B Check

Return of Organization Exempt From Income Tax

Form 99 Department of the Internal Revenue	Treasury	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc Do not enter social security numbers on this form as it may be Information about Form 990 and its instructions is at www.irs	ept private foundations) e made public.	2015 Open to Public Inspection
A For the 20	15 calend	- 4 445	UN 30, 2016	
B Check if applicable	C Name of	organization	D Employer identification	on number
Address	IOWA	GIRLS' HIGH SCHOOL ATHLETIC UNION		
Name			40 ACE	0124

	pplicab	de Vanne di diganization	D Employer Identil	ication number
	Addre			
	Name		42-0	650134
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final	5000 WECTOWN DADKWAY		288-9741
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,007,393.
	Amen return	ded WECH DEC MOTNEC TA FORE	H(a) Is this a group r	
	Application	IF Name and address of principal officer U PAIN DERGER	for subordinate:	
	penda	5000 WESTOWN PARKWAY, SUITE 150, WEST DES 1	10 H(b) Are all subordinates i	
1 T	ax-ex	empt status X 501(c)(3)	527 If "No," attach a	list (see instructions)
J۷	Vebsi	te: ► WWW.IGHSAU.ORG	H(c) Group exemption	,
		forganization: X Corporation Trust Association Other ▶ L		M State of legal domicile; IA
Pa	rt I	Summary		
σ.	1	Briefly describe the organization's mission or most significant activities TO PROMO	TE IOWA GIRL'	S ATHLETICS
Activities & Governance				
ra La	2	Check this box if the organization discontinued its operations or disposed of the	nore than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
9	4	Number of independent voting members of the governing body (Part VI, line 1b) NOV	1 1 2010	7
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	2016	13
Ę	6	Total number of volunteers (estimate if necessary)	6	0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	39,681.
\rightarrow	b	Net unrelated business taxable income from Form 990-T, line 34	7b	18,474.
			Prior Year	Current Year
او	8	Contributions and grants (Part VIII, line 1h)	0.	0.
盲	9	Program service revenue (Part VIII, line 2g)	3,779,446.	3,944,724.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,634.	62,669.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,873,080.	4,007,393.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,000.	21,000.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,275,129.	1,309,345.
ens.		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.060.100	0 415 501
۳		Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)	2,268,193.	2,417,591.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,564,322.	3,747,936.
	19	Revenue less expenses Subtract line 18 from line 12	308,758.	259,457.
ts or	~	Total access (Dart V. Inc. 10)	Beginning of Current Year	End of Year
Assets Balan		Total assets (Part X, line 16)	3,108,401.	3,306,941.
ᆵ		Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	271,416. 2,836,985.	260,507. 3,046,434.
S⊒ Pa	<u>22</u> rt II	Signature Block	2,030,303.	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tamente, and to the best of m	knowledge and helief it is
		it, and complete: Declaration of preparer (other than officer) is based on all information of which prep		knowledge and belief, it is
. 00,	001100	Alam (A) By MACA	1/12	11/2
Sign	1	Signature of officer	Date	110
Here		JEAN BERGER, EXECUTIVE DIRECTOR		
1616	•	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
aid		STEVE SCHWEIZER	11-3-16 "	
опер:	arer	Firm's name DENMAN & COMPANY, LLP	Firm's EIN	42-0794029
			THIII S LIN	-4 VIJEU4J

Firm's address 1601 22ND STREET, SUITE 400 Use Only WEST DES MOINES, IA 50266-1453 Phone no. 515-225-8400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

SCANNETTIEL 9 9

OMB No 1545-0047

	1 990 (2015) IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION	42-0650134	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
٠,	TO PROMOTE, DIRECT, PROTECT AND REGULATE AMATEUR INTERSC	HOLASTIC	
	ATHLETIC RELATIONSHIPS FOR JUNIOR HIGH AND SECONDARY GIR		
	MEMBER SCHOOLS AND TO STIMULATE FAIR PLAY, FRIENDLY RIVA		
	SPORTSMANSHIP AMONG CONTESTANTS, SCHOOLS AND COMMUNITIES		
		THROUGHOUT	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported.	s, the total expenses, a	iu.
4-	0 110 005	ue\$ 3,944,	724 \
4a	(Code) (Expenses \$ 3,118,837. including grants of \$ 21,000.) (Revenience of the control of		
		MONTEN S LIGH	
	SCHOOL SPORTS		
46			
4b	(Code) (Expenses \$	ie \$	
4c	(Code) (Expenses \$	ıe \$)
		· · · · · · · · · · · · · · · · · · ·	
			_
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 3,118,837.		
		Form 9	90 (2015)

