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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 black lung

benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

A	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and ending	JUN 30, 2012					
В	Check if upplicable	C Name of organization	D Employer identif	ication number				
	Addres							
	Name change		42-0	650134				
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numbe	er				
	Termin	5000 WESTOWN PARKWAY 150	515-	288-9741				
	Ameno	ed City or town, state or country, and ZIP + 4	G Gross receipts \$	2 420 052				
	Application	WEST DES MOTNES, IA 30200	H(a) Is this a group r					
	pendin	F Name and address of principal officer MIKE DICK	for affiliates?	Yes X No				
		5000 WESTOWN PARKWAY, SUITE 150, WEST DES	MO H(b) Are all affiliates in					
		mpt status X 501(c)(3) 501(c)()		list (see instructions)				
		e: ▶ WWW.IGHSAU.ORG	H(c) Group exemption					
			Year of formation: 1949 i	M State of legal domicile; IA				
P	art I	Summary	ME TOWN CIRL	O AMILI EMTOG				
S	1	Briefly describe the organization's mission or most significant activities TO PROMO	TE IOWA GIRL	S ATHLETICS				
Activities & Governance	_ ;	Check this have the comparation discontinued to apprehens as disposed of a	mare then 25% of its not a					
Veri		Check this box \[\sum_\] if the organization discontinued its operations or disposed of in Number of voting members of the governing body (Part VI, line 1a)	3	8				
ဗိ	1	Number of voting members of the governing body (Fart VI, line 1b)	3	8				
<u>ಇ</u>	1	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	13				
itie	1	Fotal number of volunteers (estimate if necessary)	6	0				
cţi	ı	Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	29,450.				
⋖	ł	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
			Prior Year	Current Year				
ø	8	Contributions and grants (Part VIII, line 1h)	0.	0.				
ž	9	Program service revenue (Part VIII, line 2g)	3,134,668.	3,191,684.				
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	57,700.	63,733.				
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.				
	-12-	ofal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,192,368.	3,255,417.				
		Grants and Similar amounts paid (Part IX, column (A), lines 1-3)	20,000.	21,479.				
_ر		Benefits paid to botor members (Part IX, column (A), line 4)	0.	0.				
200 001		Salaries, Other confinensation, employee benefits (Part IX, column (A), lines 5-10)	1,130,453.	1,181,537.				
1 0	16a	Professional fundralsing fees (Part IX, column (A), line 11e)	0.	0.				
X	OG	etal fundraising expenses (Part IX, column (D), line 25)						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,859,085.	1,942,243.				
	Į.	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,009,538.	3,145,259.				
es =	19	Revenue less expenses Subtract line 18 from line 12	182,830. Beginning of Current Year	110,158.				
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)	2,367,737.	End of Year 2,429,786.				
A§S Bas	21	Fotal liabilities (Part X, line 26)	284,916.	251,459.				
E SE	22	Net assets or fund balances Subtract line 21 from line 20	2,082,821.	2,178,327.				
	art II	Signature Block						
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is				
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.					
		TYME LIK	1/16/	13				
Sig	n	Signature of officer	Date					
Her	e	MIKE DICK, EXECUTIVE DIRECTOR						
٠		Type or print name and title		The same of the sa				
		Print/Type preparer's name Preparer's signature	Date Check [PTIN				
Paid		FIMOTHY RICE Timethy Cir	1-15-1 3 sett-emplo					
	parer	Firm's name DENMAN & COMPANY, LLP	Firm's EIN	42-0794029				
Use	Only	Firm's address 1601 22ND STREET, SUITE 400		15 225 0400				
	. 45 - 25	WEST DES MOINES, IA 50266-1453	Phone no. 5	15-225-8400				
<u>May</u>	y tne IF	IS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No				

orm	990 (2011) IOWA GIRLS' F	IIGH SCHOOL ATH	LETIC UNION	42-0650134 Page 2
Pai	t: III Statement of Program Service Acc	complishments		
	Check if Schedule O contains a response to a	iny question in this Part III		X
1	Briefly describe the organization's mission			
	TO PROMOTE, DIRECT, PROTEC	T AND REGULATE	AMATEUR INTERS	CHOLASTIC
	ATHLETIC RELATIONSHIPS FOR			
	MEMBER SCHOOLS AND TO STIM			
	SPORTSMANSHIP AMONG CONTES			
				5 THROUGHOUT
2	Did the organization undertake any significant progr	am 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	О.		
3	Did the organization cease conducting, or make sig	nificant changes in how it co	nducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accom	plishments for each of its thr	ee largest program services, as	measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations and se	ection 4947(a)(1) trusts are re	quired to report the amount of	grants and allocations to
	others, the total expenses, and revenue, if any, for e			-
4a	(Code) (Expenses \$ 2,594,67			ue \$ 3,168,575.)
T a	PROVIDE A VARIETY OF STATE			
	SCHOOL SPORTS	THIS SISTING	100144111111111111111111111111111111111	
	SCHOOL SPORIS			
				<u> </u>
		,		
				-
4b	(Code) (Expenses \$	including grants of \$) (Revenue	, e \$
TIJ	(Code) (Expenses a	Ricidaning grants of \$) (nevent	,
4c	(Code) (Expenses \$	and the second of C) (Parisa)	Je \$)
40	(Code) (Expenses \$	including grants of \$	/ (Hevenu	ie \$ /
				
