUCE STUDENTS TO OUR LEGAL SYSTEM BY PROVIDING A CHALLENGING, ACADEMIC COMPETITION THE PROGRAM OFFERS STUDENTS AN OPPORTUNITY FOR PERSONAL GROWTH AND ACHIEVEMENT, EMPHASIZING THE IMPORTANCE OF RESEARCH, PRESENTATION AND TEAMWORK IN ADDITION TO TEACHING STUDENTS ABOUT CONTEMPORARY PUBLIC ISSUES AND THE LEGAL SYSTEM, THE PROGRAM ENCOURAGES TEACHERS AND STUDENTS TO DEVELOP LEARNING PARTNERSHIPS WITH PROFESSIONALS FROM THE COMMUNITY LAWYERS FROM COMMUNITIES THROUGHOUT IOWA CONTRIBUTE THEIR TIME AS COACHES AND JUDGES AT THE TOURNAMENTS JUDGES FROM IOWA'S DISTRICT COURTS ALSO PARTICIPATE THESE LINKS BETWEEN THE SCHOOLS AND THE LEGAL PROFESSION SHOW STUDENTS THAT THE COMMUNITY IS COMMITTED TO THEIR EDUCATIONAL SUCCESS

4d Other program services (Describe in Schedule O) (Expenses \$ 535,938 including grants of \$) (Revenue \$)

4e Total program service expenses 2,465,026

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 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? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (49), 1b (49), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	155,281			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		155,281			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	541900	1,489,100	1,489,100		
	b CONTINUING EDUCATION	611600	572,645	572,645		
	c LEGAL RESOURCES	900099	262,853	262,853		
	d ANNUAL MEETING	541900	130,533	130,533		
	e BRIDGE THE GAP	900099	45,615	45,615		
	f All other program service revenue		46,801	42,230	4,571	
g Total. Add lines 2a-2f		2,547,547				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		50,807		50,807	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		80,107		80,107	
	6a Gross rents	(i) Real				
		12,000				
		b Less rental expenses				
		c Rental income or (loss)	12,000			
	d Net rental income or (loss)		12,000		12,000	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		257,861				
		b Less cost or other basis and sales expenses	245,797			
		c Gain or (loss)	12,064			
	d Net gain or (loss)		12,064		12,064	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a THE IOWA LAWYER	900099	191,302	91,258	100,044		
b WEBSITE ADVERTISING INCOME	561499	21,735		21,735		
c MANAGEMENT FEES	561000	20,400	20,400			
d All other revenue		10,773	8,515	2,258		
e Total. Add lines 11a-11d		244,210				
12 Total revenue. See Instructions		3,102,016	2,663,149	128,608	154,978	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	37,992	37,992		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	174,684		174,684	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	991,090	991,090		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	74,781	74,781		
9 Other employee benefits.	67,581	67,581		
10 Payroll taxes.	74,467	74,467		
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	18,010		18,010	
d Lobbying.	104,070	104,070		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	12,542		12,542	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,081	8,081		
12 Advertising and promotion.				
13 Office expenses.	26,335		26,335	
14 Information technology.	51,560		51,560	
15 Royalties.				
16 Occupancy.	130,814	130,814		
17 Travel.	3,641		3,641	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	81,484	81,484		
23 Insurance.	34,503		34,503	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a CONTINUING ED EXPENSES	292,057	292,057		
b READERSHIP COSTS	225,672	225,672		
c LEGISLATIVE COMMITTEE	178,182	178,182		
d LEGAL DOCUMENT EXPENSE	176,401		176,401	
e All other expenses	219,599	198,755	20,844	
25 Total functional expenses. Add lines 1 through 24e.	2,983,546	2,465,026	518,520	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	441,622	1	578,995
	2 Savings and temporary cash investments	1,216,399	2	1,035,142
	3 Pledges and grants receivable, net	59,000	3	9,000
	4 Accounts receivable, net	64,262	4	65,235
	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	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,683	9	9,327
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,644,969		
	b Less accumulated depreciation	969,091		
	11 Investments—publicly traded securities	2,163,624	11	2,729,805
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,720,953	16	7,103,382	
Liabilities	17 Accounts payable and accrued expenses	405,222	17	434,653
	18 Grants payable		18	
	19 Deferred revenue	865,725	19	895,443
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	210,161	25	268,639
	26 Total liabilities. Add lines 17 through 25	1,481,108	26	1,598,735
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	5,239,845	27	5,475,561
	28 Temporarily restricted net assets		28	29,086
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,239,845	33	5,504,647
	34 Total liabilities and net assets/fund balances	6,720,953	34	7,103,382