	1990 (2015) IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650	134	<u> </u>	age 🤄
Ра	rt IV Checklist of Required Schedules			r -
			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	X	7
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	ļ		,,
_	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 98-19? 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,	•		l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		ĺ	l
	Schedule D, Part III	8		X
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>	X
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	>		
	as applicable.			<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	İ		
	Part VI	11a	X	
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		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			

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18

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

			Yes	No_
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
Ď	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 27 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 25a	24a		х
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				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		х
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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		ν.	
	instructions for applicable filing thresholds, conditions, and exceptions)		,	
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
	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	l	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	-23	\neg	
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 		
٠.	If "Yes," complete Schedule N, Part I	31	1	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	├ ॅ`		
U L	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	 		
•	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0 4	Part V. line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		<u></u>
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	İ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
∞	If "Yes," complete Schedule R, Part V, line 2	36	İ	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	\dashv	
<i>51</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
5 5	Note. All Form 990 filers are required to complete Schedule O	38	x	
	112-12			2015)
		Onn		2013)

14101102 758194 23-4693-001

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

13c

X

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14a

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			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 7		75	ì.
	If there are material differences in voting rights among members of the governing body, or if the governing	1	4	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	\$ · `) ×
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	1	525	7
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?	<u> </u>		Х
3		2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			3,7
	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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		die i	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The state of the s		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	- 1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1 la	<u> </u>	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	10-	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	-^ -	
٠	·	4.0		
13	In Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	Х	77
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent		- 1	3
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	_X	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	i
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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) av	aılable		
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	al	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEAN BERGER - 515-288-9741			
	5000 WESTOWN PARKWAY, WEST DES MOINES, IA 50265			
_				

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

Check if Schedule O contains a response or note to any line 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
- 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.

Check this box if neither the organization		orga T	ınıza			nper	nsat	T	rector, or trustee.	
(A)	(B)			(C Pos	C) ution	,		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	Ē			J	П		the	organizations	compensation
	hours for	direc		İ		5	l	organization	(W-2/1099-MISC)	from the
	related	tee or	stee			nsate		(W-2/1099-MISC)	,	organization
	organizations	trus	nal tr		oyee	dwo:		· ·		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ē	is i	8	ş	돌	Fo			
(1) ROGER FRANCIS	4.00	↓		. ,	ļ				۾ ا	_
PRESIDENT (2) JIM BOEHMER	4 00	X	├	X	\vdash	\vdash	⊢	0.	0.	0.
	4.00	X	Į		}	1]	0.	0.	0
DIRECTOR (3) D'ANNE KROEMER	4 00	┝	┢┈	┢	-	├			0.	0.
(3) D'ANNE KROEMER DIRECTOR	4.00	x	1	l				0.	0.	0.
(4) GEORGE TRACY	4.00	┝	┼─	-	┢	├	⊢		0.	0.
DIRECTOR	4.00	X					1	0.	0.	0.
(5) GARY ZITTERGRUEN	4.00	A	╁	\vdash	╁		H			<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(6) GREG EBELING	4.00		\vdash		T	┢	†			
TREASURER		\mathbf{x}	Ì	x	ĺ		1	0.	0.	0.
(7) DR. DAVE WILKERSON	4.00				T	†				
DIRECTOR		X						0.	0.	0.
(8) MIKE DICK	40.00									
EXECUTIVE DIRECTOR				X				159,915.	0.	25,223.
(9) CRAIG IHNEN	40.00									
ASSOCIATE DIRECTOR				X				135,290.	0.	37,888.
(10) KARON BROWN	40.00]			ļ	}	ļ			
SR. ASSOCIATE DIRECTOR		$oxed{oxed}$		X			L	119,465.	0.	33,810.
		1			1	1	1			
		ļ	L	<u> </u>	<u> </u>	<u> </u>	ļ			
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		1	ــــــــــــــــــــــــــــــــــــــ		Щ.	┸		<u> </u>	<u> </u>	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns b Membership dues c Fundraising events d Related organizations Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 3,865,968.3,865,968. 2 a ATHLETIC PROGRAMS 900099 Program Service Revenue 39,681. 39,681 541800 PROGRAM ADVERTISING 39,075. 39,075 c MEMBERSHIPS DUES AND A 900099 All other program service revenue ▶ 3,944,724. Total. Add lines 2a-2f Investment income (including dividends, interest, and 62,669. 62,669 other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (II) Personal 6 a Gross rents b Less. rental expenses Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue d All other revenue e Total. Add lines 11a-11d 39,681 4,007,393.3,905,043. Total revenue. See instructions