		<u> </u>		
4:	Other program convect (December of School de O.)			
4d	Other program services (Describe in Schedule O)		\	,
	(Expenses \$ including grains)) (Revenue \$	
<u>4e</u>	Total program service expenses ► 2	,594,671.		
				Form 990 (2011)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	1
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4		X
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 98-197 If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,
_	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	()4973
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			
а	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	-114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d	į	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Þ	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? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		41
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u>. </u>		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
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? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27	ad C. J	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		100	
	instructions for applicable filing thresholds, conditions, and exceptions)	3293379°.	101 198999	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		l	
	Schedule N, Part II	.32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response to any question in this Part VI				\mathbf{X}
Sec	tion A. Governing Body and Management		_		
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	C363	** (\$).
	If there are material differences in voting rights among members of the governing body, or if the governing		33,37 13,		166
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		19319		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8	. 1997	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			### ##################################
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision	į	1	
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X
6	Did the organization have members or stockholders?		6	ļ. <u>.</u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockholders, or		:	
	persons other than the governing body?		7b	21 12 2	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:	الله الله الله الله الله الله الله الله	در در الا سندونسسل	وه در
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code)			
				Yes	
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,			i
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	X	발판 과 기기
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				ال الم
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe		,,	
	ın Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	77
14	Did the organization have a written document retention and destruction policy?		7.3875.57	\$12 tg t	X
15	Did the process for determining compensation of the following persons include a review and approva	I by independent	د. څوړ څوړ	300.000	14 THE
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			معدستة	لتندث
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X % +-	6m m
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		- 25-21 - 35-9	4	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement to the contribute assets to, or participate in a joint venture or similar arrangement.	nent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			3b, -	(1)
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	lization's	401		شمص
<u></u>	exempt status with respect to such arrangements?		<u> 16b</u>		Щ.
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an exposuration to make the Forms 1023 (or 1024 if applicable), 200, and 200 T	(Continue FO1/a)/(2)a a = 1.3	overlet.		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section SUT(C)(3)s only)	avallab	иe	
	for public inspection. Indicate how you made these available. Check all that apply				
40	Own website Another's website X Upon request	affect of interest = -1	. d E		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	milict of interest policy, a	ia tinar	iciai	
~	statements available to the public during the tax year	nd records of the areas:-	ntion •		
20	State the name, physical address, and telephone number of the person who possesses the books at MIKE DICK $-515-288-9741$	iu records of the organiza	ation		
	5000 WESTOWN PARKWAY, WEST DES MOINES, IA 50265				
13200	8		Form	990 (20111
01-23-	The Control of the Co		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		~~ • • • /

