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Form **990**.

332001 10-29-13

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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. Open to Public Inspection

<u>A I</u>	For the	2013 calendar year, or tax year beginning JUL 1, 2013 and	ending J	UN 30, 2014					
В	Check if applicabl	C Name of organization		D Employer identifi	cation number				
	Addre chang	IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION	N						
	Name chang			42-0	650134				
	Initial return	,	Room/suite	1 - ·					
Ļ	Termir	3000 WESTOWN PARKWAI	150	515-288-9741					
느	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	<u>3,975,604.</u>				
<u></u>	Application pendir			H(a) Is this a group return					
	•	F Name and address of principal officer:MIKE DICK		for subordinates	··· — —				
	-	5000 WESTOWN PARKWAY, SUITE 150, WEST I		1 ` ′					
		empt status X 501(c)(3)	or 527	1	list (see instructions)				
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number ► ¶ State of legal domicile: IA				
	art I	Summary	L Teal	OF TOTALION, LJ45 N	n State of legal domicile. LA				
		Briefly describe the organization's mission or most significant activities: TO PI	ROMOTE	TOWA GTRI	S ATHLETICS				
Activities & Governance	-	<u> </u>		TOWN OTHE	<u> </u>				
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.				
ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7				
ر مع	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	7				
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	12				
Σ	6	Total number of volunteers (estimate if necessary)		6	0				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	35,314.				
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.				
				Prior Year	Current Year				
ne	1	Contributions and grants (Part VIII, line 1h)		0.	0.				
Revenue	1	Program service revenue (Part VIII, line 2g)	-	3,320,115.	3,397,112.				
Be	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		310,730.	72,775.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	3 630 945	2 460 997				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,630,845. 23,750.	3,469,887. 15,750.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		23,750.	15,750.				
(n	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,230,077.	1,257,531.				
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.				
per	1	Total fundraising expenses (Part IX, column (D), line 25)	0.						
ũ	1	Other expenses (Part, IX, column (A), lines 11a-11d, 11f-24e)		2,144,224.	2,096,991.				
	18	Total expenses Addings 3.17 (roust equal Part IX, column (A), line 25)		3,398,051.	3,370,272.				
	19	Revenue less expenses Subtract line 18 from line 12		232,794.	99,615.				
Soc		% DEC 0 9 2014 9	Be	ginning of Current Year	End of Year				
Sset	20	Fotal assets (Part X, line 16)	<u></u>	2,576,530.	2,783,796.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		189,825.	<u> 188,876.</u>				
		Net assets or fund balances. Subtract line 21 from line 20		2,386,705.	<u>2,594,920.</u>				
		+Signature-Block							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is				
u ve,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.					
Sia	_	Signature of officer		Date					
Sig:		MIKE DICK, EXECUTIVE DIRECTOR		2415					
ner	-	Type or print name and title							
		Print/Type preparer's name Preparer's signature	Ī	Date Check	PTIN				
Paid	,	TIMOTHY RICE		r r r r r r r r r r r r r r r r r r r					
	arer	Firm's name DENMAN & COMPANY, LLP		Firm's EIN	42-0794029				
	Only	Firm's address 1601 22ND STREET, SUITE 400		1					
		WEST DES MOINES, IA 50266-1453		Phone no.51	5-225-8400				
May	the IF	RS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	 -	X Yes No				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2013) IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 Page
۲a	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
I	Briefly describe the organization's mission.
	TO PROMOTE, DIRECT, PROTECT AND REGULATE AMATEUR INTERSCHOLASTIC
	ATHLETIC RELATIONSHIPS FOR JUNIOR HIGH AND SECONDARY GIRLS BETWEEN
	MEMBER SCHOOLS AND TO STIMULATE FAIR PLAY, FRIENDLY RIVALRY AND GOOD
	SPORTSMANSHIP AMONG CONTESTANTS, SCHOOLS AND COMMUNITIES THROUGHOUT
	Did the organization undertake any significant program services during the year which were not listed on
•	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	If "Yes," describe these changes on Schedule O.
	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.
а	(Code) (Expenses \$ 2,825,922. including grants of \$ 15,750.) (Revenue \$ 3,361,798.
	PROVIDE A VARIETY OF STATE AND DISTRICT TOURNAMENTS FOR WOMEN'S HIGH
	SCHOOL SPORTS
	· · · · · · · · · · · · · · · · · · ·
_	(Code) (Expenses \$
,	(Code) (Expenses \$) (Revenue \$) (Revenue \$)
_	
;	(Code) (Expenses \$
d	Other program services (Describe in Schedule O)
d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 2,825,922.