Form 990 (2015) IOWA GIRLS ' H
Part IX | Statement of Functional Expenses

	Check if Schedule O contains a responsite to tinclude 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 domestic organizations			×2,×2	
	and domestic governments. See Part IV, line 21			7 X	* * * * * * * * * * * * * * * * * * * *
2	Grants and other assistance to domestic			«°	*\$
	ındıvıduals. See Part IV, line 22	21,000.	21,000.	?	
3	Grants and other assistance to foreign			. * > * *	رب د ب
	organizations, foreign governments, and foreign			, , , , , , , , , , , , , , , , , , ,	*
	individuals See Part IV, lines 15 and 16			λ	
4	Benefits paid to or for members			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
5	Compensation of current officers, directors,			404 005	
	trustees, and key employees	518,421.	337,384.	181,037.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		111 660	125 101	
7	Other salaries and wages	576,789.	441,668.	135,121.	
8	Pension plan accruals and contributions (include	60 011	F4 110	15 600	
	section 401(k) and 403(b) employer contributions)	69,811.	54,112.	15,699.	
9	Other employee benefits	71,467.	51,319.	20,148.	
0	Payroll taxes	72,857.	52,457.	20,400.	
1	Fees for services (non-employees)				
а	Management	11,102.		11,102.	
b	Legal	17,044.		17,044.	
С	Accounting	17,044.		17,044.	
d	Lobbying			<u> </u>	
е	Professional fundraising services. See Part IV, line 17	15,671.	`	15,671.	
f	Investment management fees	15,0/1.		13,0710	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	38,960.	28,051.	10,909.	
13	Office expenses	30,3001	20,031.	10/3031	
14	Information technology		-		
15	Royalties	146,894.	105,763.	41,131.	
16 17	Occupancy	21,542.	15,510.	6,032.	
17 10	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				_
19 20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,804.	14,979.	5,825.	
23	Insurance	41,489.	29,872.	11,617.	
24 24	Other expenses. Itemize expenses not covered		N.	~	′ ^
	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 0.)			× .	,
а	DIRECT ACTIVITIES EXPEN	1,765,353.	1,765,353.		
b	MISCELLANEOUS EXPENSE	201,390.	145,001.	56,389.	
c	COMMITTEES AND COUNCILS	80,431.	15,392.	65,039.	
d	EQUIPMENT RENTAL	28,748.	20,699.	8,049.	
_	All other expenses	28,163.	20,277.	7,886.	
25	Total functional expenses. Add lines 1 through 24e	3,747,936.	3,118,837.	629,099.	. 0
26	Joint costs. Complete this line only if the organization			-	_ :
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 881,759. 944,719. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 34, 144.54,099. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 88 3 12 & trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 6 7 Notes and loans receivable, net 7 10,416. 12,633. 8 Inventories for sale or use 128,458. 111,329. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other 214,655. basis Complete Part VI of Schedule D 10a 54,750. 42,766. 171,889. 10c 10b b Less accumulated depreciation 1,950,826. 2,189,443. 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 3,306,941. 126,030. 3,108,401. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 136,450. 17 Accounts payable and accrued expenses 17 50,000. 75,000. 18 18 Grants payable 56,227. 81,716. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 3,250. 3,250. 25 Schedule D 260,507. 271,416. 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 2,812,749. 3,022,327. 27 27 Unrestricted net assets 4,236. 4,107. 28 Temporarily restricted net assets 28 20,000. 20,000. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 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 3,046,434. 2,836,985. 33 33 Total net assets or fund balances 3,306,941.

Form **990** (2015)

3,108,401

34

Total liabilities and net assets/fund balances

	1990 (2015) IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION	42-	0650134	Pa	ge 12
,Ŗa	rt XI, Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		i l	4 005		• •
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,007		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,747		
3	Revenue less expenses. Subtract line 2 from line 1	3	259		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,836		
5	Net unrealized gains (losses) on investments	5	-50	, 0	08.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior penod adjustments	8	<u>.</u>		
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,	1 1			
	column (B))	10	3,046	, 4	<u>34.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	ř		
	consolidated basis, or both		l´ l`	:	
	X Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		΄.	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

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.

