Extended to May 17, 2021

(Rev. January 2020) 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

ΑI	For the	2019 calendar year, or tax year beginning $\mathrm{JUL}1,2019$	g JU	N 30, 2020					
B	Check if applicable	C Name of organization The Girls Athletic Leadership School		Employer identifi	cation number				
	Addres								
	Name change			27-0736802					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E	Telephone numbe					
	□Final return/	750 Galapago Street		303-282-					
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	9	Gross receipts \$	6,960,843.				
Ļ	Amend	Deliver, CO 00204	— ⁺	l(a) Is this a group r					
	Applica tion pending	Finame and address of principal officer: Caror bowar		for subordinates					
		same as C above	_	l(b) Are all subordinates i					
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	527		list. (see instructions)				
		e: Nww.galsdenver.org		(c) Group exemption					
		· · · · · · · · · · · · · · · · · · ·	Year of	formation: ZUIU	M State of legal domicile: CO				
P		Summary	7111	0.0					
Se	1 1	Briefly describe the organization's mission or most significant activities: See Sche	edur	e 0					
nan	-	Check this box if the organization discontinued its operations or disposed of	mara th	on OEM of its not o					
Governance	1	Number of voting members of the governing body (Part VI, line 1a)		1	13				
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			13				
Activities &		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			101				
ıtie.		otal number of volunteers (estimate if necessary)			150				
ξį		otal unrelated business revenue from Part VIII, column (C), line 12			0.				
⋖		Net unrelated business taxable income from Form 990-T, line 39			0.				
				Prior Year	Current Year				
Revenue	8 (Contributions and grants (Part VIII, line 1h)		880,359.					
		Program service revenue (Part VIII, line 2g)		6,191,822.					
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,771.	6,974.				
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		104,103.					
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,180,055.	6,896,221.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,012,560.					
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
х	b 1	Total fundraising expenses (Part IX, column (D), line 25) 68,413.		2 202 172	1 065 220				
_	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,203,173. 7,215,733.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-35,678.					
-SS	19 1	Revenue less expenses. Subtract line 18 from line 12	Pogir	nning of Current Year	End of Year				
Net Assets or Fund Balances	20 7	otal assets (Part X, line 16)		2,854,962.	3,263,610.				
Asse	20 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		$\frac{2,034,302.}{4,874,805.}$					
Net, und	22	Net assets or fund balances. Subtract line 21 from line 20		2,019,843.					
	art II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatement	ts, and to the best of m	y knowledge and belief, it is				
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer ha	is any knowledge.					
		<u> </u>							
Sig	n	Signature of officer		Date					
Her		Carol Bowar, Executive Director							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Dat	Check Check	PTIN				
Pai	-	Thomas G. Sistare		self-employ					
		Firm's name Hoelting & Company, Inc.		Firm's EIN ▶	30-0514455				
Use	Only	Firm's address 31 E Platte Ave, Ste 300			0 (20 1001				
		Colorado Springs, CO 80903		Phone no. 71	9-630-1091				
Mar	v the IR	S discuss this return with the preparer shown above? (see instructions)			Yes X No				

Pa	Tt III Statement of Program Servic Check if Schedule O contains a respon	se or note to any line in this Part III		X
1	Briefly describe the organization's mission: See Schedule 0	or or note to any mile in the rate in		
2	Did the organization undertake any significan			
	prior Form 990 or 990-EZ?			Yes X No
3	If "Yes," describe these new services on Sch Did the organization cease conducting, or ma		any program services?	Yes X No
3	If "Yes," describe these changes on Schedul		any program services:	
4	Describe the organization's program service		est program services, as measu	red by expenses.
	Section 501(c)(3) and 501(c)(4) organizations		s and allocations to others, the	total expenses, and
4a	revenue, if any, for each program service rep (Code:) (Expenses \$ 6 , 08 !	orted.) (Payanua \$	5,777,352.)
- ra	(Code.) (Expenses ϕ	including grants of \$) (nevertue \$	
	See Schedule O			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
<i>1</i> ~ 1	Other program comines (Describe or California	lo O)		
4 0	Other program services (Describe on Schedu (Expenses \$ inclu	Ie O.) ding grants of \$	(Revenue \$)
4e	Total program service expenses	6,085,520 .	V-214004	
				Form 990 (2019)

