632001 11-11-16

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 Inspection

Intern	al Rever	nue Service	▶ In	formation about F	<u>orm 990 and</u>	its instructi	onsisat w	ww.irs.	aov/form990.		Inspection		
A F	or the	2016 calend	dar year, or tax y			2016	and ending			17			
B c	heck if	C Name o	of organization						D Employer ide	ntificat	ion number		
	Addre	ss IOWA	A GIRLS'	HIGH SCHOO	L ATHLE	TIC UN	IION						
	Name								42-0650134				
	Initial			O. box if mail is not d	elivered to stree	et address)	Room/	/suite					
	Final return) WESTOWN	PARKWAY,	SUITE 1	<u> 15</u> 0	150				38-9741		
	termin ated	City or		ovince, country, and		n postal cod	е		G Gross receipts \$		3,990,520.		
	Amend	MEDI	DES MOI		0266				H(a) Is this a grou	up retui			
	Applic tion pendir			incipal officer JEA					for subordin	ates?	Yes X No		
		15000	15000 WESTOWN PARKWAY, SUITE 150, WEST DES MO							ates includ			
			X 501(c)(3) [IGHSAU.O) ∢ (insert no	o.) 4947	(a)(1) or	527			t. (see instructions)		
			X Corporation		ssociation	Other -			H(c) Group exem		itate of legal domicile: IA		
	rt I	Summary		Trust F	Sociation	Otrici		Teal O	Tormation, 194	J IM 3	tate of legal doffficile. 17		
	_			on's mission or mos	t significant a	ctivities: To	O PROMO	OTE	IOWA GIR	L'S	ATHLETICS		
စ္တ	•	,			· • • • • • • • • • • • • • • • • • • •								
Activities & Governance	2	Check this be	ox 🕨 🔲 ıf the	e organization disco	ontinued its o	perations or	disposed of	more t	han 25% of its ne	t assets	- <u></u>		
ž.	3	Number of vo	oting members of	the governing body	(Part VI, line	1a)				3	7		
ğ	4	Number of in	dependent voting	members of the go	verning body	(Part VI, line	e 1b)			4	7		
80	5	Total number	r of ındıvıduals em	nployed in calendar	year 2016 (Pa	art V, line 2a)			-	5	15		
vitie	6	Total number	r of volunteers (es	timate if necessary)						6	0		
cti	7 a	Total unrelate	ed business rever	ue from Part VIII, c	olumn (C), line	e 12				7a	35,194.		
-	<u>b</u>	Net unrelated	d business taxable	e income from Form	990-T, line 3	4		_,		7b	13,524.		
								<u> </u>	Prior Year	-	Current Year		
<u>o</u>			s and grants (Part				-	<u> </u>		0.	0.		
eun			rice revenue (Part					<u> </u>	3,944,72		3,826,276.		
Revenue	10	Investment in	ncome (Part VIII, c	colum n (A), Ilines 3	PPVED			<u> </u>	62,66		52,686.		
	11	Other revenu	e (Part VIII, colum	n (A), lines 5, 60, 8	c, 9c, 10c, an	비행				0.	0.		
				ough 11 (must equa			12)	—	4,007,39		3,878,962.		
	13	Grants and s	ımılar amounts pa	nd (Plagik, colling	(A), (Ine&(11)3)	S	••	<u> </u>	21,00	_	20,000.		
		-		s (Part IX, column (또	T 40)	\vdash	1,309,34	<u>0. </u>	0. 1,376,086.		
SCANNE!				employee benefits.		mn (A), unes s	o-10)			5.	1,370,080.		
ens			-	Part IX, column (A). art IX, column (D), lir			0.	2.		٠+			
				nn (A), lines 11a-11d				1	2,417,59	1.	2,291,683.		
án I		-	•	7 (must equal Part		\ line 25\		_	3,747,93		3,687,769.		
O				act line 18 from line		y, iii le 23j	•		259,45		191,193.		
E S		Tievenae iese	CAPCINGES. CUDII	det ime To nom inc				Regi	inning of Current Y		End of Year		
Sets	20	Total assets	(Part X, line 16)					100	3,306,94		3,614,424.		
₽SS			s (Part X, line 26)				•		260,50		233,794.		
Set €	l.			Subtract line 21 fron	n line 20		•		3,046,43		3,380,630.		
℃ Pa		Signatur						•	<u> </u>				
		alties of perjury	, I declare that I hav	e examined this return	, including acc	ompanying scl	hedules and st	tatemen	ts, and to the best of	of my kn	owledge and belief, it is		
true,	correc	ct, and complet	e.,Declaration of pre	parer other than office	er) is based or	all information	n of which pre	parer h	as any knowledge.				
	_		ean	Berger	<u>ノ</u>				10,	127	/17		
Sign	1	1' (;	re of officer	O					Date	•	ı		
Her	e		BERGER,	EXECUTIVE	DIRECT	ror							
		Type or	print name and title	! 				15	 				
			eparer's name		Preparer's e		. ~	Da	17	* []	PTIN		
Paid			CHWEIZER	6 601/233	حيب	200	<u> </u>	117		employed	P01238619		
Prep		Firm's name	DENMAN			7 400			Firm's EIN	• 4	12-0794029		
Use	Only	Firm's addres		2ND STREET	-	E 400	: 2			E1 E	225 0400		
	41	DO -11-		ES MOINES,		266-145			Phone no.	212-	-225-8400		
Mav	∕ttn <u>e</u> ll	HS discuss th	is return with the	preparer shown ab	ove <u>z (see</u> inst	ructions)					X Yes No		