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

	on nor any related					npe	nsat	ated any current officer, director, or trustee					
(A)	(B)	(C) Position						(D)	(E)	(F)			
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated			
	hours per		box, unless person is both an officer and a director/trustee)					1	compensation	amount of			
	week	<u> </u>				1	1	from the	from related	other			
	(describe hours for	direct						,	organizations (W-2/1099-MISC)	compensation from the			
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization			
	- organizations	trust	al tru		yee	a me				and related			
	ın Schedule	Individual trustee or director	Institutional trustee	 15	Key employee	est co	ية			organizations			
	O)	ξ	Insti	Officer	ξ.	Highest compensated employee	Ē						
(1) DR TODD WENDT													
PRESIDENT	4.00	X		X		<u> </u>		0.	0.	0.			
(2) DR THERON SCHUTTE													
TREASURER	4.00	X		X		<u> </u>		0.	0.	0.			
(3) GEORGE TRACY													
DIRECTOR	4.00	X			ļ	L_		0.	0.	0.			
(4) D'ANN KROEMER						İ							
DIRECTOR	4.00	X		<u> </u>		<u> </u>		0.	0.	0.			
(5) TOM KINSETH													
DIRECTOR	4.00	X		<u> </u>	<u> </u>			0.	0.	0.			
(6) CAROL GRETA				İ									
DIRECTOR	4.00	X		ļ	<u> </u>			0.	0.	0.			
(7) KEVIN ELWOOD													
DIRECTOR	4.00	X						0.	0.	0.			
(8) DR GREG THOMAS													
DIRECTOR	4.00	Х						0.	0.	0.			
(9) MIKE DICK													
EXECUTIVE DIRECTOR	40.00			X		ļ		141,846.	0.	25,271.			
(10) CRAIG IHNEN													
ASSOCIATE DIRECTOR	40.00			X				120,734.	0.	32,079.			
(11) KARON BROWN									_				
SR. ASSOCIATE DIRECTOR	40.00			X				105,192.	0.	27,862.			
						ļ	ļ						
				<u> </u>	<u> </u>	ــــ							
		_		_	<u> </u>	<u> </u>	_						
				_	<u> </u>		_						
					1		}						
		 	<u> </u>	 -	<u> </u>	<u> </u>	-						
		l	l			<u> </u>				Form 990 (2011)			
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\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Ęа	LL AI	ii Statement of Rever	nue						
					(A) Total rev		(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a						
Grant	b	Membership dues	1b		1	ا فيولي يتهمو نعوم			
	С	- .	1c		Andread State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Gifts, ilar A	d		1d						
5 등									
Siz	e	• ,	·				- Marie Contract		
풀힐	1	All other contributions, gifts, gran	h h		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Last 18th the State of	Joseph State of Mail	
은히		similar amounts not included abo	ve [1f]		13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ار خوا چاکار و ف			
Contribution and Other	g		s 1a-1f \$		The wind the wind the state of	al walker			
<u>0 g</u>	<u>h</u>	Total. Add lines 1a-1f			A haddaddan daga a	مركم م عالمه العدم م	Profesional Library	THE STATE OF THE S	250 Vac. 1 31 12 12 12 18 18 18 18 18 18 18 18 18 18 18 18 18
ĺ				Business Code	***************************************			Leidi Edilie	المقالد المقالد المناد
e	2 a			900099			3,124,134.		
Program Service Revenue	b			900099		<u>.100.</u>	38,100.		
S	С	PROGRAM ADVERTI	SING	541800	29,	<u>450.</u>		29,450.	
ev ev	d	l					,		
<u>6</u> —	е								
ፈ	f	All other program service reve	enue						
	q	Total. Add lines 2a-2f		•	3,191,	684.	新花 (T. 14) (基	2. 新华州学园村	新品的可以出版
	3	Investment income (including	dividends, intere						
		other similar amounts)		•	46,	858.			46,858.
	4	Income from investment of ta	x-exempt bond r	roceeds					
	5	Royalties		•					
	Ū	rioyanioo	(ı) Real	(ii) Personal	12,4 % 2,32,45,5	24 24 14 14 14 14 14 14 14 14 14 14 14 14 14		es e recepta la este a la contra la	
	6 a	Gross rents	(y rical	(ii) i craonai		The feet			
						i i i i i i i i i i i i i i i i i i i			
Ì	b	•							136 151 151 151 151 151 151 151 151 151 15
ľ	C	, ,	<u> </u>			entrike.			
	_ d		() ()		300 mg - 155 mg - 15	A. (2, 4)23 . Js	12 rate ! townshipson !	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11 22 2 2 2 1
	7 a		(i) Securities	(ii) Other		٠٠٠٠ (ما الله الله الله الله الله الله الله ا			gige programme in the second s
l		assets other than inventory	185,390.	6,341.	345 497 487	gandrates of a			11500
İ	b	Less cost or other basis	174 056			12 17 17 12 12 12 12 12 12 12 12 12 12 12 12 12	the second second second		· 建二甲基甲基 1 人。
ļ		and sales expenses	174,856.		All the same	8 1 m	in in the state of the	17 不是多年	The state of the s
		Gain or (loss)	10,534.	6,341.	خلينشت	31444		44 - 34 41 41 41	130 3441 14
1	d	Net gain or (loss)			16,	875.	6,341.		10,534.
힐	8 a	Gross income from fundraisin	g events (not		1 1		المراجع المام أأأم	新生生 一年 中華	
e l		including \$	of		4 4 4	in #1		4 3	La tradedes
<u>§</u>		contributions reported on line	1c) See			· * * * * * * * * * * * * * * * * * * *		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other Revenue		Part IV, line 18	а			- Ha	F " " 138" ; "	1. 我们的"多美	小鸡 化重新口
美	b	Less direct expenses	b		المارية المارية	1 12 151		الله الله مين مالمنسانسيونسيون	الله المساود والمساود
٦,	С	: Net income or (loss) from fund	draising events				4 4		
ļ	9 a	Gross income from gaming ac	ctivities. See			- P. P		2 2 2 2 2 3 3	是主事了 二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
		Part IV, line 19	а		1 7.18 F 7.18	4530	302	7 7 7 7 13 13 45 45	
	b	Less direct expenses	b			-Decker reforms			
	С	: Net income or (loss) from gan	ning activities	>					
		Gross sales of inventory, less	-		- 1521	વૃત્	22 14 gec 144	3 149 151 161 18 19 19	1 1 1 1
		and allowances	а			₹ * § • ↓	الله الله الله الله الله الله الله الله	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	h	Less cost of goods sold	b		, A	5 18 18 4°	و حَدَّ اللهِ مِنْ أَنْ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ اللهِ الله		2
		: Net income or (loss) from sale	•	>		343			التوفيين ومنافيت والمتوادية
t	×	Miscellaneous Revenu		Business Code	1 mg -35, 12 to 5	5	2 1 1 2 4 2 1 1 1 1		5 Mg 32 178 174 174
ŀ	11 a			Edoi:1000 Codo	1.72		<u> </u>		
		 ·-·			 		-	<u> </u>	
	b			<u> </u>	 				
1	C	•							
	d	-			 		7 7 8 48 1	*	2 % 3 % photo
	e				3,255,	117	3,168,575.		
13200	<u>12</u> 9	Total revenue. See instructions.			<u>,, 435,</u>	41/.	D, T00, 5/5.	29,450.	57,392.
13200 01-23	- 12								Form 990 (2011)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	Series as the se	CAPETISES
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				Physical Later Barrier
	the United States. See Part IV, line 22	21,479.	21,479.		
3	Grants and other assistance to governments,			The Arthur Hall of Arthur Arthur	
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			学生教育教育	The state of the s
5	Compensation of current officers, directors,				
	trustees, and key employees	460,854.	309,773.	151,081.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		II	•	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	501,192.	398,168.	103,024.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	60,564.	47,061.	13,503.	
9	Other employee benefits	94,875.	69,774.	25,101.	
10	Payroll taxes	64,052.	46,758.	17,294.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,449.		2,449.	
С	Accounting	14,171.		14,171.	
d	Lobbying		· <u></u>		
е	Professional fundraising services. See Part IV, line 17		を表現的時間のないなりのはなりでする。	推動中門動物學語	
f	Investment management fees	10,975.		10,975.	
g	Other				
12	Advertising and promotion	<u>.</u>			
13	Office expenses	20,362.	14,864.	5,498.	
14	Information technology			<u></u>	
15	Royalties				···.
16	Occupancy	48,846.	35,658.	13,188.	<u> </u>
17	Travel	11,533.	8,419.	3,114.	
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	02 144	16.005	6 040	
22	Depreciation, depletion, and amortization	23,144.	16,895.	6,249.	·
23	Insurance	39,470.	28,813.	10,657.	770 . 4 22 72 4 7
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	A - 4-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Paint 13 (E + 1 + 13) at
	24e amount exceeds 10% of line 25, column (A)	4 4 5 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 4 5 7 8 Prop \$12.18 6 1	35.
	amount, list line 24e expenses on Schedule O.)	1 471 510	1 471 F10	23 4 6 x \$. 4 2 - 3 2	\$ 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1
а	DIRECT ACTIVITIES EXPEN	1,471,518.	1,471,518.	22 570	
b	MISCELLANEOUS EXPENSE	87,296.	63,726.	23,570.	
C	BAD DEBT EXPENSE	75,167.	10 020	75,167.	
d	COMMITTEES AND COUNCILS	67,661.	10,920.	56,741.	
	All other expenses	69,651.	50,845.	18,806.	
25	Total functional expenses. Add lines 1 through 24e	3,145,259.	2,594,671.	550,588.	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.			l .	I

