SCANNED MAR 0 6 2019

Department of the Treasury

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.
 ■ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

JUL 1, 2018 For the 2017 calendar year, or tax year beginning 2017 and ending JUN 30, C Name of organization D Employer identification number Check if applicable Address change IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION Name change 42-0650134 Doing business as |Initial |return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 5000 WESTOWN PARKWAY, SUITE 150 515-288-9741 4.196.497 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return WEST DES MOINES, ΙA 50266 H(a) Is this a group return Applica F Name and address of principal officer JEAN BERGER Yes X No for subordinates? 5000 WESTOWN PARKWAY, SUITE 150 WEST DES MO H(b) Are all subordinates included? Yes If "No," attach a list (see instructions) Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or J Website: ► WWW.IGHSAU.ORG **H(c)** Group exemption number ▶ Form of organization: X Corporation Other > Trust L Year of formation: 1949 M State of legal domicile: IA Part I Summary Briefly describe the organization's mission or most significant activities. TO PROMOTE IOWA GIRL'S ATHLETICS Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 35,582. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 12,612. b Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** 0. 0. Contributions and grants (Part VIII, line 1h) 3,826,276. 3,921,370. Program service revenue (Part VIII, line 2g) 52,686. 102,977. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) О. 0. 11 3,878,962. 4,024,347. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,000 21,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 O Benefits paid to or for members (Part IX, column (A), line 4) 1,376,086. 280,586. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 2,291,683 2,364,974. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,666,560. 3,687,769. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) $\overline{191}, 193.$ 357,787. Revenue less expenses. Subtract line 18 from line 12 5 **Beginning of Current Year End of Year** 3,895,236. 3,614,424. 20 Total assets (Part X, line 16) 233,794. 123,661. 21 Total liabilities (Part X, line 26) 771,575. 380,630. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparar (other than officer) is based on all information of which preparer has any knowledge. rear Simpature of officer Sign JEAN BERGER, EXECUTIVE DIRECTOR Here Type or print name and title Date Print/Type preparer's name Preparer's signature 10-23-18 P01238619 STEVE SCHWEIZER Paid Firm's name DENMAN & COMPANY, Eirm s EIN 🕨 42-0794029 Preparer Use Only Firm's address 1601 22ND STREET, SUITE RECEIV e no 515-225-8400 WEST DES MOINES, IA 50266-14 May the IRS discuss this return with the preparer shown above? (see instructions) Nο RS Form 990 (2017) LHA For Paperwork Reduction Act Notice, see the separate install

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Form 990 (2017) IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION Part IV Checklist of Required Schedules

42-0650134

			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	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	٠,		* .
	as applicable.	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	- 37	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e_	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3,	
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		·	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- 12
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	12		
16	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,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
Ω	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
8		18		X
9	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
		19	İ	Х
—	complete Schedule G. Part III		990 (
		7 31111		2017)

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			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			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	L
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			**
	complete Schedule L, Part II	26		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			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)			X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		- 21
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		Х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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		i	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		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>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2017)

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter.

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

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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?

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 organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

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

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

12a
13a

9a

Form 990 (2017)

Form 990 (2017) IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 Pact 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

	10 1110 04, 07, 07, 00 01001, 00 0110001, 00 011001, 00 011001, 00 011001, 00 0110001, 00 0110001, 0			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8]		
	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.			
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	7		W
	officer, director, trustee, or key employee?	2		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders?	1		21
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			х
	more members of the governing body?	7a		
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l <u>.</u> .		Х
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			X885.40
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion 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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		****	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
ь	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable		
18		1	•	
	for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request Other (explain in Schedule O)	E	_1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nnanc	aı	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JEAN BERGER - 515-288-9741			
	5000 WESTOWN PARKWAY, WEST DES MOINES, IA 50265			