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

TOWA CTRIS' HIGH SCHOOL APPHERIC INITON

Employer identification number

10112	CINDO III	GII DCIIOOD AI	TITIETT	CONT	714	<u> </u>
Part Reason for Public	Charity Status	All organizations must c	omplete th	ns part) S	ee instructions	
The organization is not a private found	dation because it is: (For lines 1 through 11, o	check only	one box.)		
1 A church, convention of ch	urches, or association	on of churches described	d in section	on 170(b)(1)(A)(i).	
2 A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	m 990 or 9	90-EZ).)		
3 A hospital or a cooperative					ii).	
4 A medical research organiz						the hospital's name.
city, and state.		•			- (- / - / - / - / - / - · · / - · · · · ·	,
5 An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a go	overnmental unit describe	ed in
section 170(b)(1)(A)(iv). (0		,		, 3		
6 A federal, state, or local go		nental unit described in	section 1	70/hV1VAV	(v)	
7 An organization that norma						ouble described in
section 170(b)(1)(A)(vi). (C		and part or no support i	ioni a gov	cirintenta	crite or from the general p	public described in
	,	(1)(A)(vi) (Complete Par	+ II \			
			•			
activities related to its exen						-
income and unrelated busin		(less section 5 i i tax) fro	om busines	sses acqui	red by the organization a	itter June 30, 1975
See section 509(a)(2). (Co	•		<i>(-1</i> 0		••••	
An organization organized	=	•	•		` ' '	
11 X An organization organized						
more publicly supported or						Check the box in
lines 11a through 11d that					-	
a Type I. A supporting orga						- •
the supported organization			a majority o	of the direc	tors or trustees of the su	pporting
organization. You must o						
b Type II. A supporting org						_
control or management of			ame perso	ns that co	ntrol or manage the supp	ported
organization(s) You mus						
c X Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	d with,
its supported organization		·	-		•	
d Type III non-functionally	, integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	ation(s)
that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	juirement and an attentiv	reness
requirement (see instruction	ions). You must co r	nplete Part IV, Sections	s A and D,	and Part	V.	
e Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
functionally integrated, or	Type III non-function	nally integrated supporti	ng organız	ation		
f Enter the number of supported of	organizations					1
g Provide the following information	about the supporte					
(ı) Name of supported	(ii) EIN	i i	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1-9 above (see instructions))	governing	document?	support (see	other support (see
			Yes	No	instructions)	instructions)
IOWA HIGH SCHOOLS		6	Х		0.	
	-					
	, ,					
			[_

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 IOWA GIRLS 'HIGH SCHOOL ATHLETIC UNION 42-0650134 Page 2 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and				194	107-5-1	1.7
	membership fees received. (Do not	1					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					l	
3	The value of services or facilities						
	furnished by a governmental unit to			i			
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		,	,	n W	Š	
	by each person (other than a	`	[`_;>	` `	**		
	governmental unit or publicly	`		* **	,	()	
	supported organization) included	*	```			ii., 3	
	on line 1 that exceeds 2% of the	,	* }	* > *		3.	
	amount shown on line 11,	、	ĺ,	`	` ` `		
	column (f)	** ```	2				
6	Public support. Subtract line 5 from line 4	.*	Χ. ~	8	ź		
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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		ŀ				
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	()	*%* \ *	16. 4	`` ;	Ä	
12	Gross receipts from related activities,	etc (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a section	501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Public	- A	centage			<u>.</u>	▶
14	Public support percentage for 2015 (li	ne 6, column (f) div	vided by line 11, co	lumn (f))		14	%
15	Public support percentage from 2014	Schedule A, Part I	II, line 14			15	%
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				ightharpoons
b	33 1/3% support test - 2014. If the o	rganization did no	t check a box on lii	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization quali	fies as a publicly s	upported organizat	tion			
17a	10% -facts-and-circumstances test	- 2015. If the orga	anızatıon dıd not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% or	more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					5 · ·	ightharpoons
b	10% -facts-and-circumstances test	-	•		•	7a, and line 15 is 10	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
						dule A (Form 990 c	r 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 Page 3