27-0736802

Form 990 (2019) of Denver

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	Х	
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	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 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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	Х	
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			۱
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			77
	Schedule J	23		Х
24 a	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			v
	Schedule K. If "No," go to line 25a	24a		Х
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_^
D	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	051		X
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
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		Х
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		Х
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	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No						
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 101									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х							
	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?		За		X						
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X						
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	, ,									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X						
b	, , , , , , , , , , , , , , , , , , , ,										
	, , , , , , , , , , , , , , , , , , , ,										
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		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution										
_	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).		_		v						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X						
b	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	•	7-		Х						
	to file Form 8282?	1	7с		$\overline{}$						
d	If "Yes," indicate the number of Forms 8282 filed during the year		7.								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7g								
	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h								
Ŭ	sponsoring organization have excess business holdings at any time during the year?	•	8								
9	Sponsoring organizations maintaining donor advised funds.										
а	Diddle in the state of the stat		9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:										
а	1 // 2	10a									
b		10b									
11	Section 501(c)(12) organizations. Enter:	•									
а	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
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.										
а	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	1									
		13b									
С		13c			Х						
14a	· · · · · · · · · · · · · · · · · · ·										
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O										
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
excess parachute payment(s) during the year?											
	If "Yes," see instructions and file Form 4720, Schedule N.				7.7						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X						
	If "Yes," complete Form 4720, Schedule O.										

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X					
<u>Sec</u>	tion A. Governing Body and Management										
		1	1 44		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13	<u> </u>							
	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 on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13	<u> </u>							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the		•								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х					
6	Did the organization have members or stockholders?			6		Х					
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		,								
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tl	ne following:								
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	e Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	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?										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a											
b											
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	lescribe								
	in Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13		Х					
14	Did the organization have a written document retention and destruction policy?			14		Х					
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•									
а	The organization's CEO, Executive Director, or top management official			15a	Х						
	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	6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?										
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► None										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (Section 501(c)(3)s only	/) avai	lable					
	for public inspection. Indicate how you made these available. Check all that apply.			•							
	X Own website X Another's website X Upon request Other (explain	on S	chedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	nd fina	ncial						
	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 bo	ooks a	nd records >								
	Carol Bowar - 303-282-6437	_									
	750 Galapago Street, Denver, CO 80204										

The Girls Athletic Leadership School of Denver

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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 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization r	nor any related	orga	aniza	ation	cor	npei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer ar	lu a u	recid	or/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	nstee.	trust		ee ee	ubeu		(44-271099-141130)		and related
	below	lual tr	tional		nploy	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) Adam Burrows	2.00	 -	_		Ť	+ 0	-			
Member		Х						0.	0.	0.
(2) Jamaica Burke	2.00									
Member		Х						0.	0.	0.
(3) Kristina Campos	2.00									
Member		X						0.	0.	0.
(4) Julie Fincham	2.00									
Member		X		Δ				0.	0.	0.
(5) Ethan Hemming	2.00									•
Member	1 00	X						0.	0.	0.
(6) Pamela Horiszny	4.00	.,		,,					0	0
Treasurer	4.00	X		Х				0.	0.	0.
(7) Edward Likovich	4.00	3,7		,,					0	0
Chair	2.00	Х		Х				0.	0.	0.
(8) Frank Rowe	2.00	X						0.	0.	0.
Member (9) Barbara Washington	2.00	^						0.	0.	0.
Member	2.00	X						0.	0.	0.
(10) Emily Wasserman	2.00	25						0.	0.	0.
Secretary	2.00	x		x				0.	0.	0.
(11) Jennifer Evans	6.00							•		0 0
Member		х						0.	0.	0.
(12) Katie Kellen	2.00									
Member		Х						0.	0.	0.
(13) Melisa Koteki-Schlote	2.00									
Member		Х						0.	0.	0.
(14) Carol Bowar	40.00									
Executive Director				Х				108,945.	0.	9,153.
			<u> </u>							
		-								
					_					
		1								
	1									