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(C Pos	C) Ition	,		(D)	(E)	(F)
Name and Title	Average	(do	not c	heck i	more	than c	one	Reportable compensation	Reportable compensation	Estimated amount of
	hours per week					s both		from	from related	other
		ē						the	organizations	compensation
	hours for	gi G				ρa		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee		١.	ensal		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related
	below	Night.	titutio	Officer	E .	hest (met			organizations
	$-\!\!\!\!\!-$	를	lus)io	ă	표를	For			<u> </u>
(1) ROGER FRANCIS	4.00			v				0.	0.	_
PRESIDENT	4 00	X		Х	\vdash	\vdash		<u></u>	0.	0
(2) JIM BOEHMER	4.00	x						0.	0.	0
DIRECTOR (3) D'ANNE KROEMER	1 00	^			├	\vdash		0.	0.	U .
	4.00	x						0.	0.	_
DIRECTOR	4 00	^		ļ	 -			<u> </u>	U •	0 .
(4) GREG DUFOE DIRECTOR	4.00	х						0.	0.	0.
(5) GARY ZITTERGRUEN	4.00	<u> </u>	_		\vdash	\vdash		0.	0.	0
DIRECTOR	4.00	х						0.	0.	0
(6) RON FADNESS	4.00	<u> </u>			-				0.	
DIRECTOR	4.00	x						0.	0.	0
(7) GREG EBELING	4.00	^			 				0.	0
DIRECTOR	4.00	x						0.	0.	0
(8) CRAIG IHNEN	40.00	 				 		0.		
SR. ASSOCIATE DIRECTOR	10.00	l		х				142,571.	0.	39,146
(9) KARON BROWN	40.00	H		-	 			212/3/20		03,210
SR. ASSOCIATE DIRECTOR		1		х	1			126,507.	0.	35,637
(10) JEAN BERGER	40.00	Г								
EXECUTIVE DIRECTOR		1		х	1			154,853.	0.	31,514
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Form 990 (2017)

Form		<u> LS' HIGH</u>	l S	CH	00	L	AT	HL	ETIC UNION	42-0	<u> 5501</u>	34 Page	8
Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable	.	Estimated	
	Hame and the	hours per					than o		compensation	compensation		amount of	
		week					r/trus		from	from related		other	
		(list any	lor						the	organization		compensation	
		hours for	Individual trustee or director				_		organization	(W-2/1099-MIS		from the	
		related	e or (eg Eg			sale		(W-2/1099-MISC)	(** 25 1000 10110	,	organization	
		organizations	ruste	T		8	преп		(** 2) 1000 (***100)		- 1	and related	
		below	ual t	iona		Ploy.	e co	L				organizations	
		line)	divid	institutional trustee	Hicer	Key employee	Highest compensated employee	rme				Organizations	
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													_
							щ	_	423,931.		0.	106,297	-
	Sub-total												
С	Total from continuation sheets to Part VI	I, Section A							0.		0.	0.	_
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	423,931.		0.	106,297	<u>.</u>
2	Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable)		
	compensation from the organization												3
												Yes No	_
3	Did the organization list any former officer,	director or tru	etac	, ka	v on	مام	VAA	or t	nichest compensated en	nnlovee on	38		S.Z.
3	•		3166	, NO	y en	ipio	yee,	011	ngriest compensated en	iipioyee oii	23		
	line 1a? If "Yes," complete Schedule J for s										19	3 X	
4	For any individual listed on line 1a, is the su									ne organization	<u> </u>	- C - C - C - C - C - C - C - C - C - C	Ω,
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	te S	Sche	dule	J f	or such individual		_	4 X	
5	Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om :	any	unre	late	ed organization or individ	lual for services	ر د		Ť
	rendered to the organization? If "Yes," com											5 X	
Sec	tion B. Independent Contractors												_
	Complete this table for your five highest co	mnoneated and	000	odor	t.cc	ntra	octor	e th	at received more than \$	100 000 of comr		on from	_
1											/CI /Gatic	211 11 0111	
	the organization Report compensation for the	ne calendar ye	ar e	naın	g w	ıın ç	or wit	ının		ear T			_
	(A)								(B)		0-	(C)	
	Name and business	address	NC	NE	<u> </u>			_	Description of s	ervices		mpensation	_
								\neg					
								- 1					
								-+					_
								- 1					
								4	"				_
								- 1					
								T	<u> </u>				
								- 1					
2	Total number of independent contractors (ii	ncluding but no	at lie	nted	to f	hoc	اعرا م	ted	above) who received mo	ore than	10000		<u>.</u>
2	Total number of independent contractors (ii	.c.canig Dut III									/ x 889 x 337 3 38	aus, 201 0/09/09/09/09/09/09/09/09/09/09/09/09/09	1.3

Form **990** (2017)