[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 to Section A. Public Support	below, please comp	piete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and	(8) 2011	(0) 2012	(6) 2013	(u) 2014	(e) 2013	(I) IOIai
membership fees received (Do not			1			
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						
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						
8 Public support. (Subtract line 7c from line 6)	(\$ %	* **	348	1.	, 3,	
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					, and the second	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						-
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is fo	r the organization's	s first, second, third	i, fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
check this box and stop here		·				
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2015 (line 8, column (f) di	vided by line 13, co	olumn (f))		15	%
16 Public support percentage from 2014		-		Ì	16	%
Section D. Computation of Inves						
17 Investment income percentage for 2			e 13. column (fl)		17	%
18 Investment income percentage from		-	5 75, 55iaiiii (i <i>))</i>	<u>}</u>	18	%
19a 33 1/3% support tests - 2015. If the	•	•	on line 14, and line 1	L S is more than 22		
						is not
more than 33 1/3%, check this box at b 33 1/3% support tests - 2014. If the	organization did n	not check a box on	line 14 or line 19a,	and line 16 is more	e than 33 1/3%, ar	nd
line 18 is not more than 33 1/3%, che	eck this box and so	top here. The orga	nization qualifies as	a publicly suppor	rted organization	▶
20 Private foundation. If the organization		•	•		•	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
* 3		
\$\frac{1}{2} \frac{1}{2} \frac{1}{2}		
,,	`	
1	X	
\$		
, s		> ^
× /		^
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Sche	edule A (Form 990 or 990-EZ) 2015 IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-06	5013	4 P	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	*	700	
à	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		15	100
	below, the governing body of a supported organization?	11a	<u> </u>	X
	A family member of a person described in (a) above?	11b		X
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	. `		S 3
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	`	٨	ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			:
	controlled the organization's activities If the organization had more than one supported organization,	5	}	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ł		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	×.		<u> </u>
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		,	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		4	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	% · .*	` `	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	^ ′		4
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	λ /		`
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Х
3	By reason of the relationship described in (2), did the organization's supported organizations have a		`^	
	significant voice in the organization's investment policies and in directing the use of the organization's		(
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>	>	
800	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		_X
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below X The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru			
c	y describe in that it now yet cappointed a government entity (accumulation	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities	2a	-	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			`
•	activities but for the organization's involvement	_2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		J	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? Provide details in Part VI	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2015 IOWA GIRLS 'HIGH SCHOOL			42-0650134 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			All All
•	other Type III non-functionally integrated supporting organizations must co			structions. All
Sec	ion A - Adjusted Net Income	лпріете	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	,		` ` ` ` ` `
	instructions for short tax year or assets held for part of year)	~		
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		ÿ>`	
	factors (explain in detail in Part VI)	_L	`	,
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	-	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	\$ \.\s\.	
2	Enter 85% of line 1	2	V	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	x(
4	Enter greater of line 2 or line 3	4	7 .	
5	Income tax imposed in prior year	5	*	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		· · · · · · · · · · · · · · · · · · ·	
	emergency temporary reduction (see instructions)	6	2 1 1	
7	Check here if the current year is the organization's first as a non-functionall		ted Type III supporting on	ganization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990-EZ) 2015 IOWA GIRLS 'H		LETIC UNION 4 Inizations (continued)	2-0650134 Page 7
Secti	ion D - Distributions		190/10/1999/	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2`	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
O 4'	and Property and the second of the second of	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	&C	^:	
2	Underdistributions, if any, for years prior to 2015	X :	,	
	(reasonable cause required-see instructions)	````		<u>`</u> .
3	Excess distributions carryover, if any, to 2015:		', ;	
а		^) ¥	
b		\	11/2	
С	*		, , ,	,
d	From 2013	, , , ,	× ′	,
е	From 2014	***	>	V 3
f	Total of lines 3a through e		/	₹ .
g	Applied to underdistributions of prior years	· ·		\$ / %
h	Applied to 2015 distributable amount	*	``\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
i	Carryover from 2010 not applied (see instructions)	(2 2 2 2 3 3 3 3	å* ≥
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f		1 52 P. 194)
4	Distributions for 2015 from Section D,		* **	* * *
	line 7: \$		" »,	<u> </u>
а	Applied to underdistributions of prior years	**		₹',
b	Applied to 2015 distributable amount	<i>?</i> *₹ & .	*	
С	Remainder Subtract lines 4a and 4b from 4.		***	\$ \$.
5	Remaining underdistributions for years prior to 2015, if			13)
	any Subtract lines 3g and 4a from line 2 (if amount			" 、
	greater than zero, see instructions).	* \		^,
6	Remaining underdistributions for 2015. Subtract lines 3h	*	> ,	
	and 4b from line 1 (if amount greater than zero, see	,	*/ ["] \	
	instructions)	<i>(</i>)		
7	Excess distributions carryover to 2016. Add lines 3j		, , , , , , , , , , , , , , , , , , , ,	
	and 4c			
8	Breakdown of line 7	\$ 1	<u> </u>	
a	3		`	
b	2 \ \		``	
С	Excess from 2013	,	· · · · · · · · · · · · · · · · · · ·	
d	Excess from 2014			,
е	Excess from 2015		s }	4