Page 8

Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	anc	HI C	gne	st C	ompensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box,	not ch , unles cer and	ss per	tion more son	than o	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	compensat		
		-								=			
										-			
									,	\dashv			
		-											
		-											
	-												
The Cribbadal								108,945.		0.		9,1	53
to Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						>	108,945.		0.		9,1	0.
 Total number of individuals (including but recompensation from the organization 							no re		,000 of reportabl	e			1
3 Did the organization list any former officer			7							ſ		Yes	No X
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s and related organizations greater than \$15 	um of reportab	le co	ompe	ensa	tior	anc	dot	•			3		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsati	ion fi	rom	any	unr			dual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co										npensa	ation f	rom	
(A)	the organization. Report compensation for the calendar year ending with or with (A) Name and business address NONE							(B)				;) nsatio	 n
2 Total number of independent contractors (not lir	 nited	d to		se lis	sted	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization >					J					Form \$	990 (2	2019)

Pa	rt V							
			Check if Schedule O contains a response	or note to any lir			(C)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue		from tax under
								sections 512 - 514
nts nts	1	а	Federated campaigns1a					
3ra ou		b	Membership dues 1b					
s, (Am		С	Fundraising events1c					
Gift lar		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e	616,465.				
tior S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	319,770.				
d C		g	Noncash contributions included in lines 1a-1f 1g \$					
<u>8</u>		h	Total. Add lines 1a-1f	>	936,235.			
				Business Code				
ė	2	а	Per Pupil Revenue	611110	4,806,367.	4,806,367.		
e vi			District Mill Levy	611110	828,991.	828,991.		
Se		С	Tuition and Fees	611110	72,927.	72,927.		
ar		d	Pupil Activities	611110	58,875.	58,875.		
Program Service Revenue		е						
P	•	f	All other program service revenue					
		g	Total. Add lines 2a-2f	>	5,767,160.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		6,974.			6,974.
	4		Income from investment of tax-exempt bond p	roceeds		1		
	5		Royalties	> _				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
n n			and sales expenses					
Revenue			Gain or (loss) 7c					
er R			Net gain or (loss)	>				
Othe	8	а	Gross income from fundraising events (not					
0			including \$of					
			contributions reported on line 1c). See	240 202				
		_		240,282.	-			
			Less: direct expenses 8b	64,622.	175,660.			175,660.
					1/3,000.			1/3,000.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a		-			
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	······ P				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a		-			
			Less: cost of goods sold 10b					
	-	C	Net income or (loss) from sales of inventory	Business Code				
Snc	11	2	Miscellaneous Revenue	611110	10,192.	10,192.		
nue		a b						
ella		C						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d		10,192.			
	12		Total revenue. See instructions		6,896,221.		0.	182,634.

Form 990 (2019)

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Part IX | Statement of Functional Expenses

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

above (List miscellaneous expenses on line 24e. If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Purchased Services

Instructional Supplies

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

c Maintenance

e All other expenses

Check here

d Other Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 104,545. 36,591. 26,136. 41,818. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,026,480. 3,623,832. 402,648. Other salaries and wages 7 Pension plan accruals and contributions (include 590,681 529,371. 61,310. section 401(k) and 403(b) employer contributions) 339,074. 303,879. 35,195. 9 Other employee benefits 5,882. 50,782. 56,664. Payroll taxes 10 Fees for services (nonemployees): 11 a Management 6,182. 6,182. Legal 49,416. 49,416. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 160,207 136,176. 24,031. column (A) amount, list line 11g expenses on Sch O.) 1,612. 10,744. 9,132. Advertising and promotion 12 8,086. 6,873. 1,213. 13 Office expenses Information technology 14 Royalties 15 398,571. 338,785. 59,786. Occupancy 16 12,438. 10,572. 1,866. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 21 Payments to affiliates 6,559. 6,559.

63,645.

694,563.

207,058.

105,576.

49,062.

93,123.

6,982,674.

54,098.

590,379.

207,058. 89,740.

19,097.

79,155.

6,085,520.

26,595.

68,413.

9,547.

104,184.

15,836.

13,968.

828,741.

3,370.