Form 990 (2016) IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1	X_	<u>L</u> .
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		1	
	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	i		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III .	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	}	i '	1
	If "Yes," complete Schedule D, Part IV .	9		Х
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	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	′ `		
	as applicable		* * .	<i>1</i>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		,,	ĺ
	Part VI	11a	X	<u> </u>
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		
	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			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 ie		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
192	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
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		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,"			
	complete Schedule G. Part III	19	لييا	<u> </u>
		Form	990 ((2016)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Ì	1	İ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule i, Parts i and ii	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	İ	١	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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	1		1
	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		}	İ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-	Į.	x
.	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	├─	<u> </u>
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	-	
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			r
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1	ŀ	
	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,"	1	Ì	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	}		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	Ì	, 4K	*
	instructions for applicable filing thresholds, conditions, and exceptions):	3%	% 7	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 -	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30	ļ	 -
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	\vdash	<u> </u>
	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			
	Part V, line 1 .	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
_	Note. All Form 990 filers are required to complete Schedule O	38	X 000	
		rom	フプリ	(2016)

31711 000 (=4:07				
Part V Statements Re	egarding	Other IRS Filings	and Tax C	ompliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(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 15			
b	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	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	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)?	4 <u>a</u>		X
b	If "Yes," enter the name of the foreign country: ▶		3/4	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	δ,	377	\$
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		<u>X</u>
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).		``	34
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
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	,	۲ <u>۱</u>	7/₹
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?	7f		<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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. Did a donor advised fund maintained by the		7	
_	sponsoring organization have excess business holdings at any time during the year?	8_	,	
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
_ b	Section 501(c)(7) organizations. Enter:	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		[
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		Form	990	(2016)

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION Form 990 (2016) 42-0650134 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 X 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 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 O. 7 b Enter the number of voting members included in line 1a, above, who are independent 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? 3 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? 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 X 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. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12<u>c</u> in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 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? X a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization 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 16a taxable entity during the year? 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 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. X Upon request Other (explain in Schedule O) Another's website Own website 19 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, 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

14341026 758194 23-4693-001

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

Check if Schedule O contains a response	onse or note to any line in this Part VII
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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 organizat	on nor any related	orga	nızat	tion	con	npen	sate	ed any current officer, di	rector, or trustee.			
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one					ne	Reportable	Reportable compensation	Estimated amount of		
	hours per	box, unless person is b officer and a director/b			s both	an	compensation					
	week	 				1	.00,	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for related	p io d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	ruster	1 trus		ee Ge	преп		(44-2/1099-10100)		and related		
	below	dualt	liona	_	eg E	st co	*			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			- G		
(1) ROGER FRANCIS	4.00									,		
PRESIDENT		X		X				0.	0.	0.		
(2) JIM BOEHMER	4.00											
DIRECTOR		X	ļ			<u></u>		0.	0.	0.		
(3) D'ANNE KROEMER	4.00											
DIRECTOR		X						0.	0.	0.		
(4) GEORGE TRACY	4.00							_	_	_		
DIRECTOR		Х	$oxed{oxed}$	<u> </u>		<u> </u>		0.	0.	0.		
(5) GARY ZITTERGRUEN	4.00							_		_		
DIRECTOR		X	_	<u> </u>	_			0.	0.	0.		
(6) GREG EBELING	4.00											
TREASURER		X	_	X	_			0.	0.	0.		
(7) DR. DAVE WILKERSON	4.00								•			
DIRECTOR		Х	ļ	ļ	<u> </u>	ļ	ļ	0.	0.	0.		
(8) MICHAEL DICK	0.00			١				110 605	•	05 150		
PRIOR EXECUTIVE DIRECTOR	40.00	ļ		Х	-	-		118,625.	0.	25,150.		
(9) CRAIG IHNEN	40.00	ł		x				120 000	0.	20 116		
SR. ASSOCIATE DIRECTOR (10) KARON BROWN	40.00		\vdash	^	┢	+	_	139,990.	0.	38,116.		
SR. ASSOCIATE DIRECTOR	40.00	ł		x				124,176.	0.	34,702.		
(11) JEAN BERGER	40.00	┢╾	\vdash	Â		+		124,1700	0.	34,702.		
EXECUTIVE DIRECTOR	40.00	ł		x				77,711.	0.	14,919.		
EASCOTTVB BIRDETOR	-	┢	┢	-	┢	┼		,,,,,,,		14,010		
		1										
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Form **990** (2016)