Pa	ŗt X'∉	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		535,278.	1	528,840.
	2	Savings and temporary cash investments		200,000.	2	200,000.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		82,087.	4	16,577.
	5	Receivables from current and former officers, directors,	trustees, key	in the office of the second	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
		employees, and highest compensated employees. Com				
	•	of Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section		1 3	which diffe
		4958(f)(1)), persons described in section 4958(c)(3)(B),				
		employers and sponsoring organizations of section 501	(c)(9) voluntary	The state of the s	3	
		employees' beneficiary organizations (see instructions)		6		
ets	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		13,572.	8	12,535.
-	9	Prepaid expenses and deferred charges	17,445.	9	112,267.	
	10a	Land, buildings, and equipment cost or other			成件。	
		basis Complete Part VI of Schedule D 10a	860,487.		143	
	ь	Less accumulated depreciation 10b	698,290.	155,010.	10c	162,197.
	11	Investments - publicly traded securities		1,364,345.	11	1,397,370.
	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		0 065 505	15	0 400 506
	16	Total assets. Add lines 1 through 15 (must equal line 3	2,367,737.	16	2,429,786.	
	17	Accounts payable and accrued expenses	76,466.	17	88,101.	
	18	Grants payable	120,000.	18	80,000.	
	19	Deferred revenue		84,200.	19	80,108.
	20	Tax-exempt bond liabilities	of Cabadula D		20	
Liabilıties	21	Escrow or custodial account liability Complete Part IV	i	· · · · · · · · · · · · · · · · · · ·	21	1878 1878 1870 1870 1880 1881 1881 1881
i E	22	Payables to current and former officers, directors, trust- highest compensated employees, and disqualified pers			ر برا روان	
Lia		of Schedule L	ons Complete Part II	The state of the s	الله الله الله الله الله الله الله الله	
	23	Secured mortgages and notes payable to unrelated this	d nartice		23	
	24	Unsecured notes and loans payable to unrelated third		<u></u>	24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24)				
		Schedule D	•	4,250.	25	3,250.
	26	Total liabilities. Add lines 17 through 25		284,916.	26	251,459.
		Organizations that follow SFAS 117, check here	X and complete	1915章 Et 184 山村製品		
S	1	lines 27 through 29, and lines 33 and 34.		3		
ĕ	27	Unrestricted net assets		2,057,326.	27	2,152,917.
3ala	28	Temporarily restricted net assets		5,495.	28	5,410.
ğ	29	Permanently restricted net assets		20,000.	29	20,000.
Ē		Organizations that do not follow SFAS 117, check he	ere 🕨 🔲 and		1	
þ		complete lines 30 through 34.				أنستنستسسا
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30		
Ass	31	Paid-in or capital surplus, or land, building, or equipmen			31	
et	32	Retained earnings, endowment, accumulated income, or	or other funds	0.000.001	32	0 150 205
2	33	Total net assets or fund balances		2,082,821.	33	2,178,327.
	34	Total liabilities and net assets/fund balances		2,367,737.	34	2,429,786.