22

23

24

25

Form 990 (2019)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			75,366.	1	1,082,280.
	2	Savings and temporary cash investments			718,315.	2	511,706.
	3	Pledges and grants receivable, net		5,000.	3	477,247.	
	4	Accounts receivable, net			93,325.	4	194,867.
	5	Loans and other receivables from any current	er officer, director,				
		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	sons		5		
	6	Loans and other receivables from other disqu	ersons (as defined				
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
şt	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			<u> </u>	8	
	9	Prepaid expenses and deferred charges		······	48,429.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		22 22			
	b	Less: accumulated depreciation	-	40,152.	10c	33,593.	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	4 084 085	14	060 048		
	15	Other assets. See Part IV, line 11	1,874,375.	15	963,917.		
	16	Total assets. Add lines 1 through 15 (must ed			2,854,962.	16	3,263,610
	17	Accounts payable and accrued expenses			34,626.	17	338,293.
	18	Grants payable	15 000	18	267 027		
	19	Deferred revenue	15,080.	19	367,027.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet			21		
ies	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	841,700.
_	23	Secured mortgages and notes payable to unr				23	041,700.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin		· · · · ·	4,825,099.	25	3,628,538.
	26	of Schedule D			4,874,805.	<u>25</u> 26	5,175,558
	20	Organizations that follow FASB ASC 958, c			4,074,003	20	3,173,330
es		and complete lines 27, 28, 32, and 33.	HECK HE				
anc	27	Net assets without donor restrictions			-2,019,843.	27	-2,990,620.
Bal	28	Net assets with donor restrictions		28	1,078,672.		
pu		Organizations that do not follow FASB ASC					_, ,
Ŀ		and complete lines 29 through 33.	, 555, 5.				
ŏ	29	Capital stock or trust principal, or current fund		29			
sets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			-2,019,843.	32	-1,911,948.
_	33	Total liabilities and net assets/fund balances		2,854,962.	33	3,263,610.	
	- 00	Total liabilities and net assets/fully balances			_, ,		Form 990 (2)

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
	T. I. () () () () () () () () () (6	5,89	6 2	21		
1	Total revenue (must equal Part VIII, column (A), line 12)	1						
2	Total expenses (must equal Part IX, column (A), line 25)	2		,98				
3	Revenue less expenses. Subtract line 2 from line 1	3		-8 2,01	6,4			
4								
5	5 Net unrealized gains (losses) on investments5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		19	4,3	48.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10 —1							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	.,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?	-		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

The Girls Athletic Leadership School Employer identification number Name of the organization of Denver 27-0736802 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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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) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (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 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 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 Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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

Schedule A (Form 990 or 990-EZ) 2019

b 10% -facts-and-circumstances test - 2018. 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
 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						1
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		7				
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)					+	
	Total support. (Add lines 9, 10c, 11, and 12.)	the ergoni-sticks	l	d fourth and the tr	N NOOK OC 2 22 -+!	F01(a)(0)	
14	First five years. If the Form 990 is for check this box and stop here	<u> </u>	•		•	. , . ,	
Sec	ction C. Computation of Publ			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a						▶ □
b	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation If the organization						

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 (as 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.)

1		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	0.		
	9b		
	9c		
	50		
	10a		
	10b 90 or 90	NO E-7	0040
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		3000	<u> </u>	19e 3
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		
	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. etion B. Type I Supporting Organizations	11c		
360	tion b. Type i Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		res	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	etion C. Type II Supporting Organizations			
	asir of Type in cupper any organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-110
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 yea(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.			
С	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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Ol-		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
b	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations		
1					
	other Type III non-functionally integrated supporting organizations must cor				
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	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	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				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting org	ganization (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 of Denver

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	janizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatio	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	re	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

The Girls Athletic Leadership School

Schedule A (Form 990 or 990-EZ) 2019 of Denver 27-0736802 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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