ſ	Part VIII Statement of Revenue Check if Schedule O contains a response or note to any lin			42-065	0134 Pa	
	any lin	e in this Part VIII (A)				
L	1 a Federated campaigns	Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue exclu	
į	to the contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 1 a Federated campaigns 1 b Membership dues 1 b	,	revenue	revenue	sections 512 - 514	
Ç	c Fundraising events		1		312 314	
ŧ	d Related organizations				٠.	
Ġ	e Government grants (contributions) 1d	, ,		1		
٥	f All other contributions, gifts, grants, and			77.4	1 .	
ğ	similar amounts not included above	1 1 1 1 1 1 1 1	())		~`	
Ē	9 Noncash contributions included in lines 1a-1f \$	13. 3. 3.			,	
ပိ	h Total. Add lines 1a-1f \$			·		
			7.79		· · · · · ·	
8	2 a ATHLETIC PROGRAMS Business Code 900099	,				
<u>`</u>	b MEMBERSHIPS DUES AND A 900099	,752,707.	752 707		17	
Š	c PROGRAM ADVERTISING 541800	38,375.	38,375.			
ran	d 541800	35,194.		<u>-</u>		
Program Service	e			35,194.		
م	f All other program service revenue					
	g Total. Add lines 2a.2f					
	3 Investment income (including dividends, interest, and other similar amounts)	826,276.	*			
	other similar amounts)		-	·× 46. 8.		
- 1	4 Income from investment of tax-exempt bond proceeds 5 Royalties	66,092.				
- 1	5 Royalties				66,092.	
- 1	6 2 Green (i) Personal					
- 1	Ga Gross rents	· * * * * * * * * * * * * * * * * * * *	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /			
- 1	b Less rental expenses				30	
- 1	c Rental income or (loss)		. I.			
- 1	d Net rental income or (loss)					
- 1	7 a Gross amount from sales of G Securities					
- 1	assets other than inventory 98 153					
- 1	Less. Cost or other basis	i de la companya della companya della companya de la companya della		. 7		
- [and sales expenses 111,558.				* # .	
	Gail or (loss)				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	a rior gain of (loss)				1.3.1	
) je	8 a Gross income from fundraising events (not	13,406.				
ě	· · · · · · · · · · · · · · · · · · ·				3,406.	
Orner Hevenue	contributions reported on line 1c). See				: . 1	
<u>ē</u>	raitiv, line 18	1			1	
5	b Less direct expenses	1	1	1	- 1	
١	c Net income or (loss) from fundraising events			-	- 1	
" ا	a diess income from gaming activities. See					
1	artiv, ing 19	-				
1	Less direct expenses	1				
10	c Net income or (loss) from gaming activities				{	
1.0	a Circus sales of inventory, less returns					
1	a id allowances					
	Less. Cost of doods sold		1	1		
 	c Net income or (loss) from sales of inventory			1		
11 8	Miscellaneous Revenue Business Code					
	b = samess Code					
ن بر	d All other revenue					
u	e Total. Add lines 11a-11d					
	V I LUIGI MITO IMAA 44 .					

Form **990** (2016)

	Check if Schedule O contains a respons 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 domestic organizations		<u> </u>	general expenses	- cxpcnaca
	and domestic governments. See Part IV, line 21			· ·	,
2	Grants and other assistance to domestic			,	`
	ındıvıduals See Part IV, line 22	20,000.	20,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			, "
	individuals. See Part IV, lines 15 and 16			<u> </u>	* 4 /
4	Benefits paid to or for members		- 	/ * · .	* « `
5	Compensation of current officers, directors,				
	trustees, and key employees	568,635.	364,884.	203,751.	· <u></u>
6	Compensation not included above, to disqualified				!
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	585,902.	461,798.	124,104.	
8	Pension plan accruals and contributions (include			4	
	section 401(k) and 403(b) employer contributions)	71,591.	56,053.	15,538.	
9	Other employee benefits	71,279.	54,301.	16,978.	_
0	Payroll taxes _	78,679.	56,649.	22,030.	
1	Fees for services (non-employees)				
а	Management				
b	Legal	14,041.		14,041.	
С	Accounting .	<u>17,177.</u>		17,177.	
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17		3/2, 11	400	
f	Investment management fees	18,224.		18,224.	
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				
3	Office expenses	34,830.	<u>25,</u> 078.	9,752.	
14	Information technology				
15	Royalties				
16	Occupancy	152,844.	110,047.	42,797.	
17	Travel	23,325.	16,794.	6,531.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,234.	12,408.	4,826.	
23	Insurance .	43,665.	31,439.	12,226.	
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)				
а	amount, list line 24e expenses on Schedule 0.) DIRECT ACTIVITIES EXPEN	1,770,177.	1,770,177.		
a b	MISCELLANEOUS EXPENSE	87,619.	63,087.	24,532.	
C	COMMITTEES AND COUNCILS	60,854.	11,164.	49,690.	
d	EQUIPMENT RENTAL	27,880.	20,074.	7,806.	
_	All other expenses	23,813.	17,145.	6,668.	
	Total functional expenses. Add lines 1 through 24e	3,687,769.	3,091,098.	596,671.	0
5 6	Joint costs. Complete this line only if the organization		3,051,050.	330,071.	
ی	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	j			
	Check here from the following SOP 98-2 (ASC 958-720)				!