\$100,000 of compensation from the organization

<u>Pa</u>	rt _ě VII							
****	*****	Check if Schedule O conti	ains a response o	or note to any lin	e in this Part VIII (A)	(B)	(C)	· [_]
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè éxcluded from tax under sections 512 - 514
रु छ	1 a	Federated campaigns	1a					
ran Zunz	b	Membership dues	1b					
S, G	c	Fundraising events	1c					
£ JE	d	Related organizations	1d					
S, il	е	• .						
it a	f	All other contributions, gifts, gran						
ëä	_	similar amounts not included above						
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Noncash contributions included in lines Total. Add lines 1a-1f	ia-ii \$		555-27 40-00554-0095-84-00-305-52-32-3-3-3-5-4			
<u> </u>		Total. / Go migo Ta Tr., , .	***************************************	Business Code				
ی	2 a	ATHLETIC PROGRA		900099	3,848,363.	3,848,363.		
Š	b			900099	37,425.	37,425.		
Saga	С	PROGRAM ADVERTI	SING	541800	35,582.		35,582.	
Bek	d							ļ
Program Service Revenue	е							
<u> </u>	f	All other program service reve	nue		3,921,370.			
\dashv	<u>q</u> 3	Total. Add lines 2a-2f Investment income (including	dividends intere	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	5,521,5700	27774353969696969696969599	(60.72.4620.0004.2 PG-40045.000	**************************************
	3	other similar amounts)	aividends, intere	51, and	50,608.			50,608.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(II) Personal				
	6 a	Gross rents						
	b	•						
	c	, ,						
	d	Net rental income or (loss) Gross amount from sales of	(i) Secunties	(II) Other				
-	/ a		224,519.	(ii) Other				
	b	Less cost or other basis						
		and sales expenses	172,150.					
	С	Gain or (loss)	52,369.					
		Net gain or (loss)		<u> </u>	52,369.	333503-40383333333335323366	**************************************	52,369.
e l	8 a	Gross income from fundraising						
len (including \$ contributions reported on line				-		
B.		Part IV, line 18	a a					
Other Revenue	b	Less direct expenses	b					
δ		Net income or (loss) from fund	Iraising events					
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
		Less direct expenses	b	L				
		Net income or (loss) from gam	-	<u> </u>				
	то а	Gross sales of inventory, less and allowances	a a					
	b	Less cost of goods sold	b					
		Net income or (loss) from sales		. >				
		Miscellaneous Revenue		Business Code				
	11 a							
	b							<u> </u>
	С	·						
	d	All other revenue	1		 			(Allegania de la companya de la comp
	e 12	Total. Add lines 11a-11d Total revenue See instructions.			4.024.347	3,885,788.	35 582	102,977.
732009	11-28							Form 990 (2017)

	Statement of Functional Expens			malata antuma (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must come Check if Schedule O contains a respor			npiete column (A).	
	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		,		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	21,000.	21,000.		
3	Grants and other assistance to foreign	•			
	organizations, foreign governments, and foreign	•			
	individuals See Part IV, lines 15 and 16		,		
4	Benefits paid to or for members '				
5	Compensation of current officers, directors,	_			
	trustees, and key employees	538,565.	352,077.	186,488.	
6	Compensation not included above, to disqualified		1		'
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			106.004	
7	Other salaries and wages	514,249.	378,025.	136,224.	
8	Pension plan accruals and contributions (include	CE 000	E0 E80	14 660	
	section 401(k) and 403(b) employer contributions)	65,239.	50,570.	14,669. 22,575.	-
9	Other employee benefits	88,061.	65,486.		
10	Payroll taxes	74,472.	53,620.	20,852.	
11	Fees for services (non-employees)				
а	Management	5,729.		5,729.	<u> </u>
b	Legal	17,453.		17,453.	
• с	Accounting	17,455.		11,455.	
d	Lobbying			\$800 And St. 100 At And Add (100 At And Add (1	
	Professional fundraising services. See Part IV, line 17	19,798.	***************************************	19,798.	
f	Investment management fees	19,790.	•	19,790.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion Office expenses	39,865.	28,703.	11,162.	
13	Information technology	33,003.	20,703.	11,102.	
14 15	Royalties				
16	Occupancy	158,965.	114,455.	44,510.	
17	Travel	13,729.	9,885.	3,844.	
18	Payments of travel or entertainment expenses		•	5,02	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		,		
20	Interest				
21	Payments to affiliates -				
22	Depreciation, depletion, and amortization	15,555.	11,200.	4,355.	
23	Insurance	37,579.	27,057.	.10,522.	
24	Other expenses. Itemize expenses not covered				
,	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DIRECT ACTIVITIES EXPEN	1,836,226.	1,836,226.		
ь	MISCELLANEOUS EXPENSE	112,325.	80,885.	31,440.	
С	COMMITTEES AND COUNCILS	63,388.	11,686.	51,702.	
d	EQUIPMENT RENTAL	28,644.	20,624.	8,020.	
е	All other expenses	15,718.	11,317.	4,401.	
25	Total functional expenses Add lines 1 through 24e	3,666,560.	3,072,816.	593,744.	0.
26	Joint costs Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined			;	1
	educational campaign and fundraising solicitation.			,	•
	Check here if following SOP 98-2 (ASC 958-720)			, 1	000 : :-