Part XI Reconciliation 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	3,102,016
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,983,546
3	Revenue less expenses Subtract line 2 from line 1	3	118,470
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,239,845
5	Net unrealized gains (losses) on investments	5	153,784
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	-7,452
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,504,647

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>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</p>		

Additional Data

Software ID:

Software Version:

EIN: 42-0335370

Name: IOWA STATE BAR ASSOCIATION

Form 990 (2016)

Form 990, Part III, Line 4a:

CONTINUED LEGAL EDUCATION (CLE) - THE ISBA CLE DEPARTMENT IS DEDICATED TO MEETING THE EDUCATIONAL NEEDS OF ISBA MEMBERS OVER 40 CLE SEMINARS ARE HELD ANNUALLY IOWA CLE SEMINARS ARE OFFERED THROUGHOUT THE STATE OF IOWA, VIA WEBCASTS AND TELECONFERENCE THEY INCLUDE HALF-DAY, FULL-DAY, MULTI- DAY SESSIONS, TYPICALLY DIVIDED INTO SEGMENTS OF VARIOUS LENGTHS THE PROGRAMS ADDRESS SUBSTANTIVE AREAS AND LEGAL PROCEDURES, LEGAL ETHICS, ELIMINATION OF BIAS, LAW OFFICE MANAGEMENT, AND PROFESSIONAL DEVELOPMENT IOWA CLE PUBLISHES OUTLINES AND MATERIALS TO ACCOMPANY ITS EDUCATION COURSES, AS WELL AS OTHER BOOKS, PAMPHLETS AND MATERIALS CONTAINING PRACTICE GUIDES, LEGAL FORMS, AND REFERENCE INFORMATION

Form 990, Part III, Line 4b:

MEMBERSHIP SERVICES - MEMBER SERVICES ARE PROGRAMS AND SERVICES PROVIDED BY THE ISBA IN ORDER TO ASSIST MEMBERS IN THE PRACTICE OF LAW THESE SERVICES RANGE FROM PRACTICE MANUALS, FORMS, TECHNOLOGY SERVICES, AND FREE LEGAL RESEARCH

Form 990, Part III, Line 4c:

LEGISLATIVE PROGRAM - EACH YEAR THE ISBA'S AFFIRMATIVE LEGISLATIVE PROGRAM INCLUDES PROPOSALS FOR ENACTMENT BY IOWA'S LEGISLATURE FOR THE BENEFIT OF IOWA'S CITIZENS FOR EXAMPLE, AFTER EXTENSIVE STUDY THE ASSOCIATION HAS RECOMMENDED ADOPTION AND/OR AMENDMENT OF THE PROBATE CODE, TRUST CODE, COMMERCIAL CODE, AND BUSINESS CORPORATION ACT IT HAS ALSO BEEN ACTIVE IN STUDIES AND RECOMMENDATIONS CONCERNING COMMUNITY-BASED CORRECTIONS PROGRAMS FOR DRUG-ADDICTED, NON-VIOLENT CRIMINAL OFFENDERS, FOR IMPROVEMENTS IN LAWS GOVERNING ELECTRONIC COMMERCE, AND IN PROPOSED LEGISLATION FOR THE MODERNIZATION OF REAL ESTATE RECORDS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARNOLD SKIP O KENYON III PRESIDENT	10 00	X		X				0	0	0
STEPHEN ECKLEY PRESIDENT-EL	5 00	X		X				0	0	0
THOMAS LEVIS VICE-PRESIDE	5 00	X		X				0	0	0
GARY MICK MEMBER	1 00	X						0	0	0
STEVEN DRAHOZAL MEMBER	1 00	X						0	0	0
SHANNON SIMMS MEMBER	1 00	X						0	0	0
JOHN WOOD MEMBER	1 00	X						0	0	0
COLLIN DAVISON MEMBER	1 00	X						0	0	0
PATRICK VICKERS MEMBER	1 00	X						0	0	0
VICTORIA FEILMEYER MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY SCHNURR III MEMBER	1 00	X						0	0	0
JOHN M LOUGHLIN MEMBER	1 00	X						0	0	0
DEBRA DE JONG MEMBER	1 00	X						0	0	0
KATHLEEN KOHORST MEMBER	1 00	X						0	0	0
ROBERT LIVINGSTON MEMBER	1 00	X						0	0	0
MASON OUDERKIRK MEMBER	1 00	X						0	0	0
ROBERTA CHAMBERS MEMBER	1 00	X						0	0	0
WILLARD BOYD III MEMBER	1 00	X						0	0	0
EMILY CHAFA MEMBER	1 00	X						0	0	0
MARK GODWIN MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW HAINDFIELD MEMBER	1 00	X						0	0	0
DEBRA HOCKETT-CLARK MEMBER	1 00	X						0	0	0
RYAN KOOPMANS MEMBER	1 00	X						0	0	0
ANJELA SHUTTS MEMBER	1 00	X						0	0	0
DONALD STANLEY MEMBER	1 00	X						0	0	0
JANICE THOMAS MEMBER	1 00	X						0	0	0
LINDA M KIRSCH MEMBER	1 00	X						0	0	0
LORI KLOCKAU MEMBER	1 00	X						0	0	0
JONATHAN SCHMIDT MEMBER	1 00	X						0	0	0
T RANDY CURRENT MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER SURLS MEMBER	1 00	X						0	0	0
IAN RUSSELL MEMBER	1 00	X						0	0	0
ROBERT BRECKENRIDGE MEMBER	1 00	X						0	0	0
RYAN MITCHELL MEMBER	1 00	X						0	0	0
BRIAN HELLING MEMBER	1 00	X						0	0	0
BETHANY CURRIE MEMBER	1 00	X						0	0	0
JILL DAVIS MEMBER	1 00	X						0	0	0
JAMES DAANE MEMBER	1 00	X						0	0	0
DAN HUITINK MEMBER	1 00	X						0	0	0
DAWN BOUCHER MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY LAW MEMBER	1 00	X						0	0	0
ABHAY NADIPURAM MEMBER	1 00	X						0	0	0
NATHAN OVERBERG MEMBER	1 00	X						0	0	0
NICOLLE SCHIPPERS MEMBER	1 00	X						0	0	0
ROBERT FISCHER MEMBER	1 00	X						0	0	0
MARK PARMENTER MEMBER	1 00	X						0	0	0
REED MCMANIGAL YLD PRESIDEN	1 00	X		X				0	0	0
THOMAS HILLERS YLD VICE-PRE	1 00	X		X				0	0	0
MARGRET WHITE YLD SECRETAR	1 00	X		X				0	0	0
DWIGHT DINKLA EXECUTIVE DI	40 00	X		X				153,738	0	20,142

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARRY SHIPLEY ASSOC EXECU	40 00					X		105,593	0	14,052

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization IOWA STATE BAR ASSOCIATION	Employer identification number 42-0335370
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	1,489,100
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	104,070
b Carryover from last year	2b	-123,023
c Total	2c	-18,953
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	134,019
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-152,972

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
------------------	-------------

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
IOWA STATE BAR ASSOCIATION

Employer identification number
42-0335370

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 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

6 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 private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part 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.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		768,960		768,960
b Buildings		2,505,009	622,909	1,882,100
c Leasehold improvements				
d Equipment		371,000	346,182	24,818
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,675,878

