

Exhibit D

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL ASSOCIATION OF INTERCOLLEGIATE ATHLETICS Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1200 GRAND BLVD City or town, state or country, and ZIP + 4 KANSAS CITY, MO 64106 F Name and address of principal officer JIM CARR 1200 GRAND BLVD KANSAS CITY, MO 64106	D Employer identification number 44-0544805 E Telephone number (816) 595-8000 G Gross receipts \$ 6,529,285
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.NAIA.ORG		K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶
		L Year of formation 1961 M State of legal domicile MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities PROMOTE HIGHER EDUCATION AND YOUTH DEVELOPMENT THROUGH ATHLETICS		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	99
6	Total number of volunteers (estimate if necessary)	6	1,500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	2,653,433	2,827,087
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,143,307	3,273,402
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,108	17,488
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	503,400	411,308
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,322,248	6,529,285
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,373,647	3,098,645
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,763	0	0
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,750,556	2,881,114
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,124,203	5,979,759
19	Revenue less expenses Subtract line 18 from line 12	198,045	549,526
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	2,670,408	3,208,842
22	Net assets or fund balances Subtract line 21 from line 20	1,580,193	1,569,101
		1,090,215	1,639,741

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 preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2013-02-01 Date	
	JIM CARR CEO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ BARBARA J PLATTNER	Date	Preparer's taxpayer identification number (see instructions) P00035122
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MARKSNELSON VOHLAND CAMPBELL RADETIC LLC 1310 E 104TH ST STE 300 KANSAS CITY, MO 64131		EIN ▶ Phone no ▶ (816) 743-7700

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No