Page 3

Pai	rt IV Checklist of Required Schedules			-3-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			.,,,
·	If "Yes," complete Schedule A	1	х	
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			- 1
3	public office? If "Yes," complete Schedule C, Part I	3		х
4		3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ا ـ ا		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			17
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		<u> </u>
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_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.		ļ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ŀ	
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 and XII is optional	12b		<u>X</u>
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		X
ь	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		- 1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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? If "Yes," complete Schedule F, Parts II and IV	15	ĺ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ĺ	
	or for foreign individuals? 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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	T I	
	a sopy of the addition interior of this folding.	Form	990 r	2013)

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		Form	990	2013)
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
^^	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
27		36		<u>X</u> _
30	If "Yes," complete Schedule R, Part V, line 2	20		Y
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JOA		
25-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
34	Part V, line 1	24		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 41
~	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		- 21
JE	Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
٠.	If "Yes," complete Schedule N, Part I	31		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
~	contributions? If "Yes," complete Schedule M	30		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 42
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
20	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			41
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	complete Schedule L, Part II	26		X
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	;		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	Schedule L, Part I	25b		X
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25a	24a		_X_
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23	X	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	,		Yes	No

rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chestal College Contains a responde of flote to any line in all of act v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,	163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За		3a	х	ŀ
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\longrightarrow	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	.	. [
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8_	\longrightarrow	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.	9b		_
10		.		
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	,		
11	Section 501(c)(12) organizations. Enter:	. 1		
·· a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	_ 12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
_	Note. See the instructions for additional information the organization must report on Schedule O	-50		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Ye<u>s</u> No 10a 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MIKE DICK _- 515-288-9741 5000 WESTOWN PARKWAY, WEST DES MOINES

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

	OHECK II C	criedule O	contains a re-	sponse or note	to arry line in the	ins i ait vii		
Section A.	Officers	, Directors,	Trustees, Ko	ey Employees	, and Highest (Compensate	d Emplo	yees

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
- 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.

(A)	(B)			((<u>)</u>			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi heck	more	than	one	Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	tor				T		the	organizations	compensation
	hours for	direc				8		organization	(W-2/1099-MISC)	from the
	related	o eat	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	CO III				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEVIN ELWOOD	4.00	v		4				0.	0	0
PRESIDENT	4 00	X		Х				υ.	0.	0.
(2) ROGER FRANCIS	4.00	.						0	0.	^
DIRECTOR	4.00	X						0.	0.	0.
(3) GEORGE TRACY	4.00	x						0.	0.	0
DIRECTOR	4.00	Λ						0.	0.	0.
(4) D'ANNE KROEMER	4.00	х						0.	0.	0.
DIRECTOR	4.00	^						<u> </u>	<u> </u>	
(5) TOM KINSETH	4.00	x						0.	0.	0.
DIRECTOR (6) DR BRAD BUCK	4.00	^							<u> </u>	
DIRECTOR	4.00	$ \mathbf{x} $						0.	0.	0.
(7) DR GREG THOMAS	4.00									
TREASURER	1100	$ \mathbf{x} $		х				0.	0.	0.
(8) GREG EBELING	4.00									<u> </u>
DIRECTOR		х						0.	0.	0.
(9) MIKE CORMACK	4.00									
PRIOR DIRECTOR		х						0.	0.	0.
(10) MIKE DICK	40.00									<u>-</u>
EXECUTIVE DIRECTOR				X				151,008.	0.	29,635.
(11) CRAIG IHNEN	40.00									
ASSOCIATE DIRECTOR				X				128,166.	0.	34,631.
(12) KARON BROWN	40.00							'		
SR. ASSOCIATE DIRECTOR				X		L		112,648.	0.	30,130.
										
