CNRG ACCOUNTING ADVISORY, LLC 1031 33RD ST DENVER, CO 80205 720-468-0434

November 18, 2020

Girls Athletic Leadership Schools 750 Galapago St Denver, CO 80204

Dear Client:

Enclosed is your 2017 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2018 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

Chyla Graham

2017 Federal Exempt Organ	nization Tax Sun	zation Tax Summary				
Girls Athletic Lea	dership Schools	26-0784148				
REVENUE	2017	2016	Diff			
Contributions and grants Program service revenue	26,748 120,426	21,523 0	5,225 120,426			
Total revenue	147,174	0	147,174			
EXPENSES Salaries, other compen., emp. benefits Professional fundraising expenses Other expenses	45,822 1,000 67,712	9,092 0 23,548	36,730 1,000 44,164			
Total expenses	114,534	0	114,534			
NET ASSETS OR FUND BALANCES Revenue less expenses. Total assets at end of year. Total liabilities at end of year. Net assets/fund balances at end of year.	32,640 48,430 0 48,430	0 0 0 0	32,640 48,430 0 48,430			

Form **990**

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

OMB No. 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. 2017, and ending For the 2017 calendar year, or tax year beginning D Employer identification number Check if applicable: Address change Girls Athletic Leadership Schools 26-0784148 750 Galapago St Name change Denver, CO 80204 Initial return (310) 593-3620 Final return/terminated **G** Gross receipts \$ Amended return 147,174. H(a) Is this a group return for subordinates **F** Name and address of principal officer: Application pending Yes **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes Same As C Above Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 Website: ► N/A **H(c)** Group exemption number ▶ X Corporation Other ► L Year of formation: 2007 Form of organization: Trust Association M State of legal domicile: CO Summary Part I Briefly describe the organization's mission or most significant activities: GALS empowers students to succeed academically, lead confidently, live boldly and thrive physically. Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 ∽ઇ Number of independent voting members of the governing body (Part VI, line 1b)..... 4 5 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T. line 34..... **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 26,748.21,523. 120,426. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 21,523 147,174 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,092 45,822 16a Professional fundraising fees (Part IX, column (A), line 11e)..... 1,000. **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 23,548 67,712. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 32,640. 114,534. Revenue less expenses. Subtract line 18 from line 12..... -11.11732,640. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 15,790 48,430 21 0. 22 Net assets or fund balances. Subtract line 21 from line 20..... 15,790 48,430. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Carrie Wagner **CEO** Type or print name and title Print/Type preparer's name Preparer's signature Chyla Graham self-employed P02016884 Chyla Graham **Paid** Preparer CNRG Accounting Advisory, LLC Use Only ▶ 1031 33<u>rd St</u> Firm's address Firm's EIN ► 81-1585294

Denver, CO 80205

May the IRS discuss this return with the preparer shown above? (see instructions).....

720-468-0434

X Yes

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 83,043.

			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 (see instructions)?	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
ı	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.	11 b		Х
•	c 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.	11 c		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.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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	11 f		Х
12	a 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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	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

Form 990 (2017) Girls Athletic Leadership Schools Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
C	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 transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
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? <i>If 'Yes,' complete Schedule R, Part l.</i>	33		Х
	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf '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? <i>If 'Yes,' complete Schedule R, Part VI</i>	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	

Form 990 (2017) Girls Athletic Leadership Schools Part 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....

	Check if Schedule O contains a response or note to any line in this Part V				🔲				
				Yes	No				
1 8	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	8						
ı	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0						
(c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	. 1c	X					
2	a 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	2 a	1						
	b If at least one is reported on line 2a, did the organization file all required federal employmen		<u>+</u> . 2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see ins								
3 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year	•	. 3a		Х				
	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>		. 3b	1					
4 :	a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fi	r authority over, a nancial account)?	. 4a		Х				
	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	Accounts (FBAR).							
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		. 5c						
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	. 6a		Х				
I	b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ons or gifts were	. 6b						
7	Organizations that may receive deductible contributions under section 170(c).								
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods and	_		37				
	1 3		7 a		Х				
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v		. 7b						
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year		. 7с		X				
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		. 7e		Х				
	f Did the organization, during the year, pay premiums, directly or indirectly, or a personal ben				X				
	q If the organization, earning the year, pay premiaring, directly of main early, on a personal ben		· / ·						
	as required?		. 7 g						
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		. 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
_	3 3		. 8						
	Sponsoring organizations maintaining donor advised funds.								
	a Did the sponsoring organization make any taxable distributions under section 4966?			-					
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	5011?	. 9 b						
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	10 a							
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	-						
	Section 501(c)(12) organizations. Enter:	10.5	\dashv						
	a Gross income from members or shareholders.	11 a							
	b Gross income from other sources (Do not net amounts due or paid to other sources		-						
	against amounts due or received from them.)	11 b	_						
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	f Form 1041? 1 2b	. 12a						
	Section 501(c)(29) qualified nonprofit health insurance issuers.	ı							
	a Is the organization licensed to issue qualified health plans in more than one state?		. 13a						
	Note. See the instructions for additional information the organization must report on Schedul								
ı	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	1							
	· · · · · · · · · · · · · · · · · · ·	13b							
	c Enter the amount of reserves on hand	13c	-		V				
	a Did the organization receive any payments for indoor tanning services during the tax year?.		14a		X				
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	scnedule O			(2017)				
AΑ	TEEA0105L 08/08/17		LOIU	1 330	(2017)				

Form 990 (2017) Girls Athletic Leadership Schools 26-0784148 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c **13** Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... Χ 15a **b** Other officers or key employees of the organization...See .Schedule . 0..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Denver CO 80204 (303) 282-6437