The Girls Athletic Leadership School of Denver

Employer identification number

27-0736802

Filers of:	Section:					
Form 990 or 990-E	Z X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
sections s	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; in 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, con is checke purpose.	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Virginia W. Hill FDN 1700 Lincoln St. Denver , CO 80203	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	J. Landis Martin 150 Vine Street Denver , CO 80206	\$ 10,000.	Person X Payroll
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FirstBank 12345 West Colfax Ave. Lakewood , CO 80215	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MidFirst Bank 55 Adams Street Denver , CO 80206	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Cielo Foundation 6658 Dunpark Drive Boulder, CO 80301	\$ <u>14,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Katie Kellen 953 S. York St Denver , CO 80209	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7	GreenWaves Fund PO Box 753 Tabernash, CO 80478	\$ 22,000.	Person X Payroll	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
8	Lynda M Goldstein Family FDN		Person X Payroll	
	250 Steele St.	\$ 10,000.	Noncash (Complete Part II for	
	Denver , CO 80206		noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		1000.0000.0000		
9	Tankersly Family FDN 1675 Larimer St. #400	\$10,000.	Person X Payroll Noncash	
	Denver , CO 80202		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	Terry Considine Family Fdn 4582 S. Ulster St.	\$ 15,000.	Person X Payroll Noncash	
	Denver , CO 80237		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	Sawaya Law Firm		Person X	
	1600 Ogdn St.	\$5,000.	Payroll Noncash	
	Denver , CO 80218		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	Seneca Management		Person X	
	1430 Wynkoop St. #200	\$5,000.	Payroll Noncash Complete Part II for	
002450 11.0	Denver , CO 80202		noncash contributions.)	

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part 1 if additional	il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PIVOT Foundation 1731 Boulder St. Denver , CO 80211	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Denver Foundation 55 Madison St. Denver, CO 80206	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Colorado Health Foundation 1780 Pennsylvania St. Denver , CO 80203	\$ 76,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Halstedt Family Fund PO Box 15203 Albany , NY 12212	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Anschutz Foundation 1727 Tremont Place Denver , CO 80202	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Edward Likovich 4700 El Camino Drive Englewood , CO 80111	\$5,000.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	Monticello Associates 1800 Larimer St. Denver , CO 80202	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	William Latourette 111 East Busse Ave. #310 Mount Prospect, IL 60056	\$ 10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	Judith Wagner 4850 S. Dahlia St. Cherry Hills Village , CO 80121	\$5,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	Boettcher Foundation 600 17th St. #2210 Denver , CO 80202	\$\$, 250.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$,		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization The Girls Athletic Leadership School of Denver 27-0736802 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

The Girls Athletic Leadership School of Denver

Employer identification number 27-0736802

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	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 advis-	ed 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		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified 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 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	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	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	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	-	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the
Da	organization's accounting for conservation easements.	4 Aut Historical Traceruses or Of	hor Cimilar Accets
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		and be also as a sharehouse des
та	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pu		•
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		<u> </u>
^			
2	If the organization received or held works of art, historical tre		gain, provide
_	the following amounts required to be reported under FASB A		• •
a	Revenue included on Form 990, Part VIII, line 1		

	rt III Organizations Ma	intaining C	ollections of A	rt, Hist	orical Tr	easures,	or Oth	er Simil	ar Asse	t s (conti	nued)	ago —
3	Using the organization's acqui											
	collection items (check all that	apply):										
а	Public exhibition		d		Loan or exc	hange prog	ram					
b	Scholarly research		е									
С	Preservation for future g	enerations										
4	Provide a description of the or		ollections and explain	n how th	ey further t	he organiza	tion's exe	empt purpo	se in Pa	t XIII.		
5	During the year, did the organi											
	to be sold to raise funds rathe									Yes		No
Pai	rt IV Escrow and Cust									line 9, o	ſ	
	reported an amount on		- :		· ·							
1a	Is the organization an agent, to	rustee, custodi	an or other intermed	liary for	contribution	ns or other a	ssets no	t included				
	on Form 990, Part X?			-						Yes		No
b	If "Yes," explain the arrangeme											
	, ,		·	3						Amoun	t	
С	Beginning balance							1c				
	Additions during the year											
e	B											
f	Ending balance											
										Yes		No
	If "Yes," explain the arrangement							•				j
	rt V Endowment Fund											
		1	(a) Current year		rior year	(c) Two year		(d) Three y	ears hack	(e) Fou	r vears	hack
1a	Beginning of year balance	f	(a) current year	(2)	nor your	(6) 1110 year	aro buon	(a) imaa y	ouro buon	(0) 1 001	youro	Buon
	.											
c												
d		· · · · · · · · · · · · · · · · · · ·										
е	•											
	and programs											
	Administrative expenses	Г										
g	,	-	rant vacy and balance	o (lino 1	a column /)\ bold oo:				<u> </u>		
2	Provide the estimated percent	-	ent year end balanc		g, column (a	a)) neid as.						
a		dowrnent	%	_%								
b	· -											
С												
2-	The percentages on lines 2a, 2			-4: 41	الماما مدما							
Зa	Are there endowment funds no	ot in the posse	ssion of the organiza	ation tha	it are neid a	ına aamınısı	erea for	tne organiz	ation	1	V	NI.
	by:									0-(1)	Yes	No
	(i) Unrelated organizations											
	(ii) Related organizations		he e e e e							3a(ii)		
b	If "Yes" on line 3a(ii), are the re					·				. 3b		
4 Do	Describe in Part XIII the intend			wment	runds.							
Pai	rt VI Land, Buildings, a				, ,, ,, ,							
	Complete if the organiz		1				1					
	Description of prope	rty	(a) Cost or o			or other		ccumulate	ed	(d) Boo	k valu	е
			basis (investn	nent)	basis	(other)	de	preciation				
1a												
b	•											
С						· C - C		00.0			<u> </u>	0.2
d	1 1				5	6,677.		23,0	54.	3	3,5	уз.
	Other											^ ^
Tota	al. Add lines 1a through 1e. (Colu	umn (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)				3	3,5	93.