Form	1990 (2011) IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION	42-	<u>-06501</u>	34	<u> Pa</u>	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	_ 3,	25!	5,4	17.
2	Total expenses (must equal Part IX, column (A), line 25)	3,	3,145,259.			
3	Revenue less expenses Subtract line 2 from line 1	3		110	0,1	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	082	2,8	21.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-14	4,6	52.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,	178	3,3	27.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			4 4 4	137-127	112879
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	, [
	review, or compilation of its financial statements and selection of an independent accountant?		. L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C) [<u>\$18</u>	۶، لروار، قر	中華
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			3	\$ 15°
	separate basis, consolidated basis, or both			191. E	1 1 1	क्रम अस
	X Separate basis Consolidated basis Both consolidated and separate basis		ا ا		445	3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Au	dit			
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired au	dıt			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Reason for Public Charity Status (All organizations must complete this part.) See instructions

OMB No 1545-0047

2011

Open to Public inspection

Name of the organization

Employer identification number

42-0650134

The	organ	ization is not a	private foundation	because it is: (For lines 1	1 through ¹	11, check	only one b	ox.)				
1		A church, co	nvention of churche	s, or association of churc	ches desc	rıbed ın se	ection 170	(b)(1)(A)(i).			
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)							
3		A hospital or	a cooperative hospi	ital service organization o	described	ın section	170(b)(1)	(A)(iii).				
4		A medical res	earch organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's nam	ıе,
		city, and stat	e									
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a govern	mental uni	t describe	ed in	
		section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).				
7		An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	or from the	general p	oublic described i	ก
		-	b)(1)(A)(vi). (Comple	·	• • •		•					
8				section 170(b)(1)(A)(vi). ((Complete	Part II)			_			
9	一	•		eives (1) more than 33 1	•	•	rom contri	butions, n	nembershi	p fees, ar	nd aross receipts	from
Ī		-	· · · · · · · · · · · · · · · · · · ·	nctions - subject to certa							-	
			•	axable income (less sect	•	•	•			• •	•	
			509(a)(2). (Complete	•		,			,			_
10				perated exclusively to tes	st for publi	ıc safetv S	See sectio	n 509(a)(4	4).			
11	X	•	•	perated exclusively for th		-			•	v out the	purposes of one	or
••		_	-	ations described in section								
				organization and comple				,		w)(w).		
		a Type I	· · · · · · ·		Х Тур	_		egrated		٦	Type III - Other	
ε				at the organization is not	• •		-	_	r more disc		• •	n
	. —	-		han one or more publicly								
f			•	tten determination from t		_				J(u)(1) O1 0	300(1011 000(4)(2)	
'		ŭ	ganization, check th			at it io u 1 j	po ., . , po	., 0 , p.				
			•	organization accepted an	y aift or co	ontabution	from any	of the follo	owing pers	enne?		
ç	,	ŭ		lirectly controls, either ale	. •		•		• •		Yes	No
		• • •	•	upported organization?	one or tog	CUICI WILLI	persons e	icscribed .	in (ii) and (iii) Delow,	11g(i)	X
		•	• ,	n described in (i) above?								X
		.,	•	**		•2					11g(ii)	X
		. ,	-	person described in (i) o							11g(iii)	
ŀ)	Provide the i	ollowing information	about the supported org	ganizationi	(S).						
				(iii) Type of	Viva lo the e	rannization	(A) Did you	ı notifii tha	(vi) Is	the		
(i		of supported	(II) EIN	organization		organization sted in your		on in col.	Lorganizatio	on in col.	(vii) Amount o	f
	orga	anızatıon		(described on lines 1-9		document?		support?	(ı) organız U.S	ed in the	support	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
	T.7 7\	HIGH		(000 111011 20110110)/	103	110	103	110	103	110		
				6	x		X		x			0.
<u>5C</u>	HOO	ந்த		0							<u> </u>	<u> </u>
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				1								

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

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Schedule A (Form 990 or 990-EZ) 2011

0.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				_		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions	THE PAGE OF THE	131 E . 75 3 4 18 1954 185	The state of the state of	なが はな ごうち	13 4 2 4 4 4 4	
_	by each person (other than a	Barth Hall Broken a	다 다 마다 나는 사람이 있다. 그리고 등기 : 그룹 사람이 가지 그렇게 다 그리를 다 그리고 말했다.				
	governmental unit or publicly		Sent St. Tr.				
	supported organization) included		A A STATE	The state of the figure	A CONTRACTOR OF THE PARTY OF TH		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					· 建二、安二、	
6	Public support. Subtract line 5 from line 4					M.PTCPT :	
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·		•		·	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	·					
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	· 新州南部市	· · · · · · · · · · · · · · · · · · ·		
	Gross receipts from related activities,		ons)			12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ıx year as a sectioi	n 501(c)(3)	
	organization, check this box and stor	here					▶ □
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))	•	14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2011. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	l			
b	33 1/3% support test - 2010. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anızatıon dıd not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the *fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explaın in Par	t IV how the organiz	ation
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	dorganization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is 10	0% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances* test	The organization of	qualifies as a publi	cly supported orga	ınızatıon	ightharpoons
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	▶ □
						dule A (Form 990 o	r 990-EZ) 2011