Kaycee Gehart 750 Galapago St

Form 990 (2017)	Girls	Athletic	Leadershi	o Schools

26-0784148

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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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			(C)							
(A) Name and Title	(B) Average hours per	thar	Position (do not check m than one box, unless per is both an officer and director/trustee)				on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Barbara Wagner	2									
Chairman	0	Χ						0.	0.	0.
(2) Alexandra Merlino	1									
Treasurer	0	Χ						0.	0.	0.
(3) Christa Doyle	0.5									
Director	0	Χ						0.	0.	0.
(4) Ken Fisher	0.5									
Director	0	Χ						0.	0.	0.
	0.5									
Director	0	Χ						0.	0.	0.
_(6) Paula Hansen	0.5									
Director	0	Χ						0.	0.	0.
	0.5							_	_	
Director	0	Χ						0.	0.	0.
(8) Roger Lowenstein	0.5							_	_	
Director	0	Χ						0.	0.	0.
(9) <u>Sairo Rao</u>	0.5							•		
Director	0	Χ						0.	0.	0.
(10) Iriana Reyes-Corral	0.5	.,						•	•	•
Director	0	X						0.	0.	0.
(11) Wendy Talley	0.5							0	0	^
Director	0	X						0.	0.	0.
(12) Anastasia Toomey	0.5	17						_	_	•
Director	0	Χ						0.	0.	0.
(13) Renita Thurkral	0.5	17						_	_	•
Director	0	Χ	\vdash					0.	0.	0.
(14) Elizabeth Wolfson	$-\frac{40}{0}$	1		37				40 500	_	•
Executive Dir.	0			Χ				42,526.	0.	0.

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Part VII Section A. Officers, Directors, Tru		Key	Еm		_	es,	and	d Highest Com	pensated Empl	oyee	S (conti	nued)
	(B)			((-							
(A) Name and title	Average hours per week	box	, unle cer ar	ss pe nd a d	erson direct	than is bot or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	amo	(F) Estimated	her
	(list any hours for related organiza - tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	org ar	npensation the ganization of t	on d
	line)	0	æ			sated						
<u>(15)</u>												
(16)												
(17)												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total		<u> </u>					>	42,526.	0.			0.
c Total from continuation sheets to Part VII, Section	on A						▶	0.	0.			0.
d Total (add lines 1b and 1c).							>	42,526.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable compo	ensatio	n	
3 Did the organization list any former officer, direct	.	-4	اما				ما بده	ialaat aasaasaa	had amanlayaa		Yes	No
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If 'Y	es,	con	ıple	te Schedule J for		4		X
5 Did any person listed on line 1a receive or accrume for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fro chea	om i lule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	5		Х
Section B. Independent Contractors									4100.000 (
Complete this table for your five highest compensation from the organization. Report compensation.	sation for	epen the c	dent	cor dar <u>y</u>	ntrad year	etors endi	tha ng v	vith or within the or	ganization's tax year.			
Name and business addi	ress							Description (of services	Compe	C) ensatio	n
2 Total number of independent contractors (including b	out not lim	ited to	o the	se I	isted	l abo	ve)	who received more	than			
\$100,000 of compensation from the organization	D											

Forn	1990(2017) Girls Athletic Leadership Schoo	ols		26-0784148	Page 9
	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to any		1		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f Business Code 2 a Licenseing Fee 611710 b 611710 c 611710 d 611710	26,748. 120,426.	120,426.		
rog	g Total. Add lines 2a-2f	120,426.			
Other Revenue	Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds. Royalties. (i) Real (ii) Personal 6 a Gross rents. b Less: rental expenses c Rental income or (loss). d Net rental income or (loss). 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss). d Net gain or (loss). b Less: direct expenses. c Net income or (loss) from fundraising events. 9 a Gross income from gaming activities. See Part IV, line 19. a b Less: direct expenses. b c Net income or (loss) from gaming activities. See Part IV, line 19. a b Less: direct expenses. b c Net income or (loss) from gaming activities. Place of a contribution of the side of tax-exempt bond proceeds. Description: A Dividing Di				
	and allowances				

Business Code d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions...... 120,426 0.

147,174.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a re	(A)	(B)	(C)	(D)
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	42,526.	34,020.	4,253.	4,253.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages		, ,		<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,296.	2,637.	330.	329.
11	Fees for services (non-employees):	- 1	,		
a	Management				
	Legal	961.		961.	
	: Accounting	1,669.		1,669.	
	Lobbying	1,003.		1,003.	
	Professional fundraising services. See Part IV, line 17	1,000.			1,000.
	Investment management fees	1,000.			1,000.
g	Other. (If line 11g amount exceeds 10% of line 25, column	10 202	11 010	7 570	
12	(A) amount, list line 11g expenses on Schedule 0.5ch. 0 Advertising and promotion	19,383. 793.	11,810.	7,573. 793.	
13	Office expenses	1,055.		1,055.	
14	Information technology	1,055.		1,055.	
15	Royalties.				
16	Occupancy	3,329.		3,329.	
17	Travel.	16,700.	13,360.	1,670.	1,670.
18	Payments of travel or entertainment expenses for any federal, state, or local	10,700.	13,300.	1,070.	1,070.
19	public officials Conferences, conventions, and meetings	7,598.	6,078.	760.	760.
20	Interest	· 			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,086.		1,086.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a H	Direct Program Expenses	15,138.	15,138.		
	` 				
,	、 +				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	114,534.	83,043.	23,479.	8,012.
		114, 334.	03,043.	43,413.	0,012.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	9,264.	1	48,430.
	2	Savings and temporary cash investments.	5,101.	2	
	3	Pledges and grants receivable, net	,	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5 6	
Ø	7	Notes and loans receivable, net.		7	
Assets	8	Inventories for sale or use.	1,425.	8	
150	9	Prepaid expenses and deferred charges.	1,423.	9	
	-			9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,790.	16	48,430.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>e</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ဋ	27	Unrestricted net assets.	15,790.	27	48,430.
<u>a</u>	28	Temporarily restricted net assets.	20,750.	28	10, 100.
2	29	Permanently restricted net assets.		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
e E	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
(SS	32	Retained earnings, endowment, accumulated income, or other funds		32	
) t	33	Total net assets or fund balances	15,790.	33	10 120
ž	34	Total liabilities and net assets/fund balances.	15,790.	34	48,430. 48,430.
	J-T	rotal habilition and not appointing balances	13,130.	J-7	40,430.