Pa	rt X	Balance Sheet				OCCUPATION PAGE II
		Check if Schedule O contains a response or no	te to any line in this Part X	-		
				(A) Beginning of year		(B) End of year
	1	Cash non interest bearing		881,759.	1	1,049,638.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	<u> </u>
	4	Accounts receivable, net		54,099.	4	77,346.
	5	Loans and other receivables from current and for	ormer officers, directors.	7		
		trustees, key employees, and highest compensation		· · · · · · · · · · · · · · · · · · ·		^ (/ */
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under	4		
		section 4958(f)(1)), persons described in section	11.	4	4, 3	
		employers and sponsoring organizations of sect	-	13, 4, 6 14	1	
ø		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net		7		
As	8	Inventories for sale or use		10,416.	8	9,532.
	9	Prepaid expenses and deferred charges		128,458.	9	82,287.
	10a	Land, buildings, and equipment: cost or other	1 1	33 3 3 s	2.	
		basis. Complete Part VI of Schedule D	10a 214,655.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	ь	Less accumulated depreciation	10b 189,124.	42,766.	10c	25,531.
	11	Investments - publicly traded secunties		2,189,443.	11	2,370,090.
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	•		15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	3,306,941.	16	3,614,424.
	17	Accounts payable and accrued expenses		126,030.	17	139,157.
	18	Grants payable .	_	75,000.	18	25,000.
	19	Deferred revenue		56,227.	19	66,387.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
g	22	Loans and other payables to current and former	officers, directors, trustees,	3. 5%3. NO		
Liabilities		key employees, highest compensated employee	s, and disqualified persons		ĴŸ	
iabi		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D		3,250.	25	3,250.
	26	Total liabilities. Add lines 17 through 25		260,507.	26	233,794.
		Organizations that follow SFAS 117 (ASC 958				
S		complete lines 27 through 29, and lines 33 an	d 34.			
Ĕ	27	Unrestricted net assets		3,022,327.	27	3,356,647.
3ala	28	Temporarily restricted net assets		4,107.	28	3,983.
Ē	29	Permanently restricted net assets		20,000.	_29	20,000.
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
ASS	31	Paid-in or capital surplus, or land, building, or eq	• •		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		3,046,434.	33	3,380,630.
	34	Total liabilities and net assets/fund balances	<u> </u>	3,306,941.	34	3,614,424.
						Form 990 (2016)

Par	t XI Reconciliation of Net Assets		0000101		ye -
<u> </u>					
	Check if Schedule O contains a response or note to any line in this Part XI	Т	 _		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	3,87	g q	62
	Total expenses (must equal Part IX, column (A), line 25)	\vdash	3,68		
2	Revenue less expenses. Subtract linc 2 from line 1	2		$\frac{7,7}{1,1}$	
3 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3 4	3,04		
4 5	Net unrealized gains (losses) on investments	5		$\frac{0, \frac{1}{2}}{3, 0}$	
о 6	Donated services and use of facilities	6		J, U	<u> </u>
7		7			
•	Investment expenses	┝┷╅			
8	Prior penod adjustments	8			0.
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	3,38	0 6	30.
Pai	rt XII Financial Statements and Reporting	1 10 1		0,0	<u> </u>
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XII				X
	Oncern concedure of contains a response of note to any line in this hair XII			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				. 66°
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	<u> </u>		**
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		, **	X.3	*
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,	3, 1	*	žen.
	consolidated basis, or both:		*	() * () *	*
	X Separate basis Consolidated basis Both consolidated and separate basis			後差	
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?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule 0.		Sec.	4 5
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	int 🦜	**	14 N
	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 requi	red aud	ıt 📗	1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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 Employer identification number