Pa	ત∖X્	Balance Sheet					
	_	Check if Schedule O contains a response or not	e to an	y line in this Part X			
		,			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,049,638.	1	1,180,208.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			77,346.	4	129,994.
	5	Loans and other receivables from current and fo	rmer o	fficers, directors,			
	-	trustees, key employees, and highest compensa	ted en	ployees Complete			
		Part II of Schedule L			Manager and Anna Anna Anna Anna Anna Anna Anna	5	1
	. 6	Loans and other receivables from other disqualif	ied pe	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50°	(c)(9) voluntary		***	
ţ		employees' beneficiary organizations (see instr)	Comp	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		•		7	
⋖	8	Inventories for sale or use			9,532.	8	9,528.
	9	Prepaid expenses and deferred charges			82,287.	9	43,257.
	10a	Land, buildings, and equipment cost or other		046 036			
		basis Complete Part VI of Schedule D	10a	246,836.	05 531		40 155
	b	Less accumulated depreciation	10b	204,679.	25,531.	10c	42,157.
	11	Investments - publicly traded securities		•	2,370,090.	11	2,490,092.
	12	Investments - other securities See Part IV, line 1		12	<u> </u>		
	13	Investments - program-related See Part IV, line	11		· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		•		14	•
	15	Other assets See Part IV, line 11			3,614,424.	15	3,895,236.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3		139,157.	16 17	60,030
	17	Accounts payable and accrued expenses		•	25,000.	18	00,030.
	18	Grants payable Deferred revenue			66,387.	19	60,381.
	19 20	Tax-exempt bond liabilities			00,307.	20	00,301
	21	Escrow or custodial account liability. Complete F	Dart IV	of Schodula D		21	
	22	Loans and other payables to current and former				****	
ties	22	key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	o, and	disqualifica personia	-	22	1
Гa	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated				24	,
	25	Other liabilities (including federal income tax, pay				<u> </u>	
		parties, and other liabilities not included on lines					· ·
		Schedule D	•	,	3,250.	25	3,250.
	26	Total Irabilities. Add lines 17 through 25			233,794.	26	123,661.
		Organizations that follow SFAS 117 (ASC 958)	, chec	k here ▶ X and		**	
ŝ		complete lines 27 through 29, and lines 33 and					
Ce	27	Unrestricted net assets			3,356,647.	27	3,747,684.
alar	28	Temporarily restricted net assets			3,983.	28	3,891.
d B	29	Permanently restricted net assets	20,000.	29	20,000.		
Net Assets or Fund Balances.		Organizations that do not follow SFAS 117 (AS	SC 958	3), check here 🕨 🔲			
or F		and complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds				30	,
sse	31	Paid in or capital surplus, or land, building, or eq	uipmei	nt fund		31	
t A	32	Retained earnings, endowment, accumulated ind				32	
Š	33	Total net assets or fund balances			3,380,630.	33	3,771,575.
	34	Total liabilities and net assets/fund balances			3,614,424.	34	3,895,236.

review, or compilation of its financial statements and selection of an independent accountant?

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

732012 11-28-17

За

Form **990** (2017)