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Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			🔲
1	Total revenue (must equal Part VIII, column (A), line 12).	1	147,	174.
2	Total expenses (must equal Part IX, column (A), line 25).	2	114,	534.
3	<u>'</u>	3	32,	640.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,	790.
5	Net unrealized gains (losses) on investments.	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	48,	430.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a		
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	,		
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BAA			Form 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

vame	or the	organization					Employer identi	ication number			
Gi	rls	Athletic Leadershi	p Schools				26-07841	48			
Pai	rt I	Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.) See instru	ictions.			
The	orgai	nization is not a private found	lation because it is: (For lines 1 through 12,	check o	nly one	box.)				
1		A church, convention of church	es, or association of ch	nurches described in sect	tion 1 70 (b)(1)(A)(i).				
2		A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)					
3		A hospital or a cooperative h	ospital service organi	ization described in sec	tion 170	O(b)(1)(A	A)(iii).				
4		A medical research organizar name, city, and state:	tion operated in conju	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii).	Enter the hospital	's		
5		An organization operated for section 170(b)(1)(A)(iv). (Co	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(Α)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	it or from the general p	public described			
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9		An agricultural research organia	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant co	llege			
		or university or a non-land-grar university:			the nan	ne, city, a	and state of the colleg	e or			
10	П	·									
		An organization that normally r from activities related to its c investment income and unrel June 30, 1975. See section 5	exempt functions—sub lated business taxable	oject to certain exception in the community of the commun	ns, and	(2) no r	more than 33-1/3% o	f its support from (gross after		
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).				
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) c	r sectio	n 509(a))(2). See section 509	(a)(3). Check the b	of one oox in		
á	a 🗌	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervised	d. or controlled by its sur	ported o	rganizati	ion(s), typically by givi	na the supported			
I	o 🗌	Type II. A supporting organiz management of the supporting	ation supervised or coorganization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), b the supported organiz	y having control or ation(s). You	r		
(c 🔲	must complete Part IV, Section Type III functionally integrated organization(s) (see instruction in the complete Part IV, Section Type III functionally integrated organization (s).		ion operated in connection	n with, aı	nd functio	onally integrated with, i	ts supported			
		organization(s) (see instructionally integrated in the control of									
		functionally integrated. The cinstructions). You must com	organization generally	must satisfy a distribu	tion req	uiremen	t and an attentivenes	ss requirement (se	е		
		Check this box if the organize integrated, or Type III non-fu	nctionally integrated:	supporting organizatior	١.		31 . 31 . 3	pe III functionally			
		ter the number of supported of	•								
	•	ovide the following information			T	1	() () ()				
	(I) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g docur	overning	(v) Amount of monetary support (see instructions)		12. 5		
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
<u>-, </u>											
-								Ì			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					26,748.	26,748.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	0.	26,748.	26,748.
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)					·	0.
6	Public support. Subtract line 5 from line 4						26,748.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	26,748.	26,748.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						26,748.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	120,426.
13	First five years. If the Form 990 is organization, check this box and	for the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14		017 (line 6, column	n (f) divided by lin	e 11, column (f)).		14	100.00%
15	Public support percentage from						0.00%
16a	16a 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	Ta 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶						
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see inst	tructions ►

26-0784148

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	tion A. Public Support	sto noted bolow,	produce compress r	art my			
Calend	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	•		· ·			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		T		T	T	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·				
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv					1 1	
17	Investment income percentage for	•	• • •	-			0,0
18	Investment income percentage fi					<u> </u>	%
	33-1/3% support tests—2017. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	▶ 📗
	33-1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported 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

			Yes	No
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.	1		
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			
2-	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
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.	4c		
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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 .	9a		
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 .	9b		
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 .	9с		
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.	10a		
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.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	∐ac :	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		erning body of a supported organization?	11a		
	b A far	mily member of a person described in (a) above?	11b		
	c A 35	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
	D: 1 11			Yes	No
1	or ele Part If the direc	he directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. e organization had more than one supported organization, describe how the powers to appoint and/or remove ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, lied to such powers during the tax year.	1		
2	Did t that	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	orgai year,	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgai	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played his regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	ᆷ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	ᆷ	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
	• Ш	g			
2	Activ	vities Test. Answer (a) and (b) below.		Yes	No
i	suppo orga respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	the c	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement.	2b		
3	Pare	ent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
i	a Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did th supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported 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(3)(3) Supporting Orga	ınıza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
- 1	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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		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 inte	grated	d Type III supporting org	ganization

(see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	ection D — Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
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 responsive (provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			
PAA		Schodulo A (Fo	rm 990 or 990 EZ) 2017

BAA

Schedule A (Form 990 or 990-EZ) 2017

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

Name of the organization

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

2017

Employer identification number

Girls Athletic Leadership Sch	ools	26-0784148		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	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 priva	ate foundation		
	501(c)(3) taxable private foundation			
Check if your organization is covered by the General	Rule or a Special Rule.			
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	special Rule. See instructions.		
General Rule				
For an organization filing Form 990, 990-Ez property) from any one contributor. Comple	C, or 990-PF that received, during the year, contributions totate Parts I and II. See instructions for determining a contribution	aling \$5,000 or more (in money or tor's total contributions.		
Special Rules				
under sections 509(a)(1) and 170(b)(1)(A)(vi).	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that		
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lichildren or animals. Complete Parts I, II, and III.	rom any one contributor, terary, or educational		
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).				

BAA 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) (2017)

Page

1 of

1 of Part I

Girls Athletic Leadership Schools

Employer identification number

26-0784148

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
--------	--------------	---------------------	----------------------	-------------------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Ken Fisher 6218 North Federal Highway Fort Lauderdale, FL 33308	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Women's Foundation of Colorado 1901 East Ashbury Ave Denver, CO 80210	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Page

1 to

of Part II

1

Employer identification number

Girls Athletic Leadership Schools

26-0784148

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
N/A	<u>A</u>		
 		 \$ 	
(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
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u></u>		 \$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

1 to

1 of Part III

Name of organization
Girls Athletic Leadership Schools

Employer identification number

26-0784148

Part III	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 information once. See instructions.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Rela	ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use 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		
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	<u></u>		 			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Rela	ationship of transferor to transferee		

SCHEDULE O (Form 990 or 990-EZ)

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.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Girls Athletic Leadership Schools

Employer identification number

26-0784148

Form 990, Part VI, Line 11b - Form 990 Review Process

Provided to governing body for review and examination before filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Used comparable salaries of similar organizations

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Used comparable salaries of similar organizations

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon Request

Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B) Program	(C) Management	(D) Fund-
<u> </u>	Total	Services	& General	raising
Contractors & Prof Services	19,383.	11,810.	7,573.	
Total <u>\$</u>	19,383.	\$ 11,810.	\$ 7,573.	\$ 0.