										
		لــــا				L				Form 990 (2013

Form 990 (2013) IOWA GIR	<u>LS' HIG</u>	H S	<u>SCI</u>	<u>100</u>	Γ	_A'	<u>rh</u>	LETIC UNION	42-0	<u>650</u>	<u> 134</u>	P	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
、 (A) Name and title	(B) Average hours per		(C) Position (do not check more than one box, unless person is both an					(D) Reportable compensation	(E) Reportable compensation			(F) stimate nount	
	week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated The complex compensated	tee)	from the	from related organization (W-2/1099-MI	d ns	ot compe from organ and r organ		ation e son sed
1b Sub-total			_				•	391,822.		0.	9	4,3	96.
 Total from continuation sheets to Part V Total (add lines 1b and 1c) 	II, Section A					. !	>	391,822.		0.	<u> </u>	1 2	<u>0.</u> 96.
2 Total number of individuals (including but r	not limited to th	ose	liste	d at	oove	e) wh	10 r		,000 of reportab		<u> </u>	±, <u>J</u>	
compensation from the organization											1	Yes	3 No
3 Did the organization list any former officer		istee	e, ke	y en	npio	yee,	or	highest compensated ei	mployee on			163	
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si		e co	mpe	ensa	ition	and	l otl	her compensation from	the organization	ŀ	3		X
and related organizations greater than \$15Did any person listed on line 1a receive or									dual for services		4	Х	<u> </u>
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Schedule	∋ <u>J</u> fo	or su	ich j	oers	on					5		X
 Complete this table for your five highest co the organization. Report compensation for 	•	•								ıpensa	ation f	rom	
(A) Name and business	address	NC	NE	C				(B) Description of s	ervices	С	(C omper		n
												_	
 Total number of independent contractors (\$100,000 of compensation from the organ 		ot lir	nited	d to	tho:		ted	l above) who received m	ore than				
											Form 9	9 90 (2013)

			2013) IOWA	GIRLS' H	IIGH SCHO	OL ATHLETI	C UNION	42-0650	134 Page 9
Pa	rt V	/	Statement of Reve	enue					
			Check if Schedule O con	ntains a response	or note to any li		· · · · · · · · · · · · · · · · · · ·		(7)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
S, M		С	Fundraising events	1c					
Sift ar		d	Related organizations	1d					
in.		e	Government grants (contribu	rtions) 1e					
ri S		f	All other contributions, gifts, gra	nts, and					
혈			similar amounts not included ab	ove 1f					
		g	Noncash contributions included in line	s 1a-1f \$.				
<u>8</u> 0		h	Total. Add lines 1a-1f		<u> </u>				
					Business Code	1			
9	2		ATHLETIC PROGRA			3,324,498.			
E e		b	MEMBERSHIPS DU		900099	37,300.	37,300.		
n S		С	PROGRAM ADVERT	ISING	541800	35,314.		35,314.	
Program Service Revenue		d							
5		е							<u> </u>
-			All other program service rev	enue		2 205 440			
_		9	Total. Add lines 2a-2f			3,397,112.			
	3		Investment income (including	g dividends, intere	_	40 477			40 477
			other similar amounts)			40,477.	-		40,477.
	4		Income from investment of to	ax-exempt bond p	proceeds				<u>-</u> .
	5		Royalties	(2) Door!	(3 Damand				
	_	_	Construction	(i) Real	(ii) Personal	{			
	О		Gross rents Less: rental expenses		 				
			Rental income or (loss)						
			Net rental income or (loss)			-			
	7		Gross amount from sales of	(i) Securities	(ıi) Other				
	•	a	assets other than inventory	538,015.		1			
		h	Less: cost or other basis	330 / 013 .	-				
		_	and sales expenses	505,717.	1				
		c	Gain or (loss)	32,298.		·			
			Net gain or (loss)		>	32,298.			32,298.
as l	8		Gross income from fundraising	ng events (not				-	, , ,
Other Revenue			including \$	of					
ě			contributions reported on line	e 1c) See					
ᇤ			Part IV, line 18	. а]			
Ě		b	Less: direct expenses	b					
		С	Net income or (loss) from fun	draising events	<u> </u>				
	9	а	Gross income from gaming a	ctivities See					
			Part IV, line 19	а					
			Less direct expenses	b					
			Net income or (loss) from gar	-	<u> </u>	ļ			
	10	а	Gross sales of inventory, less	s returns			į		
			and allowances	а					
			Less: cost of goods sold	b					
l		С	Net income or (loss) from sale		D .				
			Miscellaneous Reveni		Business Code				
	11								-
		b							
		S C	All other revenue	-				 	
		_	Total. Add lines 11a-11d						
ļ	12		Total revenue. See instructions.			3,469,887.	3.361.798	35,314.	72,775.
33200 10-29		_		· · ·					Form 990 (2013)

Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon		this Part IX .		
	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				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	15,750.	15,750.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	492,687.	330,357.	162,330.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	545,242.	413,638.	131,604.	
7	Other salaries and wages _				
8	Pension plan accruals and contributions (include			<u></u>	
	section 401(k) and 403(b) employer contributions)	65,934.	50,223.	15,711.	
9	Other employee benefits	85,330.	62,068.	23,262.	
10	Payroll taxes	68,338.	49,203.	19,135.	
11	Fees for services (non-employees):			1	
	Management .				-, ,
b	Legal	1,518.		1,518.	
	Accounting	15,400.		15,400.	
	Lobbying	· · · · · · · · · · · · · · · · · · ·			
е	, , , , , , , , , , , , , , , , , , ,	14 522		44 500	•
f	Investment management fees	14,733.		14,733.	
9	Other (If line 11g amount exceeds 10% of line 25,	İ		İ	
	column (A) amount, list line 11g expenses on Sch 0.)				
12	· · · · · · · · · · · · · · · · · · ·	40 001	20 442	11 440	
13	Office expenses	40,891.	29,442.	11,449.	
14	Information technology				
15	Royalties	137,196.	98,781.	38,415.	
16	Occupancy Travel	17,379.	12,513.	4,866.	
17	Payments of travel or entertainment expenses	11,313.	12,313.	4,000.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				. 10-11.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,900.	8,568.	3,332.	
23	Insurance	38,329.	27,597.	10,732.	
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.)				
а	DIDDOM AGMITTHEN DUDON	1,618,403.	1,618,403.		···
b	MISCELLANEOUS EXPENSE	84,439.	60,796.	23,643.	
c	COMMITTEES AND COUNCILS	64,711.	11,076.	53,635.	
d		26,562.	19,125.	7,437.	<u> </u>
	All other expenses	25,530.	18,382.	7,148.	
25	Total functional expenses. Add lines 1 through 24e	3,370,272.	2,825,922.	544,350.	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.	ļ			
	Check here Infollowing 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 X (B) Beginning of year End of year <u>553,260.</u> 682,259. Cash · non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 30,267. 85,315. 4 Accounts receivable, net 4 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 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 instr) Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 13,689. 14,271. Inventories for sale or use 8 157,838. 94,770. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 178,485. basis Complete Part VI of Schedule D 10a 134,602. 55,783. 43,883. Less: accumulated depreciation 10b 10c 1,699,762. 1,929,229. 11 11 Investments - publicly traded securities 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 2,576,530 2,783,796. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 105,217. 125,571. 17 Accounts payable and accrued expenses 17 40,000. 18 Grants payable 18 60,055. 19 Deferred revenue 41,358. 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of <u>3,25</u>0. <u>3,250.</u> Schedule D 25 188,876. 189,825 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,361,673. 2,570,292. Unrestricted net assets 27 5,032. Temporarily restricted net assets 4,628. 20,000 29 20,000. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 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 2,386,705. 2,594,920. 33 Total net assets or fund balances 33 2,576,530. Total liabilities and net assets/fund balances 2,783,796.

	990 (2013) IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION	42-06	50134	Pag	ge 12
Pa	rt 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	3,469	8,6	<u>87.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,370		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 15.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4_	2,386		
5	Net unrealized gains (losses) on investments	5	108	3,6	00.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	_8_			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	2,594	1,9	<u> 20.</u>
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			l
2a	, , , , , , , , , , , , , , , , , , , ,		2a		<u> </u>
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis				
_				Ì	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e auαπ,		v	
	review, or compilation of its financial statements and selection of an independent accountant?	adula O	2c	X	
20	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
ъa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	igie Audit	2-	- 1	x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	3a		
J	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	IEU AUUIL	3b		
	or addito, explain why in confedence of and describe any steps taken to undergo such addits		Form	990 /	2012)
			i onni s	, oo	(دا ت