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	268,639
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	268,639

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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		1	3,248,348
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	153,784	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	153,784
3	Subtract line 2e from line 1		3	3,094,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	7,452	
c	Add lines 4a and 4b		4c	7,452
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	3,102,016

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,983,546
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,983,546
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,983,546

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 42-0335370

Name: IOWA STATE BAR ASSOCIATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	MANAGEMENT IS UNAWARE OF ANY UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2017 AND 2016 INTEREST AND PENALTIES ASSOCIATED WITH INCOME TAX MATTERS WOULD BE PRESENTED AS COMPONENTS OF INCOME TAX EXPENSE THERE WERE NO INTEREST OR PENALTY CHARGES DURING THE YEARS ENDED JUNE 30, 2017 OR 2016

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	REG 1 48-4(N) INCLUSION 7,452

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization IOWA STATE BAR ASSOCIATION

Employer identification number 42-0335370

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: IOWA LAWYERS ASSISTANCE PROGRAM, 42-1376345, 501C3, 37,992, SEE PART IV.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	RECIPIENTS ARE REQUIRED TO PROVIDE A WRITTEN QUARTERLY REPORT FOR PRESENTATION TO THE BOARD THIS QUARTERLY REPORT PROVIDES FINANCIAL INFORMATION AS WELL AS NUMBER OF MEMBERS, STUDENTS, AND SUPPORT STAFF ASSISTED DURING THE QUARTER
SCHEDULE I, PAGE 4, PART IV	PART II, COLUMN (H), PURPOSE OF GRANT THE PURPOSE OF THE GRANT IS TO ASSIST LAWYERS, LAW STUDENTS AND THEIR FAMILIES DEALING WITH ADDICTIONS

Schedule J
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization IOWA STATE BAR ASSOCIATION	Employer identification number 42-0335370
--	--

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DWIGHT DINKLA EXECUTIVE DIRECTOR	(i)	153,738 -----	-----	-----	20,142 -----	-----	173,880 -----	-----
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	DWIGHT DINKLA 0 7,747 0 HARRY SHIPLEY 0 5,405 0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
IOWA STATE BAR ASSOCIATION**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