CNRG ACCOUNTING ADVISORY, LLC 1031 33RD ST DENVER, CO 80205 720-468-0434

December 16, 2020

Girls Athletic Leadership Schools 750 Galapago St Denver, CO 80204

Dear Client:

Enclosed is your 2018 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2019 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

Chyla Graham

2018 Federal Exempt Organization Tax Summary								
	Girls Athletic Leade	rship Schools		26-0784148				
REVENUE		2018	2017	Diff				
Contributions ar	nd grantsrevenue	507,125 64,275	26,748 120,426	480,377 -56,151				
Total revenue		571,400	147,174	424,226				
Professional fur	compen., emp. benefits ndraising expenses	119,610 0 168,738	45,822 1,000 67,712	73,788 -1,000 101,026				
Total expenses		288,348	114,534	173,814				
Total assets at Total liabilitie	ND BALANCES penses end of year es at end of year balances at end of year	283,052 331,482 0 331,482	32,640 48,430 0 48,430	250,412 283,052 0 283,052				

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Α	For th	e 2018 calen	dar year, or tax	year begii	nning		, 201	8, and en	nding	9		,		
В	Check if	f applicable:	С								D Employ	er identifi	cation number	
	Add	dress change	Girls Ath	letic I	Leadershi	ip School	ls				26-	07841	48	
	Nar	me change	750 Galapa			-р соло				Ì	E Telepho			
		tial return	Denver, C		4						310	593-	3620	
		al return/terminated								ŀ	310	373	3020	
	\vdash	nended return									G Gross re	anninta S	E71	400
	\vdash		F Name and addr	an of ariania	al afficari				- 1	H(a) Is this a				,400. X No
	Abl	plication pending			ai officer.					` '				-
_	Tayla		Same As C		\	t \	1017(0)(1)	or 527	,	H(b) Are all : If "No,"	attach a list.	. (see insti	ructions)	
÷		exempt status:	X 501(c)(3)	501(c) () 	nsert no.)	4947(a)(1)	01 527						
<u>J</u>		osite: ► N/		T T	1	T &				H(c) Group 6				
K		of organization:	X Corporation	Trust	Association	Other ►		L Year of for	rmatic	on: 200	/ IVI S	State of leg	gal domicile: C(<u>) </u>
Pa	art I	Summar Driefly deseri	y be the organiza	lianla mias	sian ar maat	cianificant oc	tivition C	7.T.C						
													succeea	
Se		acadellite	ally, lead	COULT	<u>denciy,</u>	TIVE DOI	L <u>uiy ai</u>	ia tiiri	rve	pnysi	<u>carry.</u>			
Activities & Governance									· — —					
Ver	2	Check this bo	y ► lifthe	organizatio	 on discontinu		ions or di	snosed of	f mo	re than 2	5% of its	net ass	 ets	
ဇ္ဗ	3		ting members of									3	cts.	12
•მ	4		dependent votir									4		12
ţį	5		of individuals e									5		1
≅	6		of volunteers (6		13
Ac			ed business reve									7a		0.
	b l	Net unrelated	l business taxab	le income	from Form 9	990-T, line 38	3					7b		0.
	_									l l	rior Year		Current Y	
<u>o</u>	8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).										26,7			,125.
Revenue								l l	120,4	26.	64	1,275.		
ě			•											
_			e (Part VIII, colu e – add lines 8								147,1	7.1	F71	400
			imilar amounts								14/,1	. /4.	371	,400.
			to or for memb											
											4F 932 110			
es	10									45,822.			610.	
Expenses	ı ba ı	Professional fundraising fees (Part IX, column (A), line 11e)									1,0	00.		
ă X	b '	Total fundrais	sing expenses (l	Part IX, co	olumn (D), lin	ie 25) ►		24,60	<u>2.</u>					
ш	17	Other expens	es (Part IX, col	umn (A), I	ines 11a-11d	, 11f-24e)					67,7	12.	168	738.
			es. Add lines 13								114,5	34.	288	3,348.
		Revenue less	expenses. Sub	tract line	18 from line	12					32,6	540.	283	3,052.
- S											g of Curren	t Year	End of Y	
sets	20		(Part X, line 16)								48,4	30.	331	,482.
Net Assets	21		s (Part X, line 2	,								0.		0.
		Net assets or	fund balances.	Subtract	line 21 from l	line 20					48,4	30.	331	,482.
Pa	art II	Signatur	e Block											
Und	er penalti	ies of perjury, I de	clare that I have exa	mined this ret	turn, including acc	companying sche	dules and st	atements, an	nd to th	he best of my	y knowledge	and belief	f, it is true, correc	ct, and
COM	piete. De	ciaration of prepa	rer (other than office) is based of	i ali ililormation o	or writeri preparer	nas any kno	wieuge.						
		<u> Circata</u>								Det	-			
Sig	gn	Signatu	re of officer							Dat	e			
He	re		rie Wagner							CEO				
		71	print name and title		T			1						
		, ,	reparer's name		Preparer's sign			Date			Check	J"	TIN	
Pa			Graham		Chyla G						self-employe	ed P	02016884	<u> </u>
	epare				ing Advi	sory, LI	LC							
Us	e Onl	ly Firm's addre		3rd St							Firm's EIN		1585294	
				c, CO 8							Phone no.		468-0434	
Ma	y the IF	RS discuss th	is return with th	e prepare	r shown abov	ve? (see inst	ructions).						X Yes	No

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 233,814.