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2017

Open to Public

IOWA GIRLS ' HIGH SCHOOL ATHLETIC UNION

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

Inspection
Employer identification number 42-0650134

Pa	rt 📗	Reason for Public (Charity Status 🥢	All organizations must co	omplete th	ıs part) Se	e instructions	
he	organi	zation is not a private found	ation because it is (F	For lines 1 through 12, c	heck only	one box)		
	- G	A church, convention of ch	,				()/ A \/i)	1 1 1
1	믐	•					1)(A)(1).	
2	닏	A school described in sect						V y
3	\sqsubseteq	A hospital or a cooperative					•	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C			•			
_		A federal, state, or local gov		nental unit described in	caction 17	70/h)/1)/A)	(v)	
6	=	, ,	•				• •	nublic decembed in
7	ш	An organization that norma	•	ntial part of its support if	rom a gove	menta	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\sqsubseteq	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agrici	ulture (see instructions)	Enter the i	name, city	, and state of the college	e or
		university						
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from o	ontributio	ns, membership fees, ar	nd gross receipts from
-	_	activities related to its exem	•	•			·	-
		income and unrelated busin		•				=
				(less section 5 in tax) inc	ATT DUSINES	sses acqui	red by the organization a	arter durie 30, 1373.
		See section 509(a)(2). (Con						
11	믗	An organization organized a	•	-				_
12	X	An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2)	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	supporting organization	n and comp	plete lines	12e, 12f, and 12g	
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anızatıon(s), typıcally by	giving
		the supported organization	on(s) the power to rec	ularly appoint or elect a	majority o	of the direct	tors or trustees of the su	pporting
		organization You must o			., ,			., 3
		Type II. A supporting org	•		tion with its	e eunnorte	od organization(s), by hav	#DO
U	<u> </u>							
		control or management o			arne persoi	ns that co	ntroi or manage the supp	ported
		organization(s) You mus	•					
C	X	Type III functionally inte	grated. A supporting	g organization operated	ın connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a distri	ibution red	uirement and an attenti	veness
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	A and D,	and Part	V.	
۵	Г	Check this box if the orga	•	•				
Ŭ		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Ento	, , ,	• •	iany intogratos supporti	ng organiz	ation.		1
		r the number of supported o	-	d organization(s)				
_9		ride the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	٠,	organization	(, c	(described on lines 1-10			support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No	··· · · · · · · · · · · · · · · · · ·	
:01	WA]	HIGH SCHOOLS		6	X		0.	
							· · · · · ·	
							, -	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 }, ,	,, , +f), '		<u> </u>

Schedule A (Form 990 or 990-EZ) 2017 IOWA (GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 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 (e) 2017 Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 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 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 Section B. Total Support <u>(b)</u>⁄2014 (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10/ Gross receipts from related activities, etc. (see instructions) First five years. If the Form 99% 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 Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% on 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 - 2016. 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) 2017

Sche	dule A (Form 990 or 990-EZ) 2017 Int III Support Schedule for C	OWA GIRLS Organizations	' HIGH SC: Described in S	HOOL ATHLE Section 509(a)(ETIC UNION	1 42-065	0/134 Page 3
	(Complete only if you checked	the box or line 10	of Part I or if the	organization failed	to qualify under Pa	art II If the organiz	ation fails to
	qualify under the tests listed b	\			·	/	
	tion A. Public Support			1			т
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	\				/	
	membership fees received (Do not		N			/	
	include any "unusual grants ")		\			 	
Z	Gross receipts from admissions, merchandise sold or services per-		\				
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that				ĺ		
	are not an unrelated trade or bus-						
	iness under section 513		\				
4	Tax revenues levied for the organ-		\		/	İ	
	ızatıon's benefit and either paid to		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			•	
	or expended on its behalf					ļ	
-	The value of services or facilities						ļ
	furnished by a governmental unit to			\/			
	the organization without charge			X		<u> </u>	
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/a	3 received from disqualified persons			/ \			
ь	Amounts included on lines 2 and 3 received		/	'			
_	from other than disqualified persons that		/	l \			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			\			
С	Add lines 7a and 7b		1		1		
	Public support. (Subtract line 7c from line 6)	1, 182	1/12 2	5 . 4 . ~	A 18 18 18 18	,, v x e	
Sec	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	·
Caler	idar year (or fiscal year beginning in)	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 6	<u> </u>	/				
10a	Gross income from interest, dividends, payments received on	/			\		
	securities loans, rents, royalties,				\		
_	and income from similar sources				\		
D	Unrelated business taxable income (less section 511 taxes) from businesses				\		
	acquired after June 30, 1975				`		
	Add lines 10a and 10b					1	
	Net income from unrelated business	/			-	Ì	
	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)						
	Total support (Add lines 9, 10c, 1/1, and 12)		<u> </u>			<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) orgàniza	ation,
<u> </u>	check this box and stop here	a Cumpart Day	to				
	tion C. Computation of Publi	· · · · · · · · · · · · · · · · · · ·		-1 (6)		l as l	
	Public support percentage for 2017 (I			olumn (T))		15	% %
	Public support percentage from 2016 tion D. Computation of Inves			, , , , , , , , , , , , , , , , , , , ,		[16	70
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from			.o 10, column (i))		18	% %
	33 1/3% support tests - 2017. If the			on line 14. and line	15 is more than 3		
.54							
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ıfies as a publıclv s	upported organiza	ation	▶ I I
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	•	•				and \\
		organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	33 1/3% support tests - 2016. If the	organization did n	ot check a box on op here. The orga	line 14 or line 19a, nization qualifies a	, and line 16 is mo s a publicly suppo	re than 33 1/3%, a rted organization	and

Part V 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.)