OMB No 1545-0047

6

Open to Public Inspection

		IOWA	GIRLS' H	IGH	SCHOOL A	<u> </u>	C UNIC	ON	4	2-0650134				
Part	П	Reason for Public C	Charity Status	(All org	ganizations must	complete th	ıs part.) Se	ee instructions	3					
he or	ganı	zation is not a private found												
1	_	A church, convention of chu			_	-		1)(A)(i).						
2	_	A school described in secti												
з 🗏	_	A hospital or a cooperative			•			ið.						
4 7	_	A medical research organiza						-	Viii). Enter	the hospital's nan	ne			
		city, and state.		,			5554.5		/(/. L/	are ricopital e rial.	,			
5 T	_		or the benefit of a	college	or university own	ed or operat	ed by a go	overnmental u	nit describ	ed in				
• _	_	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6 [7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 -		"												
, _		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
。 「		A community trust describe		LV4VA	(vi) (Complete D	ort II \								
8							ad in aanii		la = d = = = = +	- alla - a				
9 ∟		An agricultural research org												
		or university or a non-land-g	grant college of agr	riculture	(see instructions	s) Enter the	name, city	, and state of	the college	e or				
40 [_	university:			00.41004 ()									
10		An organization that normal												
		activities related to its exem				-				-				
		income and unrelated busin		ie (iess	section 511 tax)	rrom busine:	sses acqui	rea by the org	janization a	arter June 30, 197	5			
م م	-	See section 509(a)(2). (Cor	•					001-114						
11 L 12 []		An organization organized a							415					
12 [<u></u>	An organization organized a)r			
		more publicly supported org								Sheck the box in				
	г—	lines 12a through 12d that of					•		_					
а	L	Type I. A supporting orga					_			• •				
		the supported organization				a majority o	or the direc	ctors or truste	es of the si	apporting				
	r	organization. You must c	•						-4.3 to 1 =					
b	Ц	Type II. A supporting orga						-		•				
		control or management of				same perso	ns that co	ntrol or mana	ge the sup	portea				
	T	organization(s). You must	•						haa.					
C	41	Type III functionally integ							iy integrate	ea witn,				
al.	r	its supported organization		-	-	•		•	 	1(-)				
d		Type III non-functionally	-					• •	_	• ,				
		that is not functionally into	-		-	-		•	an attenti	veness				
		requirement (see instructi			•									
e	L—	Check this box if the orga						Type I, Type	ii, Type iii					
.	+-	functionally integrated, or		ionally i	megrated suppo	rung organiz	ation				1			
		r the number of supported o ide the following information	•	dad ara	anization(s)	•				 				
		Name of supported	(ii) EIN		Type of organization	(iv) is the org	anization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of ot	ther			
		organization			cribed on lines 1-10	' v	No No	support (see in	structions)	support (see instruc				
_				abov	ve (see instructions)	1 103		 		 				
T (W)	Δ 1	HIGH SCHOOLS		1	6	x		1	0.					
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				+-		+	 	 						

Schedule A (Form 990 or 990-EZ) 2016 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014(d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2014 (d) 2015 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (e) 2016 (f) Total Amounte from line 4

•	Amounts nom me 4												
8	Gross income from interest,			1		i	İ		i				
	dividends, payments received on			ļ		ļ							
	securities loans, rents, royalties			1		1					Ī		
	and income from similar sources					<u> </u>							
9	Net income from unrelated business												
	activities, whether or not the						İ						
	business is regularly carried on												
10	Other income. Do not include gain											_	
	or loss from the sale of capital	ľ											
	assets (Explain in Part VI)			<u> </u>									
11	Total support. Add lines 7 through 10	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1.50	7	11.	¥	,	13	4	٤٠٠	?		

12 Gross receipts from related activities, etc. (see instructions)

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

•••	10 1 10 11 10 Julio 1 1 11 11 11 11 11 11 11 11 11 11 11 1							
organization, check this box and stop here								
Se	Section C. Computation of Public Support Percentage							
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14						
15	Public support percentage from 2015 Schedule A, Part II, line 14	15						

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ...

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI 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

Schedule A (Form 990 or 990-EZ) 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and				1	i	
	membership fees received (Do not	}					
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513		!			İ	
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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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				 	 	
	Add lines 7a and 7b	*	* * * *				
	Public support. (Subtract line 7c from line 6) ction B. Total Support	(K) / (K)	<u> </u>				
		(-) 0010	T #1 0010	(-) 0014	(-P. 0045	1.10016	10 T-1-1
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income	İ					
	(less section 511 taxes) from businesses	ĺ				}	
	acquired after June 30, 1975						
	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						
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)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	tion,
	check this box and stop here			<u> </u>	,		▶□
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15		_, _,	16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colui	mn (f) divided by lir	e 13, column (f))		17	%
18	Investment income percentage from		-			18	%
	a 33 1/3% support tests - 2016. If the	•	•	on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box as	_					▶□
ı	33 1/3% support tests - 2015. If the						nd
	line 18 is not more than 33 1/3%, che	ck this box and s	t op here. The orga	nızation qualifies	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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?
- 6 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.)