			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 (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</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? <i>If 'Yes,' complete Schedule D, Part II</i>	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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	11 a		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.	11 b		Х
c	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	11 c		Х
c	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	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		X
14 a	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.	146		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.	14b		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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .	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 (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued	s (continued)	ued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 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? <i>If 'Yes,' complete Schedule J.</i>	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 Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		Χ
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	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 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		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		X
38	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	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			· [
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
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Form 990 (2018) Girls Athletic Leadership Schools

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

			Yes	No
2 a	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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
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 Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			,,
	services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Form 8282?	7 c		Χ
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 9 7 h		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ıza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue gualified 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 organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
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?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
10	If 'Yes,' complete Form 4720, Schedule O.	10		21

Form 990 (2018) Girls Athletic Leadership Schools 26-0784148 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... Χ 15 a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Denver CO 80204 303 282-6437

Kaycee Gehart 750 Galapago St

Form 990 (2018	3) Girls	Athletic	Leadership	Schools
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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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours per	is	both dire	an o	officer truste			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Barbara Wagner	2									
Chairman	0	Χ						0.	0.	0.
(2) Alexandra Merlino	1									
Treasurer	0	Χ						0.	0.	0.
(3) Christa Doyle	0.5									
Director	0	Χ						0.	0.	0.
_(4) Ken Fisher	0.5							_		_
Director	0	Χ						0.	0.	0.
(5)_ Donna_Good	0.5									
Director	0	Χ						0.	0.	0.
	0.5									_
Director	0	Χ						0.	0.	0.
_(7) LaRhonda Jackson	0.5	.,						•	•	•
Director	0	Χ						0.	0.	0.
_(8) <u>Sairo Rao</u>	0.5	.,						•	•	•
Director	0	Х						0.	0.	0.
_(9) Iriana Reyes-Corral	0.5							0	0	0
Director	0	Χ						0.	0.	0.
(10) Wendy Talley	0.5	17						0	0	0
Director	0.5	Х						0.	0.	0.
(11) Anastasia Toomey	0.5	Х						0	0	0
Director	0.5	Λ						0.	0.	0.
(12) Renita Thurkral Director	0.5	Х						0.	0.	0
(13) Elizabeth Wolfson	40	Λ						0.	0.	0.
Executive Dir.	$-\frac{40}{0}$	1		Х				63,500.	0.	0.
(14)	0			Λ				03,300.	0.	0.
2.7		1								

Part VII	Section A. Office	ers, Directors, Tru		Key	Em	_	_	es,	and	Highest Con	ipensated Emp	loyees	5 (cont	inued)
			(B)			((•							
	(A)		Average hours	(do	not o	Pos heck	more	than	one	(D)	(E)	_	(F)	
	Name and titl	e	per week	offic	cer ar	nd a	direct	or/trus	tee)	Reportable compensation from	Reportable compensation from	amo	stimated ount of o	ther
			(list any hours	or o	sul	Off	Key	High	압	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f	npensati from the	!
			for related	Individual or director	ipni	Officer	/ em	hest bloye	Former			ar	ganization nd relate	ed
			organiza - tions	হ হ	mal		Key employee	e com				org	janizatio	115
			below dotted	Individual trustee or director	Institutional trustee		88	pens						
			line)	(1)	93			Highest compensated employee						
(15)														
(13)				-										
(16)														
<u> </u>														
(17)														
(18)														
(19)														
(20)														
(21)														
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(23)														
(24)														
-														
(25)														
41.0.1.1				<u> </u>						60 500				
1 b Sub-to		anta to Davit VIII. Conti							•	63,500.				0.
		eets to Part VII, Section							•	0. 63,500.	0.			0.
		ncluding but not limited							ved			nensatio	n	0.
	ne organization	0	10 111000 1	iotou	abo	• 0)		10001	·ou	more than \$100,00		porioatio		
													Yes	No
3 Did the	organization list any	former officer, direct	tor or tru	istee	kev	/ em	nnlov	/66	or h	nighest compensa	ted employee			
on line	a? If 'Yes,' comple	te Schedule J for suc	h individu	ial								. 3		X
4 For an	y individual listed on	line 1a, is the sum of dorganizations greate	reportab	le co	mpe	ensa	tion	and	oth	er compensation	from			
the org	ganization and related	d organizations greate	er than \$1	50,00	00?	If '\	es,	com	iple	te Schedule J for		4		Х
		e 1a receive or accrue												- 21
for ser	vices rendered to the	organization? If 'Yes	,' comple	te So	chec	lule	J fo	r suc	ch p	erson		. 5		X
Section B	3. Independent Co	ontractors												
1 Compl	ete this table for your nsation from the organi	five highest compensization. Report compens	sated ind sation for	epen the c	deni alen	t cor dar '	ntrad vear	ctors endi	tha na v	it received more tl vith or within the or	nan \$100,000 of ganization's tax yea	r.		
		· · · · · · · · · · · · · · · · · · ·			<u></u>	<u> </u>	j ou.	0.10.	9 .	(B)	<u> </u>		C)	
	Nar	(A) me and business addr	ess							Description of	of services	Compe	ensatio	on
·														
		1 1 2 1 2 1	1 12				. ,			<u> </u>				
	·	contractors (including b		ited to	o tho	se I	ıstec	abo	ve)	wno received more	tnan			
\$100,0	ou compensation 1	from the organization	- 0											

Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to	any line in this Part V (A) Total revenue	(III	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ice Revenue and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f Business Code 2a Licenseing Fee 611710 b Uniform Sales 611710		63,817. 458.		512-514
Program Service Revenue	d e f All other program service revenue g Total. Add lines 2a-2f.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties. (i) Real (ii) Personal 6 a Gross rents. b Less: rental expenses c Rental income or (loss). d Net rental income or (loss). 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss). d Net gain or (loss). 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18. a b Less: direct expenses. c Net income or (loss) from fundraising events. 9 a Gross income from gaming activities. See Part IV, line 19. a b Less: direct expenses. c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances. a b Less: cost of goods sold. b c Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11 a b c d All other revenue.				
	e Total. Add lines 11a-11d		64,275.	0.	0.