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		TOWA G		THOOP	AIHLE	TIC U	NTON		4	<u> 2-0050</u>	134	
Part I	Reason	for Public Cha	arity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions				
he organ	zation is not a	private foundation	n because it is (For lines	1 through	11, check	only one b	ox.)					
1 🔲	A church, cor	nvention of church	ies, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2	A school des	cribed in section	170(b)(1)(A)(ii). (Attach Sc	hedule E.)	ı							
з 🗀	A hospital or	a cooperative hos	pıtal service organization (described	In section	170(b)(1)	(A)(iii).					
4	A medical res	earch organization	n operated in conjunction	with a hos	prtal desc	ribed in se	ection 170	(b)(1)(A)(ii	ii). Enter	the hospital	's name,	
	city, and state	e:										
5 🔲	An organizati	on operated for th	e benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comp	olete Part II)									
6 🗀	A federal, sta	te, or local govern	ment or governmental unr	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 🗀	An organizati	on that normally re	eceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public desc	nbed in	
	section 170(i	b)(1)(A)(vi). (Comp	lete Part II.)	, ,		_				•		
8			section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗀	An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	_	•	unctions - subject to certa						•	•	•	
		· ·	taxable income (less sect	-	•	•			• •	_		
		509(a)(2). (Comple	· · · · · · · · · · · · · · · · · · ·		•		•	, ,			-,	
ю 🗀			operated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	4).				
11 X	_	-	operated exclusively for th	•	•			•	v out the	purposes o	f one or	
	_	-	zations described in secti		•				-			
			g organization and comple				•		- , ,			
	a Type I		· · — ·		nctionally			Typ	e III - No	n-functional	v integrated	
е 🔲			nat the organization is not	controlled	directly o	r indirectly	by one o	* * *				
	-	-	than one or more publicly		•	•	-		•	-		
f		•	ritten determination from t		•						(-)(-)	
	-	ganization, check			,	. , ,,	, ,					
g	· · · · · ·	-	organization accepted ar	nv aift or c	ontribution	from anv	of the foll	owina pers	sons?			
9	_		directly controls, either al					• •		_	Yes No	
		-	supported organization?	-		F = 1 = 1 = 1		() (,	11g(i)	X	
	_	= · ·	on described in (i) above?							11g(ii)	X	
	• •	•	a person described in (i) o	•	e?		•			11g(iii)	X	
h	• •	-	n about the supported or	• •						- · · <u>- · · · · · · · · · · · · · · · ·</u>	<u></u>	
		g		J	(-)							
(i) Name	of cupported	(II) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did voi	ı notify the	(vi) Is	the	(uii) Amount	of monoton.	
	of supported nization	(ii) EIN	(described on lines 1-9		sted in your		ion in col.	organizátic (i) organiz	on in col.	(vii) Amount supp	-	
0. g-				governing	document?	(i) of your	support?	U.S	.?	Oup	7011	
			(see instructions))	Yes	No	Yes	No	Yes	No			
OWA	HIGH			 -					1			
СНОО	 		6	x		l x		x			0.	
				 								
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otal	1							-			0.	
Ulai					1	L	L					

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

Schedule A (Form 990 or 990-EZ) 2013

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_	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	art II Support Schedule for	-					-
	(Complete only if you checke			-	on failed to qualify	under Part III If the	organization
	fails to qualify under the tests	s listed below, plea	ase complete Part	III.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	:					
	column (f)						
	Public support. Subtract line 5 from line 4		L	<u> </u>	l		
Se	ction B. Total Support	Т	T	1	1	1	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
40	business is regularly carried on	-					
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10		lono)		<u> </u>	10	
	Gross receipts from related activities, First five years. If the Form 990 is for	•	•	rd fourth or fifth t	av vear as a secti	12 on 501(c)(3)	
13	organization, check this box and stor	•	s mst, second, tim	a, louidi, or illar a	ax year as a secu	011 30 1(0)(3)	▶ [
Se	ction C. Computation of Publ		rcentage	-			
	Public support percentage for 2013 (column (fl)		14	%
15	Public support percentage from 2012		-	5 ¢ 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		15	%
	33 1/3% support test - 2013. If the			n line 13. and line	14 is 33 1/3% or	· · · · · · · · · · · · · · · · · · ·	
	stop here. The organization qualifies	_					▶ □
ł	33 1/3% support test - 2012. If the		_		I line 15 is 33 1/3	% or more, check th	ils box
	and stop here. The organization qual	_					▶□
172	10% -facts-and-circumstances tes	• •			e 13, 16a, or 16b.	, and line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			•	<u>-</u>		▶□
ŧ	10% -facts-and-circumstances tes	t - 2012. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or

Schedule A (Form 990 or 990-EZ) 2013

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for	Organizations	Described in	Section 509(a))(2)	· · · · · · · · · · · · · · · · · · ·	Fage 3
, (Complete only if you checke	ed the box on line 9	of Part I or if the o	rganization failed t	o qualify under P	art II. If the organiz	ation fails to
qualify under the tests listed						
ection A. Public Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
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	<u>، </u>					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) ection B. Total Support		<u></u>				
alendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 	<i>i</i>					
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12)						
4 First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	x vear as a section	on 501(c)(3) organiz	ation.
check this box and stop here					V-W-1 3	. ▶□
ection C. Computation of Pub	lic Support Pe	ercentage				
5 Public support percentage for 2013	(line 8, column (f) c	livided by line 13, o	column (f))		15	%
6 Public support percentage from 201	2 Schedule A, Part	t III, line 15			16	%
ection D. Computation of Inve	stment Incom	e Percentage				
7 Investment income percentage for 2	:013 (line 10c, colu	mn (f) divided by lir	ne 13, column (f))		17	%
8 Investment income percentage from	2012 Schedule A,	Part III, line 17			18	%
9a 33 1/3% support tests - 2013. If th	e organization did i	not check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	•	-				▶□
b 33 1/3% support tests - 2012. If th	e organization did i	not check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	and