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	dule A (Form 990 or 990-EZ) 2016 IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0	<u>65013</u>	4 P	age 5
Pai	t IV Supporting Organizations (continued)		T.	г
11	Has the organization accepted a gift or contribution from any of the following persons?	Γ	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	,	1	
_	below, the governing body of a supported organization?	11a	† —	X
ь	A family member of a person described in (a) above?	11b		X
с	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		Х
	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	\ \	,	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			Ì
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	^	`,
	controlled the organization's activities. If the organization had more than one supported organization,	1 /		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	 	├	├
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1	-	├
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	/ · · · · · · · · · · · · · · · · · · ·	1 %	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	4 75	,	
	supervised, or controlled the supporting organization.	2	 	 -
Sec	tion C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u> </u>	/ 3	Î.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		<i>≫</i> , ,	edj.
	or management of the supporting organization was vested in the same persons that controlled or managed	\$ 5	3	, \$
	the supported organization(s).	1_1_	<u> </u>	<u> </u>
Sec	tion D. All Type III Supporting Organizations			т
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	13 ×	*	. 72
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		3	1. ". 1. "
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	Ìş.
-	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		X
3	By reason of the relationship described in (2), did the organization's supported organizations have a	8.	Ú	,
	significant voice in the organization's investment policies and in directing the use of the organization's	7,4	2.5	4
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	4^	[· (\$	
	supported organizations played in this regard.	3		X
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
c	X The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions)		
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	1	}	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined	-	-	
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	<u> </u>	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 1		
	of the organization 3 supported organization(s) would have been engaged in: If Yes, explain in Part VI the	i i		
	<i>,</i> .	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	2h		
	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 a	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2tb		
3	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
3 a	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2b 3a		

Sche	dule A (Form 990 or 990-EZ) 2016 IOWA GIRLS' HIGH SCHOOL TV Type III Non-Functionally Integrated 509(a)(3) Supportin		LETIC UNION 4	2-0650134 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Namb V(1) . On a fact to the second
'	other Type III non-functionally integrated supporting organizations must co			art vi.) See instructions. Al
Sect	ion A - Adjusted Net Income	inplete c	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Adjusted Net income (Subtract intes 5, 6, and 7 normine 4)	1 0		(D) Courset Veer
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	13		\$ 12
_	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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			
	factors (explain in detail in Part VI)	*		
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	- · · · · · · · · · · · · · · · · · · ·	
2	Enter 85% of line 1	2	- (
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· · · · · · · · · · · · · · · · · · ·	
4	Enter greater of line 2 or line 3	4	· · · · · · · · · · · · · · · · · · ·	
5	Income tax imposed in prior year	5	, ,	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	 		
Ü	emergency temporary reduction (see instructions)	6	,	
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting areas	nization (see
•	instructions).	iy ii ii egra	red Type in supporting organ	IIIZAUUII (SEE

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 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 organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 1 Underdistributions, if any, for years prior to 2016 (reason-Š. able cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016 а /\% c From 2013 d From 2014 <u>ۋۇ-</u> e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D. a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater 12 than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2017. Add lines 3: and 4c Breakdown of line 7: а b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

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

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.irs.gov/form990.

16 Inspection 3

OMB No 1545-0047

Internal Revenue Service Name of the organization

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Employer identification number 42-0650134

Pa	rt! Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	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	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	. Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f 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 str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	e organization's accounting for
	conservation easements		
Pa	ort III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c 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		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2016

		RLS' HIGH S							Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other S	imilar	Assets	(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	are a signif	ficant us	se of its c	ollection i	tems
	(check all that apply):		r						
а	Public exhibition	d	_	change program	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						e in Part	XIII.	
5	During the year, did the organization solicit o				sımılar ası	sets		٦	<u> </u>
Dar	to be sold to raise funds rather than to be ma						5 . 0.4	Yes	No
Liai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pal		ete ii trie organizatio	on answered 1	res" on Fo	rm 990,	Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodi		ian/ for contribution	e or other asse	ate not incl	ludad			
ıa	on Form 990, Part X?	an or other intermed	lary for contribution	S OF OTHER ASSE	ets flot lift	luueu		Yes	□ No
h	if "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					_ 1ES	140
-	Too, oxplain the alrangement are all a	and complete the for	iowing table.					Amount	
С	Beginning balance					1c		7 4110 4111	
d	Additions during the year					1d		-	
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or co	ustodial accou	nt liability?	,		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on P	art XIII				
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part I	V, line 10				
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three ye	ears back	(e) Four	years back
1a	Beginning of year balance	20,000.	20,000.	20	,000.		20,000.		20,000.
b	Contributions								
С	Net investment earnings, gains, and losses		<u> </u>						
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	-,							
f	Administrative expenses								
g	End of year balance	20,000.	20,000.	<u> </u>	,000.		20,000.		20,000.
2	Provide the estimated percentage of the curr	ent year end balance)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ▶ 100.00	%							
С	Temporarily restricted endowment	%							
0-	The percentages on lines 2a, 2b, and 2c sho		b		.d. 6				
3a	Are there endowment funds not in the posse	ssion of the organiza	llion triat are neid a	na aaministere	a for the o	organiza	tion	r,	/aa Na
	(i) unrelated organizations								res No X
	(ii) related organizations		•	••				3a(i)	X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R2	••				3a(ii) 3b	
4	Describe in Part XIII the intended uses of the	•		•				<u></u>	
Pai	t VI Land, Buildings, and Equipm		THOM FOR TOO	-					
•	Complete if the organization answere		, Part IV, line 11a S	See Form 990,	Part X, line	e 10			
	Description of property	(a) Cost or o		t or other	(c) Accu		a T	(d) Book	value
	,	basis (investr		(other)	` '	ciation		(4)	
	Land								
	Buildings				-				
c	Leasehold improvements			7,874.		4,03	7.	3	,837.
d	Equipment		18	4,306.		6,73			,573.
е	Other .		2	2,475.		8,35		4	
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B), line 1	0c.)				25	,531.