Part IX Statement of Functional Expenses

Do r	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments.		expenses	general expenses	expenses
2	See Part IV, line 21				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60.500	50.000	6.050	6.050
_	trustees, and key employees	63,500.	50,800.	6,350.	6,350.
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	53,123.	42,675.	2,500.	7,948.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,987.	2,390.	299.	298.
11	Fees for services (non-employees):				
	Management				
	Legal	1,564.	1,564.		
	: Accounting	10,772.		10,772.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	12,138.	9,710.	1,215.	1,213.
12	Advertising and promotion	16,308.	13,046.	1,631.	1,631.
13	Office expenses	9,988.	7,990.	999.	999.
14	Information technology	2,990.	2,392.	299.	299.
15	Royalties				
16	Occupancy	12,551.	10,041.	1,255.	1,255.
17	Travel.	23,087.	18,470.	2,309.	2,308.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	20,373.	16,298.	2,038.	2,037.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 000	0.00	100	100
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	1,086.	869.	109.	108.
а	Direct Program Expenses	56,320.	56,320.		
	Supplies	1,561.	1,249.	156.	156.
C	:				
d	l 				
-	All other expenses	200 212	222 211	22.22	0
25	Total functional expenses. Add lines 1 through 24e	288,348.	233,814.	29,932.	24,602.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

1 Cash – non-interest-bearing. 48,430. 1 2 Savings and temporary cash investments. 2 3 Pledges and grants receivable, net. 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under	(B) End of year 331,482.
2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disgualified persons (as defined under	331,482.
2 Savings and temporary cash investments. 2 3 Pledges and grants receivable, net. 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under	
4 Accounts receivable, net	
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	
6 Loans and other receivables from other disqualified persons (as defined under	
section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	
7 Notes and loans receivable, net	
9 Prepaid expenses and deferred charges	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	
b Less: accumulated depreciation	
11 Investments – publicly traded securities	
12 Investments – other securities. See Part IV, line 11	
13 Investments – program-related. See Part IV, line 11	
14 Intangible assets. 14	
15 Other assets. See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 34)	331,482.
17 Accounts payable and accrued expenses	
18 Grants payable 18	
19 Deferred revenue 19	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25	_
26 Total liabilities. Add lines 17 through 25.	0.
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	
27 Unrestricted net assets	331,482.
28 Temporarily restricted net assets	
29 Permanently restricted net assets	
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 48,430. 27 48,430. 27 48,430. 27	
30 Capital stock or trust principal, or current funds	
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds	
33 Total net assets or fund balances	331,482.
34 Total liabilities and net assets/fund balances. 48,430. 34	331,482.

Tom 330 (2010) GIIIS Achitectic headership Schools	20 (7704140		ı u	gc I
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI					
1 Total revenue (must equal Part VIII, column (A), line 12)		1	5	71,4	00.
2 Total expenses (must equal Part IX, column (A), line 25).		2	2	88,3	48.
3 Revenue less expenses. Subtract line 2 from line 1	L	3	2	83,0	152.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		48,4	30.
5 Net unrealized gains (losses) on investments.		5			
6 Donated services and use of facilities		6			
7 Investment expenses	L	7			
8 Prior period adjustments		8			
9 Other changes in net assets or fund balances (explain in Schedule O)		9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10	2	21 /	102
Part XII Financial Statements and Reporting		10	3	31,4	82.
Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	reviewe	d on a			
b Were the organization's financial statements audited by an independent accountant?			2b		Χ
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a basis, consolidated basis, or both:		te			
Separate basis Consolidated basis Both consolidated and separate basis					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,		2 c		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single		3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		· · · · · · · · · · · · · · · · · · ·	3 b		
BAA TEEA0112L 08/03/18			Form	990 (2018

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Girls Athletic Leadership Schools 26-0784148 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 4 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').				26,748.	507,125.	533,873.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	0.	0.	0.	26,748.	507,125.	533,873.		
6	Public support. Subtract line 5 from line 4						533,873.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	0.	0.	0.	26,748.	507,125.	533,873.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.		
	Total support. Add lines 7 through 10						533,873.		
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	184,701.		
13	First five years. If the Form 990 is organization, check this box and						▶ □		
Sec	tion C. Computation of Pul	blic Support P	ercentage						
14	Public support percentage for 20						100.00%		
15	Public support percentage from 2					<u> </u>	100.00%		
	33-1/3% support test—2018. If the and stop here. The organization	qualifies as a pub	olicly supported or	ganization			▶ 🗓		
b	33-1/3% support test—2017. If the and stop here. The organization	e organization did qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box		
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how		
	10%-facts-and-circumstances te or more, and if the organization organization meters the 'facts-and organization meters the 'facts-and organization' and 'facts-a	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this tion qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	VI how the►		
18	Private foundation. If the organize	zation did not che	ck a box on line 1	З, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions		

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.)

Calendar 1 Galendar 2 G m por fu rea ta 3 G th or ei ei ei	year (or fiscal year beginning in) > hifts, grants, contributions, and membership fees eceived. (Do not include ny 'unusual grants.')	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gan read read read read read read read read	sifts, grants, contributions, and membership fees eceived. (Do not include ny 'unusual grants.')	(a) 2014	(6) 2013	(0) 2010	(a) 2017	(6) 2010	(i) Total
2 G m po fu re ta 3 G th on ei	aross receipts from admissions, nerchandise sold or services erformed, or facilities urnished in any activity that is elated to the organization's ax-exempt purpose						
th or 4 Ta or ei	nat are not an unrelated trade r business under section 513. ax revenues levied for the rganization's benefit and ither paid to or expended on s behalfhe value of services or acilities furnished by a overnmental unit to the						
or ei	rganization's benefit and ither paid to or expended on s behalf						
	acilities furnished by a overnmental unit to the						
fa go							
7a A 2,	otal. Add lines 1 through 5 mounts included on lines 1, , and 3 received from isqualified persons.						
ai di ex 1°	mounts included on lines 2 nd 3 received from other than isqualified persons that xceed the greater of \$5,000 or % of the amount on line 13 or the year.						
c A	dd lines 7a and 7b						
70	c from line 6.)						
	on B. Total Support				1 40		
	r year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a Gr pa re	mounts from line 6 ross income from interest, dividends, ayments received on securities loans, ents, royalties, and income from milar sources						
in ta ad	Inrelated business taxable acome (less section 511 axes) from businesses cquired after June 30, 1975						
11 Ne	dd lines 10a and 10bet income from unrelated business citivities not included in line 10b, hether or not the business is gularly carried on						
ga ca	other income. Do not include ain or loss from the sale of apital assets (Explain in Part VI.)						
10	otal support. (Add lines 9, 0c, 11, and 12.)						
10	irst five years. If the Form 990 rganization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)
	on C. Computation of Pul			no 12!: "	<u> </u>	1 1	0
	Public support percentage for 20	•			-		<u> </u>
	ublic support percentage from 2					16	%
	on D. Computation of Inv				(0)		0
	nvestment income percentage for	•	• •	-	* * * *		00
	nvestment income percentage fr					<u> </u>	%
is	3-1/3% support tests—2018. If to not more than 33-1/3%, check 3-1/3% support tests—2017. If to	this box and stop	here. The organ	ization qualifies	as a publicly supp	orted organization	
lir	ne 18 is not more than 33-1/3%	, check this box a	and stop here. The	e organization qu	ialifies as a public	ly supported organ see instructions.	ization ►