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 332023 09-25-13

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A Part IV	(Form 990 or 990-EZ) :	2013 IOWA GIRLS	HIGH	SCHOOL 2	ATHLETIC	UNION	42-0650134	Page
Partiv	Supplemental In	formation. Provide the	explanations	required by Pa	rt II, line 10, Par	t II, line 17a or 1	7b, and Part III, line	12.
	Also complete this pa	art for any additional informa	ation. (See in	structions)			· · · · · ·	
	_					<u> </u>		_
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						. <u>.</u>		
	. 		_					
								

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Employer identification number 42-0650134

Pa	ort I Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other 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 writ	ting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex-	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose cor	nferring
	ımpermissible private benefit?		Yes No
Pa	art II Conservation Easements. Complete if the organ	ızatıon answered "Yes" to 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 edu	cation) Preservation of an histor	cally important land area
	Protection of natural habitat	Preservation of a certified	d 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	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation easen		
5	Does the organization have a written policy regarding the period	• • •	
_	violations, and enforcement of the conservation easements it ho	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	•	
7	Amount of expenses incurred in monitoring, inspecting, and enf	-	•
8	Does each conservation easement reported on line 2(d) above s	catisfy the requirements of section 170(h)(· · · · · · · · · · · · · · · · · · ·
_	and section 170(h)(4)(B)(ii)?		Yes No
, 9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	is financial statements that describes the	organization's accounting for
Dai	conservation easements. Int III Organizations Maintaining Collections of A	ert Historical Transuras or Othe	or Similar Assats
rai	Complete if the organization answered "Yes" to Form 99	•	er Sillilar Assets.
	If the organization elected, as permitted under SFAS 116 (ASC 9		t and belongs about wedge of at
Ia	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describes		or public service, provide, in Part XIII,
h			d belegge sheet weden of set bustomen
b			·
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public	service, provide the following amounts
	relating to these items.		~ •
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$ ► \$
_		uran ar athar aimilar consts for force - 1	
2	If the organization received or held works of art, historical treasu	,	ain, provide
_	the following amounts required to be reported under SFAS 116	Poor soon relating to these items	▶ ¢
a	· · · · · · · · · · · · · · · · · · ·		\$
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 IOWA GI	RLS' HIGH					42-06			age 2
3	Using the organization's acquisition, accessi				_					
Ū	(check all that apply):	on, and other record	is, check any or the	Tollowing that at	e a signi	meant t	236 01 113	CONSCIO	II ILEIII	3
а	Public exhibition	d	Loan or evo	hange programs						
b	Scholarly research	e	a	nange programs	•					
c	Preservation for future generations	е	CITIEI							
1	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's	· ovemn	t numo	se in Par	+ YIII		
5	During the year, did the organization solicit of	•	•	•	-		SC IIII ai	t Am.		
3	to be sold to raise funds rather than to be m				iiiiiai as	3013		Yes		No
Par	t IV Escrow and Custodial Arran				s" to For	m 990	Part IV			1140
	reported an amount on Form 990, Pa		ste ii tile Organizatio	ii aiisweied Te	5 10 101	III 330,	i aitiv,	e 3, Oi		
12	Is the organization an agent, trustee, custod		liary for contribution	e or other assets	s not inc	luded				
	on Form 990, Part X?	ian or ourior intermod	nary for continuation	is or other asset	3 1101 1110	,,uuou		Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	 Ilowing table					_ 163	_	_ 140
	Tes, explain the arrangement in rait Air	and complete the lo	nowing table.					Amoun		
С	Beginning balance					1c	_	Amoun	<u> </u>	
4	Additions during the year		•			1d				
٠ م	Distributions during the year	•				1e				
f	Ending balance			•	•	1f				
	Did the organization include an amount on F	orm 990 Part X line	217			l"1_		Yes		No
	If "Yes," explain the arrangement in Part XIII			provided in Part	XIII			_ 163	\vdash]
Par										
		(a) Current year	(b) Pnor year	(c) Two years ba		Three v	ears back	(e) Fou	vears	back
1a	Beginning of year balance	20,000.	20,000.	20.0			20,000.	(0)		000.
b	Contributions	20,000			-					
c	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
e	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance	20,000.	20,000.	20.0	00.		20,000.		20	000.
2	Provide the estimated percentage of the curr									****
а	Board designated or quasi-endowment	•	%	,,						
b	Permanent endowment ► 100.00	%	_							
С	Temporarily restricted endowment ▶	~~~								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%								
За	Are there endowment funds not in the posse		ation that are held a	nd administered	for the	organiz	ation			
	by.	· ·				Ū			Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations			_				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 XIII the intended uses of the	organization's endo	wment funds	•			_		•	
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a Se	ee Form 990, Pa	rt X, line	10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Accu	mulate	d	(d) Boo	k value	→
		basis (investr	1 ' '		depre					
1a	Land									
b	Buildings									
С	Leasehold improvements			7,875.		1,67	75.		6,2	00.
d	Equipment			8,136.		8,05			0,0	
e	Other		2	2,474.		4,8				04.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X column (B) line 1	0(c))					3.8	