Schedule D (Form 990) 2019

Part VII Investments - Other Securiti	es.		Ŭ
Complete if the organization answere			
(a) Description of security or category (including name of	security) (b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line	12)		
Part VIII Investments - Program Rela			
Complete if the organization answere		11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			<u>.</u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line	13.)		
Part IX Other Assets.			
Complete if the organization answere		11d. See Form 990, Part X, line 15.	(1) 5
Defermed 0+ £1 £	(a) Description		(b) Book value
(1) Deferred Outflows of	kesources		963,917.
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, co	(R) line 15)		963,917.
Part X Other Liabilities.	(2)		
	d "Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liabilit			(b) Book value
(1) Federal income taxes			
(2) Deferred Inflows of R	esources		989,731.
(3) Net OPEB Liability			197,021.
(4) Net Pension Liabiliti	es		2,441,786.
(5)			
(6)			
(7)			
(8)			
(9)			2 (00 520
Total. (Column (b) must equal Form 990, Part X, co			3,628,538.
2. Liability for uncertain tax positions. In Part XIII,		-	
organization's liability for uncertain tax position	ns under FASB ASC 740. Check he		
		Sch	edule D (Form 990) 2019

Pai	t XI	Reconciliation of Revenue per Audited Financial Statemer	ıts W	ith Revenue per R	eturn	ı .
		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	6,960,843.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b		ed services and use of facilities	2b			
С		veries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	0.
3	Subtra	act line 2e from line 1			3	6,960,843.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b	-64,622.		
С		nes 4a and 4b			4c	-64,622.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,896,221.
Pai		Reconciliation of Expenses per Audited Financial Stateme			Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	7,047,296.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а		ed services and use of facilities	2a			
b		vear adjustments	2b			
С		losses	2c			
d		(Describe in Part XIII.)	2d			
		nes 2a through 2d			2e	0.
3		act line 2e from line 1			3	7,047,296.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				<u> </u>
a		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b	-64,622.		
		and Annual Ale			4c	-64,622.
5		nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,982,674.
		Supplemental Information.				.,,.
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines	1b and 2b: Part V line	1· Part	X line 2: Part XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			i, i ai c	7, 1110 Z, 1 are 711,
100	_ a a	in by and i are with into 24 and 15.7 ilos complete and part to provide any additi	orial iii	Torriacion.		
Pai	ct X	I, Line 4b - Other Adjustments:				
		i, iii ii condi najabemenes.				
Fiir	ndra	ising expenses in Schedule G that are				
		ibling empended in penedate e enae are				
ret	ort	ed with expenses in the audit.				
	, , , ,	od Wien enpenses in ene dadiet				
Pai	rt. X	II, Line 4b - Other Adjustments:				
		II III II O O O O O O O O O O O O O O O				
Fiir	ndra	ising expenses in Schedule G that are				
ı uı	iai a	ising expenses in benedure o that are				
rer	ort	ed with expenses in the audit.				
<u>- ⊂}</u>) <u> </u>	ca aren expenses in the addres				

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization The Girls Athletic Leadership School of Denver