Schedule D (Form 990) 2016

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 X

Schedule D (Form 990) 2016

(8)

3,250.

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

Sche	dule D (Form 990) 2016 IOWA GIRLS' HIGH SCHOOL ATH	HETIC	UNION	42-0	0650134	Page 4
Par		nts With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	4,003,	741.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	143,003.]		
b	Donated services and use of facilities	2b	··	1		
С	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIII)	2d		\perp		
е	Add lines 2a through 2d			2e	143, 3,860,	003.
3	Subtract line 2e from line 1	••		3	3,860,	738.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		10 001			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,224.	4		
b	Other (Describe in Part XIII)	4b		+	10	004
С	Add lines 4a and 4b			4c	18, 3,878,	224.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nto With	Evnances nor [5	3,8/8	962.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents with	Expenses per i	returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1 1	2 ((0	E 4 E
1	Total expenses and losses per audited financial statements			1	3,669,	545.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 . 1				
а	Donated services and use of facilities	2a		7355		
b	Prior year adjustments	2b				
С	Other losses .	2c		-		
d	Other (Describe in Part XIII)	2d	-	 		^
е	Add lines 2a through 2d		•	2e	3,669	0.
3	Subtract line 2e from line 1	••		3 % 2002	3,669	545.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1	18,224.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,224.	-		
b	Other (Describe in Part XIII.)	4b		+	10	224
_C	Add lines 4a and 4b	-		4c	3,687	224.
Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) † XIII Supplemental Information.	•		5	3,667	109.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV knos 1b	and Oh. Dort V. June 4	I Dort V	Line O. Dort V	 -
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			i, Pari A	., iirie ∠, Part ∧	Ι,
ines	20 and 4b, and Part An, lines 20 and 4b. Also complete this part to provide any additi	uonai iiioin	iation.			
PAF	RT V, LINE 4:					
	1 7 2212 11	-				
AWZ	ARDS RECOGNITION					
				·		

PAF	RT X, LINE 2:					
===		••				
THE	ATHLETIC UNION IS EXEMPT FROM INCOME TAXE	S UNDE	R SECTION	501((C)(3)	F
		,				
THE	INTERNAL REVENUE CODE AND CLASSIFIED BY T	HE INT	ERNAL REVE	NUE	SERVICE	3
====	THIERMAD REVENUE CODE AND CDADDIFIED DI I					
	INTERNAL REVENUE CODE AND CLASSIFIED DI I					
AS			THLETIC UN		IS	
AS	OTHER THAN A PRIVATE FOUNDATION. HOWEVER,		ATHLETIC UN		IS	
	OTHER THAN A PRIVATE FOUNDATION. HOWEVER,	THE A		ION		
		THE A		ION		'S
REÇ	OTHER THAN A PRIVATE FOUNDATION. HOWEVER,	THE A	VITIES UNRE	IION LATE	D TO IT	
REC	OTHER THAN A PRIVATE FOUNDATION. HOWEVER,	THE A	VITIES UNRE	IION LATE	D TO IT	
RE(OTHER THAN A PRIVATE FOUNDATION. HOWEVER, QUIRED TO PAY INCOME TAXES ON NET INCOME OF EMPT PURPOSE. THE ATHLETIC UNION PAID \$4,1	THE A	VITIES UNRE	IION LATE	D TO IT	
RE(OTHER THAN A PRIVATE FOUNDATION. HOWEVER,	THE A	VITIES UNRE	IION LATE	D TO IT	
RE(OTHER THAN A PRIVATE FOUNDATION. HOWEVER, QUIRED TO PAY INCOME TAXES ON NET INCOME OF EMPT PURPOSE. THE ATHLETIC UNION PAID \$4,1	THE A	VITIES UNRE	IION LATE	D TO IT	
RE(OTHER THAN A PRIVATE FOUNDATION. HOWEVER, QUIRED TO PAY INCOME TAXES ON NET INCOME OF EMPT PURPOSE. THE ATHLETIC UNION PAID \$4,1	THE A	VITIES UNRE	IION LATE	D TO IT	
EXI	OTHER THAN A PRIVATE FOUNDATION. HOWEVER, QUIRED TO PAY INCOME TAXES ON NET INCOME OF EMPT PURPOSE. THE ATHLETIC UNION PAID \$4,1	THE A	VITIES UNRE 0 \$7,123 OF CIVELY.	IION LATE	TI OT DE	