Schedule D (Form 990) 2013

	(Form 990) 2013	IOWA	GIRLS'	HIGH	SCHOOL	ATHLETIC	UNION	42-0650134	Page 3
Part VII	Investments - C	Other Sec	urities.						
	Complete if the orga	inization ans	wered "Yes"	to Form 99	0, Part IV, line	11b. See Form 99	0, Part X, line 12	2.	
(a) Descrip	otion of security or catego	OFY (including na	me of security)	(b) Bo	ook value	(c) Method o	of valuation: Cos	t or end-of-year market v	alue
(1) Financia	al derivatives								
(2) Closely	-held equity interests			_					
(3) Other	, ,	•							
(A)								,	
(B)			· .						
(C)									
(D)									
(E)					-				
(F)							<u> </u>		
(G)									
(G) (H)			-			 	<u></u>		
	h) must squal Form 000	Dort V. col. (D	V line 10 V					*	
Dart VIII	b) must equal Form 990, Investments - F	Part A, COL (B	Polisted	L					
T all VIII	-	_			0.5 . 1.7.1	44 0 5 00			
	Complete if the orga (a) Description of ir		wered "Yes"		ook value	11c See Form 99	U, Part X, line 13	t or end-of-year market va	
	(a) Description of it	TVESTITIETIT		(0) 50	ok value	(C) Welliod C	Valuation Cos	t or end-or-year market va	aiue
(1)								· · · · · · · · · · · · · · · · · · ·	
(2)				_					
(3)									
(4)					,	_		7*14	
(5)							·		
(6)									
(7)					· · · · · · · · · · · · · · · · · · ·				
(8)									
(9)									
	b) must equal Form 990,	Part X, col. (B) line 13.) ►						
Part IX	Other Assets.								
	Complete if the organ	nization ansv				11d. See Form 99	0, Part X, line 15		
			(a)	Description				(b) Book val	ue
(1)							***************************************		
(2)									
(3)									
(4)						···			
(5)			· .·						
(6)									
(7)									
(8)									
(9)									
Total. (Colu	mn (b) must equal Fon	m 990, Part .	X, col (B) line	e 15)				>	
Part X	Other Liabilities	.							
	Complete if the organ	nization ansv	wered "Yes"	to Form 99	D, Part IV, line	11e or 11f. See Fo	rm 990, Part X,	line 25	
1.	(a) Des	scription of lia	ability			(b) Book value			
(1) Fed	eral income taxes	-							
(2) SC	HOLARSHIP F	'UNDS H	ELD IN	ESCRO	W	3,250	ī.]		
(3)									
(4)						•			
(5)	d-11								
(6)						,			
(7)							7		
(8)							\dashv		
(9)							\dashv		
							I		
Total (Color	mn (b) must equal Fon	m 990 Port	X col (P) line	25 1		3,250			

332053 09-25-13 Schedule D (Form 990) 2013

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 X

Schedule D (Form 990) 2013 IOWA GIRLS HIGH SCHOOL AT	HLETIC UNION		<u>0650134</u>	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue p	er Return) .	
. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1 Total revenue, gains, and other support per audited financial statements		1	3,563,	754.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a Net unrealized gains on investments	2a 108,60	00.		
b Donated services and use of facilities	2b			
c Recovenes of pnor year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d		2e	108	600.
3 Subtract line 2e from line 1	., .	3	3,455,	154
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	•	-	<u> </u>	<u> 134.</u>
	4a 14,73	22		
. 60 (6		73.		
• • • •	4b		1.4	722
c Add lines 4a and 4b		4c		733.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Stateme	anta With Evanges	5 Detrois	3,469,	887.
	ants with Expenses	per Retur	m.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
Total expenses and losses per audited financial statements		1	<u>3,355,</u>	<u>539.</u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities	2a			
b Pnor year adjustments	_2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d		2e		0.
3 Subtract line 2e from line 1		3	3,355,	539.
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 14,73	33.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b		4c	14,	733.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	3,370,	272.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	IV, lines 1b and 2b, Part V.	line 4. Part)	X. line 2: Part X	J.
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any address		·		,
PART V, LINE 4:				
AWARDS RECOGNITION				
				