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
SCHEDULE A, PART IV, SECTION D, LINE 2:
CLOSE AND CONTINUOUS RELATIONSHIPS ARE CREATED WITH IOWA HIGH SCHOOLS
BY HAVING ACTIVITIES DIRECTORS SERVE ON BOARDS AT THE IOWA GIRLS HIGH
SCHOOL ATHLETIC UNION. THIS PROVIDES IOWA HIGH SCHOOLS WITH A
SIGNIFICANT VOICE IN THE IOWA GIRLS HIGH SCHOOL ATHLETIC UNION.
SCHEDULE A, PART IV, SECTION E, LINE 1C:
IOWA PUBLIC HIGH SCHOOLS ARE FUNDED BY THE STATE OF IOWA. IOWA GIRLS
HIGH SCHOOL ATHLETIC UNION PROMOTES, DIRECTS, AND REGULATES
INTERSCHOLASTIC ATHLETIC EVENTS INVOLVING THESE PUBLICLY FUNDED
SCHOOLS.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

Name of the organization

Employer identification number

		CHOOL ATHLETIC UNION	42-0650134		
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, III	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds		
•	are the organization's property, subject to the organization's		Yes No		
6	Did the organization inform all grantees, donors, and donor a	_			
Ū	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?	or definer advices, or les any exist purpose com	Yes No		
Par		rganization answered "Yes" on Form 990. Part			
1	Purpose(s) of conservation easements held by the organization				
•	Preservation of land for public use (e.g., recreation or e	·	ally important land area		
		Preservation of a certified	• •		
	Protection of natural habitat	Preservation of a certified	Thistone structure		
_	Preservation of open space	.find an action contribution in the form of a	concentration accompant on the last		
2	Complete lines 2a through 2d if the organization held a quality of the Assurance	med conservation contribution in the form of a			
	day of the tax year		Held at the End of the Tax Year		
a	Total number of conservation easements		2a		
Ь	Total acreage restricted by conservation easements	1.4-440	2b		
С	Number of conservation easements on a certified historic str	• •	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure			
	listed in the National Register		_2d		
3					
	year ▶				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe				
	violations, and enforcement of the conservation easements		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conserva	ation easements during the year		
	<u> </u>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year		
	▶ \$				
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)			
	and section 170(h)(4)(B)(ii)?		L Yes L No		
9	In Part XIII, describe how the organization reports conservat				
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the o	organization's accounting for		
<u> </u>	conservation easements	4 And I listorical Transcersor or Other	Cimilar Assats		
Par	t III Organizations Maintaining Collections o	•	Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,		
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descri	ribes these items.			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public s	service, provide the following amounts		
	relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1		> \$		
	(ii) Assets included in Form 990, Part X		► \$ ► \$		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai			
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items.			
а	Revenue included on Form 990, Part VIII, line 1		> \$		
	Assets included in Form 990, Part X		\$		
	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2015		