Employer identification number 27-0736802

_		7730	002	
Par	ti		YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			Ë
	other governing instrument, or in a resolution of its governing body?	1	х	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
		3	х	
	If you need more space, use Part II These policies are available on the school website.			
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	""		Г
	admissions, programs, and scholarships?	4c	Х	
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	Г
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		2
	Admissions policies?	5b		
	Employment of faculty or administrative staff?	5c		
	Scholarships or other financial assistance?	5d		7
	Educational policies?	5e		7
	Use of facilities?	5f		7
	Athletic programs?	5g		7
	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
а	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
	Has the organization's right to such aid ever been revoked or suspended?	6b		
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			

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

Schedule E (Form 990 or 990-EZ) 2019

The Girls Athletic Leadership School

Schedule E (Form 990 or 990-EZ) 2019 of Denver	27-0736802 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, an	d 7, as applicable.
Also provide any other additional information.	
Line 6 - Explanation of Government Financial Aid:	
The school receives grant funding from the Colorado Depar	tment of
Education.	
Education:	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization The Gir

The Girls Athletic Leadership School of Denver

Employer identification number 27-0736802

Schedule G (Form 990 or 990-EZ) 2019

01 50111	0_			2, 0,30	<u> </u>
Part I Fundraising Activities. required to complete this par	 Complete if the organization answet. 	ered "Yes" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
1 Indicate whether the organization rais		ng activities	Check all that apply		
a Mail solicitations			government grants	•	
b Internet and email solicitations			rnment grants		
		fundraising			
	g ∟ Special	lunuraising	events		
d In-person solicitations		<i>c</i>			
2 a Did the organization have a written of			A		
key employees listed in Form 990, P			-		
b If "Yes," list the 10 highest paid indiv		ant to agre	ements under which	the fundraiser is to t	oe .
compensated at least \$5,000 by the	organization.				
		(iii) Did		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) / iotivity	or control of	from activity	fundraiser listed in col. (i)	organization
				noted in ooi. (i)	
		Yes No			
Total	*				
Total	un in registered or lineared to sellet	oontribution	o or boo boon notifie	d it is everent from	l agistration
3 List all states in which the organization or licensing.	in is registered or licerised to solicit (Johnhoution	o ur nas deen notine	a it is exempt from to	zyistration

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

27-0736802	Page 2
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Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Annua1 None (add col. (a) through Luncheon col. (c)) (event type) (event type) (total number) 240,282 240,282. 1 Gross receipts 2 Less: Contributions 240,282. 240,282. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 64,622 9 Other direct expenses 64,622. **10** Direct expense summary. Add lines 4 through 9 in column (d) 175,660 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

The Girls Athletic Leadership School

Sch	ledule G (Form 990 or 990-EZ) 2019 Oİ Denver	27-0	73680	2 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor			
	Name ▶			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party \$\blacktriangleright*			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	t III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

The Girls Athletic Leadership School of Denver

Schedule G (Form 990 or 990-EZ) OI Denver	27-0736802 Page 4
Part IV Supplemental Information (continued)	
·	
A.	

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

The Girls Athletic Leadership School of Denver

Employer identification number 27-0736802

Form 990, Part I, Line I:

The mission of Girls Athletic Leadership Schools of Denver (GALS) and the Boys School of Denver (BOYS) is to foster academic excellence and personal development for young women and men to become powerful advocates for themselves and leaders in their communities. With our unique movement-based, gender focused education, we empower young women and men to succeed adademically, live boldly, lead confidently, and thrive physically.

Form 990, Part III, Line I:

The mission of Girls Athletic Leadership Schools of Denver (GALS) and the Boys School of Denver (BOYS) is to foster academic excellence and personal development for young women and men to become powerful advocates for themselves and leaders in their communities. With our unique movement-based, gender focused education, we empower young women and men to succeed adademically, live boldly, lead confidently, and thrive physically.

Form 990, Part III, Line 4a:

GALS and BOYS is a growing community of schools that serves over 500

Denver-area middle- and high-school girls and middle-school boys. Our

three schools provide an innovative and necessary educational option

that engages health and wellness as a key contributing factor in

optimizing academic achievement and self-development. Founded in 2010,

Employer identification number 27-0736802

the GALS Middle School serves 6-8th grade students. We have 297
students from all corners of Denver. The GALS Denver High School,
founded in 2014, serves approximately 133 9th-12th grade students. Our
students are honing their leadership skills (both inside and outside of
the classroom) to go out and make a positive difference in the world.