PART X, LINE 2:				
THE ATHLETIC UNION IS EXEMPT FROM INCOME TAXE	SS INDER SECTI	ON		
IND THE DITC ON TO BANK I THOM INCOME THAT	30 ONDER DECII	.014		
501(C)(3) OF THE INTERNAL REVENUE CODE AND CI	ACCTETED DV 4	יוור דאות	TENTA T	
JULY COME THE THIERMAN REVENUE CODE AND CE	POSTLIED DI I	.ne ini	EKNAL	
REVENUE SERVICE AS OTHER THAN A PRIVATE FOUND	\			
REVENUE SERVICE AS OTHER THAN A PRIVATE FOUND	JATION.		-	
A GOALDINATING INDIVIDUAL OF A GOALD AND A				
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN T	HE UNITED STA	TES OF	' AMERIC	<u>A</u>
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS	TAKEN BY THE	<u>ATHLET</u>	IC UNIO	<u>N</u>
AND RECOGNIZE TAX LIABILITY (OR ASSET) FOR AN	I UNCERTAIN PO	SITION	THAT M	ORE_
	.,	-	 _	
LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON B	EXAMINATION BY	THE I	NTERNAL	<u> </u>
332054 09-25-13		Schod	ule D /Form 90	201 2012

Schedule D (Form 990) 2013 IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 Page 5 Part XIII Supplemental Information (continued)
REVENUE SERVICE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS
AND DETERMINED THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE
TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR
DISCLOSURES IN THE FINANCIAL STATEMENTS. THE ATHLETIC UNION IS SUBJECT TO
ROUTINE AUDITS BY TAX AUTHORITIES; HOWEVER, THERE ARE CURRENTLY NO AUDITS
FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE ATHLETIC UNION
IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2011.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Tes to rotal aso, rait IV, line 21 of 22.	n 990.
ב	to For
I SWCI	Attach to Form 990.
iete II the organization answered	•

Open to Public

Inspection

OMB No 1545-0047

2 Schedule I (Form 990) (2013) Employer identification number 42-0650134 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed GIRLS' HIGH SCHOOL ATHLETIC UNION (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization IOWA or government Name of the organization Part I Part II

Page 2 (f) Description of non-cash assistance 42-0650134 (e) Method of valuation (book, FMV, appraisal, other) 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 can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part II, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 200 4 000 11,250 23 (c) Amount of cash grant DETAIL FUND ACCOUNTING RELATED TO GRANTS RECEIVED (b) Number of recipients CASH GRANTS AND ALLOCATIONS - COOLEY SCHOLARSHIPS, CASH GRANTS AND ALLOCATIONS - COOLEY FINALISTS, CASH GRANTS AND ALLOCATIONS - COOLEY FINALISTS, (a) Type of grant or assistance \$3,750 PER YEAR * 5 YEARS PART I, LINE 2: Schedule I (Form 990) (2013) Part III \$1,000 \$500

Schedule I (Form 990) (2013)

332102 10-29-13

SCHEDULE J (Form 990)

Compensation Information

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. ➤ See separate instructions.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Employer identification number 42-0650134

Pa	art 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 in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	İ		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes on 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		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			
	establish compensation of the CEO/Executive Director, but explain in Part III.			1
	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			ĺ
				l
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	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		-	
				1
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			ĺ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		_x_
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of.			
а	The organization?	6a		X
	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			ĺ
-	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			
•	Regulations section 53 4958-6(c)?	اما		İ

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

Schedule J (Form 990) 2013

42-0650134 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. Schedule J (Form 990) 2013

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)-(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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benetits	(a)-(a)(b)	reported as deterred in prior Form 990
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(2) CRAIG IHNEN	ε	120,96	0	7,200.	14,415.	20,216.	162,79	0
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Schedule J (Form 990) 2013

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Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public

Inspection

Name of the organization

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Employer identification number 42-0650134

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE STATE OF IOWA.
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 IS REVIEWED 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 INTEREST POLICY IS REVIEWED ANNUALLY FOR
COMPLIANCE WITH THE BOARD AS PART OF THEIR COPY OF THE POLICIES AND
PROCEDURES MANUAL.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS 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 ARE AVAILABLE FOR PUBLIC INSPECTION UPON
REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE
PUBLIC ON IGHSAU'S WEBSITE: WWW.IGHSAU.ORG; THE ORGANIZATION'S FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION	Employer identification number 42-0650134
FORM 990, PART XII, LINE 2C:	
THE INDEPENDENT AUDITOR IS SELECTED BY A VOTE OF THE FULL	
BOARD OF DIRECTORS.	