Sche Par		RLS' HIGH S							Page 2
3	Using the organization's acquisition, accessi						•		
	(check all that apply):		•	· ·	· ·				
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	n how they further th	ne organization's	exempt p	purpose II	n Part XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sin	nılar asse	ets			
	to be sold to raise funds rather than to be ma							'es	No
Par	Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes	on For	m 990, Pa	art 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	s or other assets	not ınclu	ded			
	on Form 990, Part X?						Y	'es	No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
							Ar	nount	
С	Beginning balance				-	1c			
d	Additions during the year					1d			
е	Distributions during the year				<u> </u>	<u>1e</u>			
f	Ending balance				L	1f			
2a	Did the organization include an amount on Fo		•		,		Y	es	∐ No
Par	If "Yes," explain the arrangement in Part XIII								
r,ai	t V Endowment Funds. Complete					The actions	a book de		
4.	Doggana of week halance	(a) Current year 20,000.	(b) Prior year 20,000.	(c) Two years ba		Three years	000.		ears back 20,000.
1a 	Beginning of year balance	20,000.	20,000.	20,00	, , , , , , , , , , , , , , , , , , , 				20,000.
b	Contributions			-					
c	Net investment earnings, gains, and losses				- 				
đ	Grants or scholarships Other expenditures for facilities				-	**			
е	and programs								
f	Administrative expenses				·				
	End of year balance	20,000.	20,000.	20,00	00.	20	000.		20,000.
2									
	a Board designated or quasi-endowment %								
ь	Permanent endowment > 100.00	%							
c	Temporarily restricted endowment	^" %							
Ū	The percentages on lines 2a, 2b, and 2c short								
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization								
	by					J		Y	es No
	(i) unrelated organizations						[s	3a(i)	X
	(ii) related organizations 3a(ii) X								
b									
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Par	t X, line	10			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) Accur	nulated	(d)	Book v	/alue
		basis (investri	nent) basis	(other)	deprec				
1a	Land			`	7 / /				
b	Buildings								
С	Leasehold improvements			7,874.		3,249			,625.
d	Equipment			4,306.		1,781	$\overline{}$,525.
<u>e</u>	Other			2,475.	13	<u>3,859</u>	·		<u>,616.</u>
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B), line 1	0c.)				<u>42</u>	,766.

Schedule D (Form 990) 2015

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

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 IOWA	A GIRLS' HIGH SCHOOL AT	HLETIC UNION	42-0650134 Page 4
Part XI Reconciliation of Rever	nue per Audited Financial Stateme	ents With Revenue per Re	turn.
Complete if the organization as	nswered "Yes" on Form 990, Part IV, line 12a	ì.	
1. Total revenue, gains, and other suppo	ort per audited financial statements		1 3,941,714.
2 Amounts included on line 1 but not or	n Form 990, Part VIII, line 12 [.]		
a Net unrealized gains (losses) on invest	tments	$\frac{2a}{}$ -50,008.	<u>.</u> *
b Donated services and use of facilities		2b	*
c Recoveries of prior year grants		2c	
d Other (Describe in Part XIII.)		2d	<u> </u>
e Add lines 2a through 2d			2e -50,008.
3 Subtract line 2e from line 1			3 3,991,722.
4 Amounts included on Form 990, Part	, ,	45.654	
a Investment expenses not included on	Form 990, Part VIII, line 7b	4a 15,671.	
b Other (Describe in Part XIII)		46	15 671
c Add lines 4a and 4b			4c 15,671.
5 Total revenue Add lines 3 and 4c. (T)	nis must equal Form 990. Part I. line 12.) nses per Audited Financial Statem	onts With Expanses per l	5 4,007,393.
			return.
	nswered "Yes" on Form 990, Part IV, line 12a		1 3,732,265.
1 Total expenses and losses per audited			1 3,/32,265.
2 Amounts included on line 1 but not or	1 Form 990, Part IX, line 25	ا م ا	
a Donated services and use of facilities		2a 2b	1 1
b Prior year adjustments c Other losses		2c 2c	1
d Other (Describe in Part XIII)		2d	1 1
e Add lines 2a through 2d		201	2e 0.
3 Subtract line 2e from line 1			3 3,732,265.
4 Amounts included on Form 990, Part	IX. line 25, but not on line 1		
a Investment expenses not included on		4a 15,671.	
b Other (Describe in Part XIII)		4b	1 1
c Add lines 4a and 4b			4c 15,671.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 3,747,936.
Part XIII Supplemental Informat			
Provide the descriptions required for Part II,	lines 3, 5, and 9, Part III, lines 1a and 4, Part	t IV, lines 1b and 2b, Part V, line 4	, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4	b Also complete this part to provide any add	ditional information	
PART V, LINE 4:			-
AWARDS RECOGNITION			
PART X, LINE 2:			
			