	Yes	No_
	*7/2010000	35838889989
1	X	**********
	100 0340	X
2	200000000000000000000000000000000000000	
3a		X
	30000000	202000000
3b	200000000	000,000,000

3c		

	NO. SOLVE	X
4a	95/16000000	A
4b		
(86)0008A7		9888
		XXX
į		
40		
*		
		
5a		X
		77
	3/25/(6880	V03/A+ 14
5b	X2X.0000	
5b		
5b 5c		
5b 5c		X
5b 5c		X
5b 5c		
5b 5c 6		X
5b 5c 6		X
5b 5c 6		X
5b 5c 6		X X X
5b 5c 6		X X X
5b 5c 6		X X X
5b 5c 6		X X
5b 5c 6 7		X X X
5b 5c 6 7 8		X X X
5b 5c 6 7 8 9a		X X X
5b 5c 6 7 8 9a		X X X
5b 5c 6 7 8 8 9a 9b		X X X
5b 5c 6 7 8 8 9a 9b		X X X X
5b 5c 6 7 8 8 9a 9b		X X X X
5b 5c 6 7 8 8 9a 9b		X X X X
5b 5c 6 7 8 8 9a 9b 9c		X X X X X X X X
5b 5c 6 7 8 8 9a 9b 9c		X X X X
5b 5c 6 7 8 9a 9b 9c		X X X X X X X X

	dule A (Form 990 or 990-EZ) 2017 IOWA GIRLS' HIGH SCHOO			2-0650134 Page 6
1	Type III Non-Functionally Integrated 509(a)(3) Supporti Check here if the organization satisfied the Integral Part Test as a qualify			art VIII See instructions Al
•	other Type III non-functionally integrated supporting organizations must d	_		art vi) See ilisti detions. A
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4 1	Add lines 1 through 3	4		
5	Depreciation and depletion .	5.		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	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	on 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			,
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ited Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990-EZ) 2017 IOWA GIRLS' H			2-0650134 Page 7
VALUE AND ADD	MAAAAAAAA	and oupporting orga	nizations (continued)	Current Year
	ion D - Distributions Amounts paid to supported organizations to accomplish exe	mpt purposes		Current rear
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	or purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets	or supported organizations	,	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	· · · · · · · · · · · · · · · · · · ·	.	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions	g		
9	Distributable amount for 2017 from Section C, line 6			,
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
_	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
1	Carryover from 2012 not applied (see instructions)			
$\overline{\perp}$	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
<u> </u>	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions		200,000,000,000,000,000,000,000,000,000	
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			THE RISE COMES WAS AND THE WITTEN STRUCKS OF THE PROPERTY OF T
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7			
	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	ENOUGH ROTH EOTH	AND THE PROPERTY OF THE PROPER	THE STATE OF THE S	TOTAL STREET,

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION 42-0650134 Page 8
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information.
(See instructions)
SCHEDULE A, PART IV SECTION D, LINE 2:
CLOSE AND CONTINUOUS RELATIONSHIPS ARE CREATED WITH IOWA HIGH SCHOOLS
BY HAVING ACTIVITIES DIRECTORS SERVE ON BOARDS AT THE IOWA GIRLS HIGH
SCHOOL ATHLETIC UNION. THIS PROVIDES IOWA HIGH SCHOOLS WITH A
SIGNIFICANT VOICE IN THE IOWA GIRLS HIGH SCHOOL ATHLETIC UNION.
SCHEDULE A, PART IV, SECTION E, LINE 1C:
IOWA PUBLIC HIGH SCHOOLS ARE FUNDED BY THE STATE OF IOWA. IOWA GIRLS
HIGH SCHOOL ATHLETIC UNION PROMOTES, DIRECTS, AND REGULATES
INTERSCHOLASTIC ATHLETIC EVENTS INVOLVING THESE PUBLICLY FUNDED
SCHOOLS.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Employer identification number 42-0650134