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed b	elow, please comp	olete Part II)				<u>_</u>
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and	,					
membership fees received (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				1		
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to					,	
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				-	-	
c Add lines 7a and 7b			The second state of the se			
8 Public support (Subtract line 7c from line 6)	Part A MESSES		The Control of the	FE CENTER CONTROL	1 美工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工	
Section B. Total Support			I	T	T	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1			
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add tines 9, 10c, 11, and 12)				1		
14 First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a secti	on 501(c)(3) organız	zation,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2011 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2010) Schedule A, Part	III, line 15		<u> </u>	16	%
Section D. Computation of Inve	stment Incom	e Percentage			··· ₁ ·· · -·	
17 Investment income percentage for 20)11 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organi	zation	ightharpoons
b 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

15

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection I

Name of the organization

Employer identification number

	IOWA GIRLS' HIGH						50134
;Pai	t In Organizations Maintaining Donor Advis	ed Funds	or Other	· Simila	ır Funds oı	Accounts. Comple	te if the
	organization answered "Yes" to Form 990, Part IV, II	ne 6		_			
		(a)	Donor advis	sed funds	5	(b) Funds and other a	accounts
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	n writing that	the assets	held in di	onor advised	unds	
•	are the organization's property, subject to the organization'	_					es 🗔 No
6	Did the organization inform all grantees, donors, and donor				ds can be use	d only	
-	for charitable purposes and not for the benefit of the donor			=		-	
	impermissible private benefit?			-		Ye	es 🔲 No
Par	t II-	organization a	answered "Y	es" to Fo	orm 990, Part	IV, line 7	
1	Purpose(s) of conservation easements held by the organiza						
•	Preservation of land for public use (e.g., recreation or				n of an histori	cally important land are	a
	Protection of natural habitat	,				historic structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qua	lified conser	vation contr	ibution in	the form of a	conservation easemen	t on the last
-	day of the tax year						
						Held at the En	d of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
c	Number of conservation easements on a certified historic s	tructure incli	uded in (a)			2c	
d	Number of conservation easements included in (c) acquired	d after 8/17/0	06, and not	on a histo	onc structure		
	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, r	released, ext	inguished, o	r termina	ted by the org	anization during the ta	×
	year ▶						
4	Number of states where property subject to conservation e	asement is l	ocated 🕨 _				
5	Does the organization have a written policy regarding the p	eriodic moni	toring, inspe	ection, ha	ındlıng of		
	violations, and enforcement of the conservation easements	s it holds?				Ye	es
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforc	ing conserv	ation eas	sements durin	g the year ►	
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing o	onservation	easeme	nts during the	year ▶ \$	
8	Does each conservation easement reported on line 2(d) about	ove satisfy th	ne requireme	ents of se	ection 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				•	Y€	
9	In Part XIV, describe how the organization reports conserva-						
	include, if applicable, the text of the footnote to the organiz	ation's finan	cıal stateme	nts that	describes the	organization's account	ng for
_	conservation easements	- 4 A - A 1111	Assis at T		O4h-	- Circilar Assats	-
Pai	t III Organizations Maintaining Collections			reasur	es, or Othe	er Similar Assets.	
	Complete if the organization answered "Yes" to Form						
1a	If the organization elected, as permitted under SFAS 116 (A						
	historical treasures, or other similar assets held for public e			esearch	in furtherance	of public service, provi	de, in Part XIV,
	the text of the footnote to its financial statements that desc						
b	If the organization elected, as permitted under SFAS 116 (A						
	treasures, or other similar assets held for public exhibition,	education, o	r research ir	1 turtnera	ince of public	service, provide the foi	owing amounts
	relating to these items					. .	
	(i) Revenues included in Form 990, Part VIII, line 1		•			► \$ ► \$	-
_	(ii) Assets included in Form 990, Part X		-4h		(
2	If the organization received or held works of art, historical to					iri, provide	
_	the following amounts required to be reported under SFAS	1 10 (ASC 9	ooj relating t	o mese f	terris.	• •	
a	Revenues included in Form 990, Part VIII, line 1	-	-			•	
b	Assets included in Form 990, Part X	•				Φ	