THE ATHLETIC UNION IS	EXEMPT FROM INCOME TAX	ES UNDER SECTION	501(C)(3) OF
THE INTERNAL REVENUE C	ODE AND CLASSIFIED BY	THE INTERNAL REVE	NUE SERVICE
AS OTHER THAN A PRIVAT	E FOUNDATION. HOWEVER	, THE ATHLETIC UN	ION IS
REQUIRED TO PAY INCOME	TAXES ON NET INCOME OF	F ACTIVITIES UNRE	LATED TO ITS
HARMOW DIMPOGE WAS 3	MILL BOTTO INITON SATE AD :	100 3310 6 0 05 5	MOOME MAY TOD
EXEMPT PURPOSE. THE A	THLETIC UNION PAID \$7,	143 AND \$-0- OF I	NCOME TAX FOR
מותוד עבעומם סמעם בוועה כ	0 2016 AND 2015 PPOD	₽C#TVRI.♥	
THE TEAMS ENDED OUNE 3	0, 2016 AND 2015, RESPI	PCITABIL.	
ACCOUNTING PRINCIPLES	GENERALLY ACCEPTED IN	THE UNITED STATES	OF AMERICA
532054 09-21-15			Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 Page 5 [Part XIII Supplemental Information (continued)
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ATHLETIC UNION
AND RECOGNIZE A TAX LIABILITY (OR ASSET) FOR AN UNCERTAIN POSITION THAT
MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE
INTERNAL 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 2012.
·

SCHEDULE (Form 990)

Department of the Treasury internal Revenue Service

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

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

OMB No 1545-0047	2015	Open to Public

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

ê [Employer identification number 42-0650134 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (d) Amount of cash grant GIRLS' HIGH SCHOOL ATHLETIC UNION Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 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 Parti Part II

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

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Schedule I (Form 990) (2015)

Page 2 (f) Description of non-cash assistance 42-0650134 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance ö 。 。 IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 5,000. 15,000. 1,000, (c) Amount of cash grant DETAIL FUND ACCOUNTING RELATED TO GRANTS RECEIVED (b) Number of recipients Ŋ CASH GRANTS AND ALLOCATIONS - COOLEY SCHOLARSHIPS, CASH GRANTS AND ALLOCATIONS - COOLEY FINALISTS, CASH GRANTS AND ALLOCATIONS - SMILEY FINALISTS, (a) Type of grant or assistance \$3,750 PER YEAR * 5 YEARS PART I, LINE 2: Schedule I (Form 990) (2015) Part III \$1,000 \$1,000

Schedule I (Form 990) (2015)

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532102 10-28-15

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.

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

OMB No 1545-0047

2015

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

Questions Regarding Compensation Part I No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b 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 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 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 Written employment contract Compensation committee Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization X a Receive a severance payment or change-of-control payment? X 4h b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of Х 6a a The organization? X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 X not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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Schedule J (Form 990) 2015

Page 2

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

42-0650134

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2015

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemts		in column (b) reported as deferred on prior Form 990
(1) MIKE DICK	Ξ	152,715.	0	7,200.	18,225.	6,998.	185,138.	0
EXECUTIVE DIRECTOR	3		0	0	0	0	0	0
(2) CRAIG IHNEN	Ξ	128,090.	0	7,200.	15,270.	22,618.	173,178.	0
ASSOCIATE DIRECTOR	: (1)	0	0	0 •	0	0	0	0
(3) KARON BROWN	(i)	119,465.	0	0	14,235.	19,575.	153,275.	0
SR. ASSOCIATE DIRECTOR	(ii)	0	0.	0.	0.	0.	• 0	0.
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its linsu details is at WWW.IR. down	omiggoanapection
Name of the organization IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION	Employer identification number 42-0650134
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
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 C	OMPLIANCE WITH
THE BOARD AS PART OF THEIR COPY OF THE POLICIES AND PROCED	URES MANUAL.
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS DETERMINES AND APPROVES JEAN BERGER	, CEO SALARY &
JEAN BERGER 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 TH	E PUBLIC ON
IGHSAU'S WEBSITE: WWW.IGHSAU.ORG; THE ORGANIZATION'S FINAN	CIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE INDEPENDENT AUDITOR IS SELECTED BY A VOTE OF THE FULL	BOARD OF
DIRECTORS.	

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Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 9	Schedule O (Form 990 or 990-EZ) (2015) Page 2							
Name of the organization			HIGH	SCHOOL	ATHLETIC	UNION	Employer identification number 42-0650134	
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