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 v	writing that the assets held in donor advised for	unds
	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	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	ernng
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	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	ducation) Preservation of a historical	ally important land area
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of 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
þ	· · · · · · · · · · · · · · · · · · ·		2b
	Number of conservation easements on a certified historic stru	, ,	2c
đ	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nariding of violations, and emorcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conseniation.	easements during the year
•	\$ \$	ing of violations, and emorcing conservation	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)(i)
Ŭ	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	
•	include, if applicable, the text of the footnote to the organizat	· ·	
	conservation easements		
Pai		Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public s	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	<u>, ,</u>	▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017

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

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		RLS' HIGH S							Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures,	or Othe	r Simila	r Assets	(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of th	e following th	at are a si	gnificant u	ise of its o	collection if	tems
	(check all that apply)								
а	Public exhibition	d		xchange prog	grams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organiza	tion's exer	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit o				her sımılar	assets	_	_	
	to be sold to raise funds rather than to be ma							Yes	No
Pai	Escrow and Custodial Arran		ete if the organiza	ion answered	d "Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	ons or other a	ssets not	ıncluded		٦.,	
	on Form 990, Part X?							_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table.						
	Decree A. Access							Amount	
C	Beginning balance					1c			
a	Additions during the year Distributions during the year					1d			
e	Ending balance					1e 1f		-	
f 2a	Did the organization include an amount on Fe	orm 990 Part Y line	21 for escrow or	custodial acc	ount liabil			Yes	□ No
	If "Yes," explain the arrangement in Part XIII					···y·	L		= "
Pai						10	** ****** *-*		
		(a) Current year	(b) Prior year	(c) Two ye		(d) Three y	ears back	(e) Four v	ears back
1a	Beginning of year balance	20,000.	20,000		20,000.		20,000.	1	20,000.
b	Contributions								
c	Net investment earnings, gains, and losses			- 1					
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	20,000.	20,000	١.	20,000.		20,000.		20,000.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column	(a)) held as					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administ	ered for th	e organiza	ition	_	
	by.							<u>}</u>	res No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations			_				3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	•		?				3b	
Bo:	Describe in Part XIII the intended uses of the		wment funds			.			
Fai	t VI Land, Buildings, and Equipm		Dort IV I was 11a	Can Form Of	00 Dod V	lina 10			
	Complete if the organization answered						<u>.</u>	(-1) De els	
	Description of property	(a) Cost or of	1 ' '	st or other	1 '	ccumulate preciation	ea	(d) Book	value
	Load	basis (investr	iem) bas	s (other)		preciation (Control of the Control o	, 		
	Land				1840	* ** *** ****	<u> </u>		
D	Buildings			7,874	+	4,82	24.	3	,050.
C	Leasehold improvements		 	$\frac{7,874}{16,487}$		177,38			,107.
	Equipment Other			$\frac{10,407}{22,475}$		22,4			0.
	. Add lines 1a through 1e (Column (d) must e	evel Form 000, Port)			· I	22/3		42	,157.

Schedule D (Form 990) 2017

Investments - Other Securities. Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11b See Form 990, Part X, line 12	•
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			•
(A)			
(B)	-	1	•
(C)			·
(D) ·			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
PartVIII Investments - Program Related.			
Complete if the organization answered "Yes" or		11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	d-of-year market value
(1)	* •		
(2)			*
(3)			
(4)	1	· · · · · · · · · · · · · · · · · · ·	
(5)			
(6)			
(7) ·			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		,	t.
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15	
	Description	•	(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			,
(7)			-
(9)	7		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part*X	15.)	<u>_</u>	<u> </u>

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

(a) Description of liability
(b) Book value

(1) Federal income taxes

(1) Federal income taxes
(2) SCHOLARSHIP FUNDS HELD IN ESCROW
(3)
(4)
(5)
(6)
(7)
(8)
(9)

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

Schedule D (Form 990) 2017 ·

^{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.