2016**Open to Public
Inspection**

Employer identification number

42-0335370

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	ISBA IS A LEADING VOICE AND TRUSTED COLLABORATOR IN HELPING ITS MEMBERS SERVE THEIR CLIENTS, THE PUBLIC, AND THE JUDICIAL SYSTEM THROUGH ENGAGEMENT, ADVANCEMENTS IN LAW, INNOVATION, AND ACCESS TO JUSTICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>COMMITTEE AND SECTION EXPENSES - THE ISBA HAS 22 SUBSTANTIVE LAW SECTIONS AND 36 COMMITTEES WITH OVER 600 VOLUNTEER PARTICIPANTS SECTIONS - A SECTION IS COMPRISED OF LAWYERS WHO PRACTICE IN SIMILAR LEGAL SPECIALTIES EACH SECTION IS DESIGNED TO OFFER CLOSER ASSOCIATION BETWEEN ATTORNEYS ENGAGED IN SPECIALIZED FIELDS OF LAW, THUS PROVIDING THE OPPORTUNITY TO SHARE PROFESSIONAL EXPERIENCES TO ACCOMPLISH THIS, MANY SECTIONS PUBLISH NEWSLETTERS/REPORTS COVERING CURRENT TOPICS, PENDING AND ADOPTED LEGISLATION, AND RECENT UPDATES ON CASES</p> <p>COMMITTEES - COMMITTEES ARE ESTABLISHED BY THE BOARD OF DIRECTORS AND APPOINTED BY THE PRESIDENT-ELECT TO CONSIDER MATTERS OF INTEREST TO THE BAR MEMBERSHIP, UPDATE PROFESSIONAL MATERIALS, RECOMMEND CHANGES TO POLICIES AND PROCEDURES, AND STUDY VARIOUS LEGAL ISSUES AFFECTING THE LEGAL PROFESSION AND THE PUBLIC LAW AND CIVIC EDUCATION - THE "KNOW YOUR CONSTITUTION" COMMITTEE OF THE YOUNG LAWYERS DIVISION OF THE IOWA STATE BAR ASSOCIATION OFFERS ONE OF THE BEST AND MOST PUBLICIZED LAW-RELATED EDUCATIONAL PROGRAMS IN THE STATE OF IOWA</p> <p>EACH FALL, A QUIZ WITH 50 MULTIPLE CHOICE QUESTIONS AND ONE ESSAY QUESTION IS DISTRIBUTED TO HIGH SCHOOL STUDENTS ALL OVER THE STATE AFTER ALL QUIZZES ARE RETURNED TO THE ISBA OFFICE, THE COMMITTEE THEN GRADES THE QUIZZES TO SELECT 100 FINALISTS, ONE FROM EACH HOUSE DISTRICT APPROXIMATELY 2000 HIGH SCHOOL STUDENTS PARTICIPATE IN THE CONTEST THE 100 FINALISTS THEN ARE INVITED ALONG WITH THEIR TEACHERS TO AN AWARDS LUNCHEON IN THE DES MOINES AREA OF THE 100 FINALISTS, 5 ARE CHOSEN AT RANDOM AND AWARDED AN ALL-EXPENSE-PAID TRIP TO WASHINGTON, D C , FOR THEM AND THEIR TEACHERS THE MOCK TRIAL PROGRAM IS DESIGNED TO INTRODUCE STUDENTS TO OUR LEGAL SYSTEM BY PROVIDING A CHALLENGING, ACADEMIC COMPETITION THE PROGRAM OFFERS STUDENTS AN OPPORTUNITY FOR PERSONAL GROWTH AND ACHIEVEMENT, EMPHASIZING THE IMPORTANCE OF RESEARCH, PRESENTATION AND TEAMWORK IN ADDITION TO TEACHING STUDENTS ABOUT CONTEMPORARY PUBLIC ISSUES AND THE LEGAL SYSTEM, THE PROGRAM ENCOURAGES TEACHERS AND STUDENTS TO DEVELOP LEARNING PARTNERSHIPS WITH PROFESSIONALS FROM THE COMMUNITY LAWYERS FROM COMMUNITIES THROUGHOUT IOWA CONTRIBUTE THEIR TIME AS COACHES AND JUDGES AT THE TOURNAMENTS JUDGES FROM IOWA'S DISTRICT COURTS ALSO PARTICIPATE THESE LINKS BETWEEN THE SCHOOLS AND THE LEGAL PROFESSION SHOW STUDENTS THAT THE COMMUNITY IS COMMITTED TO THEIR EDUCATIONAL SUCCESS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 4	DURING THE YEAR, IOWA STATE BAR ASSOCIATION CHANGED THEIR MISSION STATEMENT TO ISBA SUPPORTS MEMBERS AND THEIR SERVICES TO CLIENTS, COMMUNITY, AND THE JUDICIAL SYSTEM THEY ALSO CHANGED THEIR VISION STATEMENT TO ISBA IS A LEADING VOICE AND TRUSTED COLLABORATOR IN HELPING ITS MEMBERS SERVE THEIR CLIENTS, THE PUBLIC, AND THE JUDICIAL SYSTEM THROUGH ENGAGEMENT, ADVANCEMENTS IN LAW, INNOVATION, AND ACCESS TO JUSTICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	ONE REGULAR MEMBER IN ACTIVE PRACTICE