Schedule D (Form 990) 2016 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 2013.
<u> </u>

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

OMB No 1545-0047

Employer identification number

42-0650134

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

General Information on Grants and Assistance

Part I

 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	to substantiate the stance? ocedures for monit	amount of the grants or amount of the use of grant f	ie grants or assistance, the grantees of grant funds in the United States	grantees' eligibility States	for the grants or assis	stance, and the selectic	in X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Cor recipient that received more than \$5,000. Part II can be dublicated if additional space is needed.	Domestic Organia \$5,000, Part II can	ations and Domestic	Governments. Conal space is neede	omplete if the orga	ınızatıon answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any difadditional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government org	anizations listed in the table	line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	ons for Form 990.					Schedule I (Form 990) (2016)

42-0650134

Page 2

Schedule I (Form 990) (2016) IOWA GIRLS 'HIGH SCHOOL ATHLETIC UNION

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASH GRANTS AND ALLOCATIONS - COOLEY FINALISTS,	4	4,000.	0		
ASH GRANTS AND ALLOCATIONS - COOLEY SCHOLARSHIPS,	1	15,000.	•0		
ASH GRANTS AND ALLOCATIONS - SMILEY FINALISTS,	t.	1,000.	0		
Part IV Supplemental Information. Provide the information required in	ured in Part I, line	2; Part III, column (Part I, line 2; Part III, column (b); and any other additional information	ditional information	
PART I, LINE 2:					
DETAIL FUND ACCOUNTING RELATED TO GRANTS	RANTS RE	RECEIVED.			

632102 11-01-16

Schedule I (Form 990) (2016)

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.

red "Yes" on Form 990, Part IV, line 23.

Open to Public

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Employer identification number

42-0650134

Pa	art I Questions Regarding Compensation				
				Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Fo	orm 990,		^	1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		2		Î (
	First-class or charter travel Housing allowance or residence for pe	ersonal use	1		`
	Travel for companions Payments for business use of persona	al residence			^
	Tax indemnification and gross-up payments Health or social club dues or initiation				
	Discretionary spending account Personal services (such as, maid, chair	uffeur, chef)		`	ł
					1.5
þ	o If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	Į			, \$
	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	ŝ,	\&\ \&\	× .	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organ	nization's	,	8.5	128 88
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization	zation to	: : 28/		
	establish compensation of the CEO/Executive Director, but explain in Part III		× × × × × × × × × × × × × × × × × × ×	80.	1 7.3
	Compensation committee Written employment contract		2 7	% (%) (%) (%) (%) (%) (%) (%) (%) (%) (%	
	Independent compensation consultant Compensation survey or study			**	X
	Form 990 of other organizations X Approval by the board or compensation	on committee			
			· .		`\$\frac{3}{2}\
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			× 1	,
	organization or a related organization:		,°,	<u>*</u>	
а	a Receive a severance payment or change-of-control payment?	. [4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.	1	6/4	, , , , , , , , , , , , , , , , , , ,	
			ĺ		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			37	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compens	ation			300
	contingent on the revenues of:	L			*** ***
	The organization?		5a		Х
b	Any related organization?		5b	igsquare	X
	If "Yes" on line 5a or 5b, describe in Part III	i		,	,
6		ation			
	contingent on the net earnings of.	Ļ			L
а	The organization?		6a	igsquare	X
b	h Any related organization?		6b		X
	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 nonfixed payme	ents			<u> </u>
	not described on lines 5 and 6? If "Yes," describe in Part III	Ļ	7	$oxed{oxed}$	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject t	o the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	[8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	[9		

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

Schedule J (Form 990) 2016

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Schedule J (Form 990) 2016

42-0650134

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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	other deferred compensation	Denetits	(a)-(a)(b)	in column (b) reported as deferred on prior Form 990
(1) CRAIG IHNEN	€	132,790.	0	7,200.	15,712.	22,	178,106.	0
٦١	▣	0.	0	0.	0			0
(2) KARON BROWN	Ξ	124,	0	0.	14,677.	20,	158,878.	0
SR, ASSOCIATE DIRECTOR	(iii	0	0.	0.	0		0	0.
	(i)							
	(ii)							
	(i)							
	(1)							
	(1)							
	(E)							
	(0)							
	Ξ							
	Ξ							
	(ii)							
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							Schedu	Schedule J (Form 990) 2016

SCHEDULE O

(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 instructions is at www.irs.gov/form990

OMB No 1545-0047 16 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE STATE OF IOWA. FORM 990, PART VI, SECTION B, LINE 11B: 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 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 THE PUBLIC ON IGHSAU'S WEBSITE: WWW.IGHSAU.ORG; THE ORGANIZATION'S FINANCIAL 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.

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

Schedule O (Form 990 or 990-EZ) (2016)