Schedule D (Form 990) 2011

16

	dule D (Form 990) 2011 IOWA GI	RLS' HIGH S					2-065 Assets		
3	Using the organization's acquisition, accessi								
	(check all that apply)								
а	Public exhibition	d	Loan or exc	change progra	ıms				
b	Scholarly research	е	Other						
С	Preservation for future generations			-					
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	on's exem	pt purpos	e in Part X	IV	
5	During the year, did the organization solicit or	r receive donations of	of art, historical trea	sures, or othe	er sımılar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?				Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "	'Yes" to F	orm 990, F	Part IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21	_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	ns or other as:	sets not ır	ncluded			
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table						
	· •		-				Α	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				,	Yes	No
	If "Yes," explain the arrangement in Part XIV								
	t Va Endowment Funds. Complete if	f the organization an	swered "Yes" to Fo	orm 990, Part i	IV, line 10				
L		(a) Current year	(b) Prior year	(c) Two years	s back (c	i) Three yea	rs back (e) Four ye	ars back
1a	Beginning of year balance	20,000.	20,000		000.		0,000.	1 Supplies	
b	Contributions							1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
c	Net investment earnings, gains, and losses						~\$2.2 344	2047 34 1543	434 415 3
d	Grants or scholarships						10.0	" Estate the	
	Other expenditures for facilities						? }	g-diant.	
•	and programs						1	Sec 49 19 1	
f	Administrative expenses						* \1 * \2 * \$	الله الله الله الله الله الله الله الله	क्षात्र के के क्ष
g g	End of year balance	20,000.	20,000	20	000.	20	0.000	4/34/	
2	Provide the estimated percentage of the curr								
a	Board designated or quasi-endowment	···· , ··· ·· · · · · · · · · · · · · · · ·	%	- ,,					
b	Permanent endowment ► 100.00	%	 ' -						
c	Temporarily restricted endowment ▶	^%							
·	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse		ation that are held a	and administer	red for the	e organizat	tion		
-	by:					.		Y	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations						Г	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	
4	Describe in Part XIV the intended uses of the								
	ત VI ે Land, Buildings, and Equipm								
	Description of property	(a) Cost or o		t or other	(c) Acc	cumulated	(c	i) Book v	alue
	boompiler et property	basis (investr		(other)		eciation	,	•	
	Land				4	1 2 2 2 -	1,		
b	Buildings		69	4,140.	5	75,15	_	118	,981.
c	Leasehold improvements			7,875.		10			,775.
d	Equipment		13	36,136.	1	14,46			,667.
e	• •			22,336.		8,56			,774.
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part							,197.

Schedule D (Form 990) 2011

	edule D (Form 990) 2011 IOWA GIRLS HIGH SCHOOL AT rt XI, Reconciliation of Change in Net Assets from Form 990 to			42-0650134 Page 4
Pa		Audited Finan	7	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	3,255,417.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	3,145,259.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	110,158.
4	Net unrealized gains (losses) on investments		4	-14,652.
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
	·		8	
8	Other (Describe in Part XIV)			14 652
9	Total adjustments (net) Add lines 4 through 8		9	-14,652.
10 Pai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and T XII. Reconciliation of Revenue per Audited Financial Statements.		10 nue per	95,506. Return
1	Total revenue, gains, and other support per audited financial statements		•	1 3,229,790.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			1 P
_		ا ا ا	4,652	14 12 1
а	Net unrealized gains on investments		4,034	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d			$ _{2e} $ -14,652.
3	Subtract line 2e from line 1			3 3,244,442.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1	0,975	
_	Other (Describe in Part XIV)	4b	.0 7 3 7 3	
b	,	40		
С	Add lines 4a and 4b			4c 10,975.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5 3,255,417.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents with Expe	enses pe	
1	Total expenses and losses per audited financial statements			1 3,134,284.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Donated services and use of facilities	2a		92. 41.
b	Prior year adjustments	2b		
c	Other losses	2c		
_	Other (Describe in Part XIV)	2d		
d	·	_ <u>Zu</u>		0
е	Add lines 2a through 2d			2e U.
3	Subtract line 2e from line 1			3,134,284.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1 4		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1	0,975	
b	Other (Describe in Part XIV)	4b		48035
С	Add lines 4a and 4b			4c 10,975.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5 3,145,259.
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	I. lines 1a and 4. Pa	art IV. lines	1b and 2b, Part V, line 4, Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp			
	RT V, LINE 4: AWARDS RECOGNITION	note this part to pre	wide any a	aditional mornation
FAI	(I V, DIME 4. AWARDS RECOGNITION			
PAI	RT X, LINE 2: THE ATHLETIC UNION IS EXEMPT	FROM INCO	ME TA	XES UNDER
SEC	CTION 501(C)(3) OF THE INTERNAL REVENUE CO	DE.		
		·		
mtri		ם נואוריבים הא ד	איייע די	N TNCOME MAY
TH	E ATHLETIC UNION FOLLOWS THE ACCOUNTING FO	R UNCERTAL	NT I	N INCOME TAX
RE	QUIREMENTS AS REQUIRED BY THE INCOME TAX T	OPIC OF TH	IE FAS	B ACCOUNTING
ST	ANDARDS CODIFICATION. MANAGEMENT HAS EVAL	UATED THEI	R MAT	ERIAL TAX
				Schedule D (Form 990) 2011
13205 01-23	4 12			•

Schedule D (Form 990) 2011 IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 Page 5 Part XIV Supplemental Information (continued)
POSITIONS AND DETERMINED NO INCOME TAX EFFECTS WITH RESPECT TO THE
FINANCIAL STATEMENTS. THE ATHLETIC UNIONS FEDERAL TAX RETURNS SINCE 2008
OPEN BY STATUTE ARE SUBJECT TO EXAMINATION BY THE TAX AUTHORITIES. THE
ATHLETIC UNION HAS NOT BEEN NOTIFIED OF ANY IMPENDING EXAMINATIONS BY TAX
AUTHORITIES, AND NO EXAMINATIONS ARE IN PROCESS.
-