FROM EACH JUDICIAL ELECTION DISTRICT IN IOWA IS ELECTED BY THE MEMBERS OF THAT DISTRICT TO SERVE ON THE BOARD OF GOVERNORS, REPRESENTING THEIR DISTRICT THE GOVERNORS ELECTED SHALL SERVE FOR TWO YEARS OR UNTIL THEIR SUCCESSORS HAVE BEEN DULY CHOSEN AND QUALIFIED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	PRIOR TO FILING THE ASSOCIATION'S FORM 990 A COPY IS PROVIDED VIA EMAIL TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF GOVERNORS THE GOVERNORS REVIEW THE FORM AND MAY COMMENT WHEN IT IS PRESENTED AT THE BOARD MEETING FOR APPROVAL AND FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ISBA MANAGEMENT ANNUALLY PROVIDES EACH VOTING MEMBERS OF THE BOARD OF GOVERNORS OF THE IOWA STATE BAR ASSOCIATION WITH A COPY OF THE ISBA CONFLICT OF INTEREST POLICY ALSO PROVIDED TO EACH MEMBER IS A COMPLETE LIST OF VENDORS USED BY THE ISBA MEMBERS ARE ASKED TO REVIEW THE POLICY AND VENDOR LIST AND CONFIRM IN WRITING RECEIPT OF THE POLICY BY SIGNING THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	SENIOR BAR ASSOCIATION STAFF TRADITIONALLY MEETS WITH BAR ASSOCIATION OFFICERS AND THE REST OF THE ADMINISTRATIVE COMMITTEE EACH JUNE TO REVIEW AND ESTABLISH STAFF COMPENSATION AND BENEFITS ADDITIONALLY, IN RECENT YEARS THE EXECUTIVE DIRECTOR AND ASSISTANT EXECUTIVE DIRECTOR HAVE SUPPLIED MORE DETAILED INFORMATION REGARDING COMPENSATION AND BENEFITS PROVIDED TO THE EXECUTIVE DIRECTOR, ASSISTANT EXECUTIVE DIRECTOR AND LEGISLATIVE COUNSEL COMPARABLE INFORMATION IS PROVIDED FROM THE FOLLOWING THREE REPORTS - IOWA WORKFORCE DEVELOPMENT OCCUPATIONAL EMPLOYMENT AND WAGES REPORT - IOWA SOCIETY OF ASSOCIATION EXECUTIVES (ISAE) BI-ANNUAL CONFIDENTIAL SURVEY OF COMPENSATION & BENEFITS - NATIONAL ASSOCIATION OF BAR EXECUTIVES ANNUAL COMPENSATION & BENEFITS SURVEY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	OFFICERS AND KEY EMPLOYEES COMPENSATION IS REVIEWED INA SIMILAR MANNER TO THE PROCESS USED FOR THE TOP OFFICIAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	CURRENTLY THE ISBA MAKES AVAILABLE ON ITS WEBSITE A COPY OF ALL GOVERNING DOCUMENTS, INCLUDING BYLAWS, ARTICLES OF INCORPORATION AND IMPORTANT POLICIES FORM 990 FOR THE CURRENT AND PRIOR TWO YEARS IS ALSO PROVIDED THE ISBA WILL ALSO MAKES THESE DOCUMENTS AVAILABLE AS HARD COPY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REG 1 48-4(N) INCLUSION -7,452

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
IOWA STATE BAR ASSOCIATION

Employer identification number

42-0335370

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) IOWA STATE BAR FOUNDATION 625 EAST COURT AVE DES MOINES, IA 503091939 42-6055756	PART VII	IA	501C3	12A	NA	Yes	
(2) IOWA LAWYERS ASSISTANCE PROGRAM 123 51ST STREET DES MOINES, IA 50312 42-1376345	PART VII	IA	501C3	10	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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 organization 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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IOWA STATE BAR FOUNDATION	C	60,000	CASH
(2) IOWA STATE BAR FOUNDATION	L	20,400	CASH
(3) IOWA LAWYERS ASSISTANCE PROGRAM	B	37,992	CASH

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R	PART II, IOWA STATE BAR FOUNDATION, PRIMARY ACTIVITY COLUMN (B) TO SUPPORT THE IOWA STATE BAR ASSOCIATION PART II, IOWA LAWYERS ASSISTANCE PROGRAM, PRIMARY ACTIVITY COLUMN (B) TO ASSIST AND SUPPORT LAWYERS