Sche Par	dule D (Form 990) 2017 IOWA GIRLS' HIGH SCHOOL ATH t:XI家 Reconciliation of Revenue per Audited Financial Statemen		42-0650134 Page 4 eturn.
	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 4,037,707.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	$ _{2a} $ 33,158.	
b	Donated services and use of facilities	2b	700
_	Recoveries of prior year grants	2c	7
d	Other (Describe in Part XIII.)	2d	7001
	Add lines 2a through 2d	24	2e 33,158.
е 3	Subtract line 2e from line 1		3 4,004,549.
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3 1,001,5150
4		4a 19,798.	
a	Investment expenses not included on Form 990, Part VIII, line 7b		'- %
ь	Other (Describe in Part XIII)	4b	10 708
C	Add lines 4a and 4b		4c 19,798. 5 4,024,347.
5 ED0:	Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nts With Expenses per	
ŝŝai	Reconciliation of Expenses per Audited Financial Stateme	ints with Expenses per i	neturi.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		7 2 646 762
1	Total expenses and losses per audited financial statements		1 3,646,762.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities		4881
b	Prior year adjustments	2b	-
С	Other losses	2c	4834
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	_	2e 0.
3	Subtract line 2e from line 1	•	3 3,646,762.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 19,798.	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c 19,798.
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 3,666,560.
Par	t-XIII Supplemental Information.	-	
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	V, lines 1b and 2b; Part V, line 4	4, Part X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addit	ional information.	
	·		
PAR	T V, LINE 4:		
AWA	RDS RECOGNITION		
	•		
PAR	T X, LINE 2:		
THE	ATHLETIC UNION IS EXEMPT FROM INCOME TAXE	S UNDER SECTION	501(C)(3) OF
THE	INTERNAL REVENUE CODE AND CLASSIFIED BY T	HE INTERNAL REVE	ENUE SERVICE
AS	OTHER THAN A PRIVATE FOUNDATION. HOWEVER,	THE ATHLETIC UN	NION IS
REÇ	UIRED TO PAY INCOME TAXES ON NET INCOME OF	ACTIVITIES UNRE	ELATED TO ITS
EXE	MPT PURPOSE. THE ATHLETIC UNION PAID \$1,7	53 AND \$4,196 OF	F INCOME TAX
FOR	THE YEARS ENDED JUNE 30, 2018 AND 2017, R	ESPECTIVELY.	
			•
ACC	OUNTING PRINCIPLES GENERALLY ACCEPTED IN T	HE UNITED STATES	
732054	10-09-17		Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 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 2014.

4 16 mg

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

OMB No 1545-0047

Open to Public
 Inspection

Employer identification number

42-0650134

► Go to www.irs.gov/Form990 for the latest information.

SCHOOL ATHLETIC UNION

GIRLS' HIGH

IOWA

Grant Annahard Contract to Domestic Contract of Contract In the Contract of Contract In the	Therefore the organization maintain records to substantiate the amount of the grants or assistance, the grantees criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States in the United States.
assistance (f) Method of non-cash assistance assistance assistance other)	िट्टींस्याः Grants and Other Assistance to Domestic Organizations and recipient that received more than \$5,000 Part II can be duplicate
Isted in the line 1 table	(b) EIN (c) IF
listed in the line 1 table	
Isted in the line 1 table	
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sted in the line 1 table	
listed in the line 1 table	
listed in the line 1 table	
	ent organizations
	Enter total number of other organizations listed in the line 1 table

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

4) (2

Page 2

42-0650134

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2017)

*Partill

(f) Description of noncash assistance Ç (e) Method of valuation (book, FMV, appraisal, other) ર્કામાં Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information ö 。 (d) Amount of non-cash assistance ö 5,000. 15,000. 1,000 (c) Amount of cash grant (b) Number of recipients Ŋ CASH GRANTS AND ALLOCATIONS - COOLEY SCHOLARSHIPS, CASH GRANTS AND ALLOCATIONS - COOLEY FINALISTS, CASH GRANTS AND ALLOCATIONS - SMILEY FINALISTS, (a) Type of grant or assistance \$3,750 PER YEAR * 4 YEARS \$1,000 \$1,000

PART I, LINE

DETAIL FUND ACCOUNTING RELATED TO GRANTS RECEIVED

Schedule I (Form 990) (2017) 732102 11-01-17

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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047 Inspection.

Name of the organization

IOWA GIRLS' HIGH SCHOOL ATHLETIC UNION

Employer identification number

42-0650134 **Questions Regarding Compensation** Part 18 No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a a The organization? 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? X Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2017

Part il 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

(A) Name and Title			(b) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	(C) Hetirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	ın column (B) reported as deferred on prior Form 990
(1) CRAIG IHNEN	3	135,371.	0	7,200.	16,144.	23,002.	181,717.	0
SR. ASSOCIATE DIRECTOR	: 3	0	0	0	0	0	0	0.
(2) KARON BROWN	Ξ	126,507.	0	0.	15,080.	20,557.	162,144.	0
SR. ASSOCIATE DIRECTOR	Ξ	0	0	0	• 0	0	0	0
	Ξ	147,653.	0.	7,200.	17,658.	13,856.	186,367.	0
EXECUTIVE DIRECTOR	<u>(ii)</u>	0.	0.	0.	• 0	0.	0	0
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Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public

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) (2017)

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