The Boys School of Denver opened its doors in 2017 and serves 6th - 8th
grade students. Salaries and benefits account for 72% of our annual
budget. We believe our biggest investment is our teachers and staff.

Form 990, Part VI, Section B, line 11b:

The 990 is reviewed by the Finance Team, the Board and Executive Director before it is filed.

Form 990, Part VI, Section B, Line 12c:

Prospective board members disclose any potential conflicts of interest during the vetting process. If the board deems them significant, then board members will not be approved. Once a board member is confirmed, if a potential conflict arises, the board will discuss and vote on whether the amount in question is above a threshold, and if so, will ask the board member to step down or withdraw from the bidding process. All board members sign conflict of interest forms annually, and are asked to disclose any conflicts.

Form 990, Part VI, Section B, Line 15a:

An ad hoc committee performs an evaluation of the Executive Director, using data and outcomes from the previous year. They bring the findings to the full board, where there is a discussion in Executive Session, and come to a

	Denver	SHIP SCHOOL	27-0736802
conclusion on per	rformance based increase	es for the Executi	ve Director.
Form 990, Part V	I, Section C, Line 19:		
Governing documen	nts and policies are ava	ailable upon reque	st. Financial
statements are a	vailable on the School's	s website.	
Form 990, Part X	II, Line 2c:		
The finance comm	ittee oversees audit ser	rvices and selecti	on of
	tor. This has not change		

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

The Girls Athletic Leadership School of Denver Number, street, and room or suite no. If a P.O. box, see instructions. 750 Galapago Street City, town or post office, state, and ZIP code. For a foreign address, see instructions. Denver, CO 80204 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 990-BL Form 4720 (individual) Form 990-F Form 990-F Form 990-F Carol Bowar Carol Bowar The Girls Athletic Leadership School 27-0736802 27-0736802 27-0736802 27-0736802 27-0736802 27-0736802 27-0736802	illing or ti	iis iomi, visit www.irs.gov/e-nie-providers/e-nie-ror-char	nies-and-i	ion-pronts.				
Taxpayer identification number (TIN) Taxpayer identif	Autom	atic 6-Month Extension of Time. Only subn	nit origin	al (no copies needed).				
Name of exempt organization or other filer, see instructions. The G1rls Athletic Leadership School of Denver	All corpor	ations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partners	hips, REMIC	s, and trusts		
The Girls Athletic Leadership School of Denver Number, street, and room or suite no. If a P.O. box, see instructions. 750 Galapago Street City, town or post office, state, and ZIP code. For a foreign address, see instructions. Denver, CO 80204 Enter the Return Code for the return that this application is for (file a separate application for each return) Second Sec	must use	Form 7004 to request an extension of time to file incon	ne tax retu	rns.				
The Girls Athletic Leadership School of Denver Number, street, and room or suite no. If a P.O. box, see instructions. 750 Galapago Street City, town or post office, state, and ZIP code. For a foreign address, see instructions. Denver, CO 80204 Enter the Return Code for the return that this application is for (file a separate application for each return) Second Sec	Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpayer	r identification n	number (TIN)	
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SFOr Code IsFor Code IsFor Code IsFor Code IsFor Code IsFor Code IsFor Code IsForm 990-T (corporation) O7 Form 990-BL O2 Form 1041-A O8 Form 4720 (individual) O3 Form 4720 (individual) O9 Form 990-PF O4 Form 592-T O8 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 O5 Form 890-T (trust other than above) O6 Form 8870 O7 The books are in the care of 750 Galapago Street Denver Co 80 204 Telephone No. 303 - 282 - 6437 Fax No. Fax No. Form 990-T (it is for part of the group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If the organization and attach a list with the names and TINs of all members the extension is for. Tequest an automatic 6-month extension of time until May 17 , 2021 The organization named above. The extension is for the organization's return for: May 17 , 2021 The tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period Change in accounting period This is polication is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0	Enter the	Return Code for the return that this application is for (fi	ile a separa	ate application for each return)			01	
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Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment								

.HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)