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

*** Open to Public OMB No 1545-0047

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

lame of	Name of the organization TOWN CIRLS' HIGH SCHOOL.	מי אבובא מ		NOTMI STHRAHM				Employer identification number
Part	General Inform	nd Assistance	'l l					
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	/ for the grants or ass	stance, and the select	
ັວ	criteria used to award the grants or assistance?	tance?						X Yes No
2 D	Describe in Part IV the organization's procedures for monitoring the use	cedures for moni	toring the use of grant	of grant funds in the United States.	d States.			
Part II		Sovernments and	d Organizations in th	e United States. C	complete if the orga	Inization answered "Y	/es" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Check this	s box if no one recipier	nt received more th	an \$5,000 Part II	can be duplicated if a	additional space is nee	
1 (a	1 (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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
								,
					_			
2 Er	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	ne line 1 table				
3 E	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule ! (Form 990) (2011)

Schedule I (Form 990) (2011) IOWA GIRLS ' HIGH SCHOOL ATHLETIC UNION

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

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

Page 2

42-0650134

(a) Type of grant or assistance	(b) Number or recipients	(c) Amount or cash grant	(a) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CACH CDANTE AND ALLOCANTONS - COOLEY FINALISTS					
\$1,000 \$1,000	9	6,000,	0,		
CASH GRANTS AND ALLOCATIONS - COOLEY SCHOLARSHIPS,	4	15 000	c		
\$329 AND \$150	2	479.	0		
	-				
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I, I	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: DETAIL FUND ACCOUNTING RELATED TO GRANTS	FUND ACC	COUNTING R	ELATED TO	SRANTS	
RECEIVED.					

132102 01-27-12

Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2011

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

Attach to Form 990. See se

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Employer identification number 42-0650134

Pa	art 🗔 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 in Form 990,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	12 4		
	First-class or charter travel Housing allowance or residence for personal use	195 (5 fm) 1965, 59.11	1911 Earl	713
	Travel for companions Payments for business use of personal residence		147 19 134 15 15	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	333355	4	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		\$,599s.	
		The Thin	2.3. ft	3 11 3
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	The state of	# 3. 15.	151 4 1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
		12 34.	1	
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	35	333	
	establish compensation of the CEO/Executive Director Explain in Part III	3	12	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	*		
	Form 990 of other organizations X Approval by the board or compensation committee	C 144	11485 (5)	to the
		11 7 9		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		100	128
	organization or a related organization	131.74		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	19.4× w2 14.	1	
_		100	12 - 42 - 5	3 - 183
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	13.18	환 출시소란 전 10년	1997
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	\$4.80°	35 toce 2	35 44 40
	contingent on the revenues of			1.00
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III	7697 79 "	ははず	2.5
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	(\$ 42 44 (\$ 45 44 (\$ 45 44	195 15	3 a
	contingent on the net earnings of	مَنْ قُدِينَا مِنْ الْمُ		4,4
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III	10 /el	- ja, g. (2 36 75 June
7	For persons listed in 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		Х
8	Were any amounts reported in 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		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1		
	Regulations section 53 4958-6(c)?	9		1

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Schedule J (Form 990) 2011

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 42-0650134 Schedule J (Form 990) 2011

For each individual whose compensation must be reported in 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)-(ii) 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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
						ı		
	Ξ	141,84	0	0	16,122.	9,149.	167,117.	0
1 MIKE DICK	⊞		0	0		0	0	0
	Ξ	120,734.	0.	0.	13,523.	18,556.	152,813.	
2 CRAIG IHNEN	(ii)	0	0	0	0.	0.	0	0
:	Ξ							
n	(ii)							
	(i)							
4	€							
	Ξ							
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Schedule J (Form 990) 2011

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION	42-0650134
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	IISSION:
THE STATE OF IOWA.	
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWE	D BY MEMBERS OF
THE BOARD IN A BOARD OF DIRECTORS MEETING PRIOR TO BEING	FILED.
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF I	NTEREST POLICY IS
REVIEWED ANNUALLY FOR COMPLIANCE WITH THE BOARD AS PART O	F THEIR COPY OF
THE POLICIES AND PROCEDURES MANUAL.	
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIREC	TORS DETERMINES
AND APPROVES MIKE DICK, CEO SALARY & MIKE DICK DETERMINES	ALL OTHER
EMPLOYEES' SALARIES WITH BOARD APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 18: FORMS 990 & 990T A	RE AVAILABLE FOR
PUBLIC INSPECTION UPON REQUEST.	
TORK OOD DARWIT GROWTON G. LIND 10. WIR ORGANIZATION!	- COVERNITYO
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	
DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON IGHSAU'S WEBSITE THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO	
	THE FUBLIC UPON
REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	

FORM 990, PART XII LINE 2C

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Schedule O (Form 990 or 990-EZ) (2011)

	of the organization				3' I	IIGH	SCHO	OL .	АТІ	ILETI	C UI	NION		Employer identification num
THE	INDEPENDEN	1T	AUD	ITOR	IS	SELI	ECTED	BY	A	VOTE	OF	THE	FULL	BOARD OF
DIRI	ECTORS.								,					
														
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