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

			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
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.	4 a		
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.	4b		
С	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.	4c		
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			
L	amendment to the organizing document).	5a		
	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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9с		
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.	10a		
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.)	10b		
BAA	TEEA0404L 06/07/18 Schedule A (Form 990	or 9	90-EZ	2018

Pa	it iv Supporting Organizations (continued)			
-11	Lies the averagination accorded a gift or contribution from any of the following necessary		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
	Did the divertees twisters as accombinate one or make appropriations have the name to warried an accombinate of		Yes	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	ction C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
	ſ		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	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struc	tions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a 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		
	substantially all of its activities.	La		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	aniza	tions	01110
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on N ons mu	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e 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		
Sec	tion 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 integrated (see instructions).	egrated	d Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	ection D — Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations							
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 responsive (provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

Name of the organization

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

2018

Employer identification number

Girls Athletic Leadership Schools		26-0784148				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	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 priva	ate foundation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the General	Rule or a Special Rule.					
Note: Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.				
General Rule						
For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	 c, or 990-PF that received, during the year, contributions totate te Parts I and II. See instructions for determining a contribution 	aling \$5,000 or more (in money or tor's total contributions.				
Special Rules						
under sections 509(a)(1) and 170(b)(1)(A)(vi).	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000; or (2 0-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that				
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to contributor name and address), II, and III.	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lichildren or animals. Complete Parts I (entering 'N/A' in columnia.	from any one contributor, terary, or educational umn (b) instead of the				
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete ar	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to religious, charitable, etc., purposes, but no such contributions total contributions that were received during the year for any of the parts unless the General Rule applies to this organule, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, ization because				
990-PF), but it must answer 'No' on Part IV, lin	he General Rule and/or the Special Rules doesn't file Schec e 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990	990-EZ or on its Form 990-PF,				

BAA 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) (2018)

ochequie b	(FOIIII 990	, 990-⊏∠, 0	1 990-PF) (2016)
Name of organiz	ration			

Girls Athletic Leadership Schools

Employer identification number

26-0784148

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Broad Foundation 2121 Ave of the Stars, 30th Fl	\$ <u>14,850.</u>	Person X Payroll Noncash
	Los Angeles, CA 90067		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	New Schools Venture Fund 1616 Franklin Street, 2nd Fl Oakland, CA 94612	\$7 <u>8,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Pivot Foundation 1800 Wazee Street Denver, CO 80202	\$ <u>81,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	//->		4.6
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4 Walton Family Foundation	(c) Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4 Walton Family Foundation 1390 Lawrence Street #400	contributions	Person X Payroll Noncash (Complete Part II for
4 (a)	Name, address, and ZIP + 4 Walton Family Foundation 1390 Lawrence Street #400 Denver, CO 80204	\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a)	Name, address, and ZIP + 4 Walton Family Foundation 1390 Lawrence Street #400 Denver, CO 80204	\$ 300,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

Girls Athletic Leadership Schools

26-0784148

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u> _			
(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-Pl	F) (2018)		
Name of organization					
Girls	Athletic	Leadership	Schools		

Employer identification number 26-0784148

	or (10) that total more than \$1,000 for t the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ompleting Part III, enter the tota (Enter this information once. S	al of <i>exclusive</i>	ely religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
		(e)				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(b) (c) Purpose of gift Use of gift		(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, addres	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee			
(a)	(b)	(c)		(4)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee				

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

26-0784148

Girls Athletic Leadership Schools

Form 990, Part VI, Line 11b - Form 990 Review Process

Provided to governing body for review and examination before filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Used comparable salaries of similar organizations

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Used comparable salaries of similar organizations

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon Request

CNRG ACCOUNTING ADVISORY, LLC 1031 33RD ST DENVER, CO 80205 720-468-0434

January 21, 2021

Girls Athletic Leadership Schools 750 Galapago St Denver, CO 80204

Dear Client:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Chyla Graham



2019 Fede	Page 1						
Girls Athletic Leadership Schools							
REVENUE		2019	2018	Diff			
Contributions and grant Program service revenue		109,155 147,880	507,125 64,275	-397,970 83,605			
Total revenue		257,035	571,400	-314,365			
EXPENSES Salaries, other compen. Professional fundraisin Other expenses	g expenses	0 3,650 582,154	119,610 0 168,738	-119,610 3,650 413,416			
Total expenses		585,804	288,348	297,456			
NET ASSETS OR FUND BALA Revenue less expenses Total assets at end of Total liabilities at er Net assets/fund balance	year nd of year	-328,769 2,713 0 2,713	283,052 331,482 0 331,482	-611,821 -328,769 0 -328,769			



Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning	, 2019, and ending	, 2

Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the	-	2019
Name of exempt organization			dentification number
Girls Athletic Le	eadership Schools	26-078	84148
Name and title of officer		-	
Carrie Wagner	CEC)	
	n and Return Information (Whole Dollars Or	2.	
check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, o	n for which you are using this Form 8879-EO and enter a, 3a, 4a, or 5a, below, and the amount on that line for 5b, whichever is applicable, blank (do not enter -0-). Do not complete more than one line in Part I.	the return being filed with this form	n was blank, then
1 a Form 990 check here	▶ X b Total revenue, if any (Form 990, Part V	/III, column (A), line 12)	1b 257,035.
	ere b Total revenue, if any (Form 990-EZ,		2 b
	k here b Total tax (Form 1120-POL, line :		3 b
4a Form 990-PF check h	ere ▶ D Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b
5 a Form 8868 check her	a ▶ b Balance Due (Form 8868, line 3c)		5 b
•	nd Signature Authorization of Officer		
electronic return and accomp I further declare that the an intermediate service provic the IRS (a) an acknowledge refund, and (c) the date of funds withdrawal (direct de organization's federal taxed contact the U.S. Treasury for authorize the financial inst answer inquiries and resolv organization's electronic re	I declare that I am an officer of the above organization anying schedules and statements and to the best of my kninount in Part I above is the amount shown on the copyer, transmitter, or electronic return originator (ERO) to ement of receipt or reason for rejection of the transmiss any refund. If applicable, I authorize the U.S. Treasury bit) entry to the financial institution account indicated is sowed on this return, and the financial institution to definancial Agent at 1-888-353-4537 no later than 2 busing tutions involved in the processing of the electronic pay we issues related to the payment. I have selected a per turn and, if applicable, the organization's consent to electronic pay the selected as per turn and, if applicable, the organization's consent to electronic pay the selected as per turn and, if applicable, the organization's consent to electronic pay the selected as per turn and the processing of the electronic pay the selected as per turn and the payment.	lowledge and belief, they are true, corry of the organization's electronic retors send the organization's return to the sion, (b) the reason for any delay in and its designated Financial Agent in the tax preparation software for public the entry to this account. To reveness days prior to the payment (set rement of taxes to receive confidentians sonal identification number (PIN) as	ect, and complete. Jurn. I consent to allow my le IRS and to receive from processing the return or to initiate an electronic payment of the le a payment, I must lement) date. I also al information necessary to
Officer's PIN: check one b			
X authorize CNRG A	ccounting Advisory, LLC ERO firm name	to enter my PIN 6515	nbers, but
on the organization's tax a state agency(ies) reg the return's disclosure	year 2019 electronically filed return. If I have indicated with ulating charities as part of the IRS Fed/State program, consent screen.	nin this return that a copy of the return I also authorize the aforementioned	is being filed with d ERO to enter my PIN on
indicated within this ref	nization, I will enter my PIN as my signature on the organiz urn that a copy of the return is being filed with a state y PIN on the return's disclosure consent screen.	ation's tax year 2019 electronically file agency(ies) regulating charities as	ed return. If I have part of the IRS Fed/State
Officer's signature		Date ►	
Part III Certification	and Authentication		
	r six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN		84519180238
			Do not enter all zeros
I certify that the above nun above. I confirm that I am su Authorized IRS <i>e-file</i> Provi	neric entry is my PIN, which is my signature on the 201 bmitting this return in accordance with the requirements of ders for Business Returns.	9 electronically filed return for the Pub. 4163, Modernized e-File (MeF) In	organization indicated formation for
ERO's signature ► <u>Chyla</u>	a Graham	Date ►	
	ERO Must Retain This Form - Se		

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

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.

Automat	ic 6-Month Extension of Time. Only subr	mit origin	al (no copies needed).				
	tions required to file an income tax return other the			s, RE	MICs, and	trusts must	
use Form /	7004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	e lax returns	5.	Taxpa	yer identification	on number (TIN)	
Type or							
print	Girls Athletic Leadership Scho	ools		26-	26-0784148		
File by the	Number, street, and room or suite number. If a P.O. box, see in	nstructions.					
due date for filing your	750 Galapago St						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	actions.				
	Denver, CO 80204						
Enter the F	Return Code for the return that this application is fo	or (file a se	parate application for each return)			01	
Application	1	Return Code	Application Is For			Return Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-E		02	Form 1041-A			08	
	(individual)	03	Form 4720 (other than individual)			09	
Form 990-F	<u> </u>	04	Form 5227			10	
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-	Γ (trust other than above)	06	Form 8870			12	
If the oIf this is check t	rganization does not have an office or place of buses for a Group Return, enter the organization's four his box ▶ ☐ . If it is for part of the group, cension is for.	digit Group	e United States, check this box Exemption Number (GEN)	this is			
for th	e organization named above. The extension is for X calendar year 20 19 or tax year beginning, 20	the organiz	ng, 20				
	tax year entered in line 1 is for less than 12 mont hange in accounting period	ins, check i	eason. Unitial return Urii	ıal retu	1111		
	application is for Forms 990-BL, 990-PF, 990-T, 4 sfundable credits. See instructions			3 a	\$	0.	
	s application is for Forms 990-PF, 990-T, 4720, or a gyments made. Include any prior year overpaymen			3 b	\$	0.	
c Balar EFTP	nce due. Subtract line 3b from line 3a. Include you 'S (Electronic Federal Tax Payment System). See	r payment instructions	with this form, if required, by using	3 с	\$	0.	
Caution: If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 84	153-EC	and Form	8879-EO for	

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

Form 8868 (Rev. 1-2020)

Form **990**

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

I) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

A	For t	he 2019 calen	dar year, or tax year b	peginning		, 2019, a	and endin	ıg				
В		if applicable:	С						D Employ	er identifi	ication number	
	А	ddress change	Girls Athleti	c Leadersh:	ip School	S			26-	07841	48	
	N	ame change	750 Galapago		-р	-			E Telepho			
		nitial return	Denver, CO 80	204					310	593-	-3620	
	-	nal return/terminated							310	000	3020	
		mended return							G Gross r	ereints \$	257,	N 35
	\mathbf{H}	pplication pending	F Name and address of p	rincipal officer:				H(a) Is this	a group retur			X No
	⊔^	pplication pending	Same As C Abo					H(b) Are all If "No,"				No
$\overline{}$	Tav	-exempt status:	X 501(c)(3) 501(c)		nsert no.)	4947(a)(1) or	527	If "No,"	attach a list	. (see inst	ructions)	
<u>'</u>		bsite: N/		,, (nisert no.)	4347(0)(1) 01	JLI	U(a) Croup	avamption n	ımbor 🕨		
K		n of organization:	X Corporation Trust	Association	Other ►	Lv	and of format	ion: 200	exemption nu		gal domicile: CO	
	rt I		22 corporation must	ASSOCIATION	Other	L Ye	ear of format	ion: ZUU	/ IVI S	state of leg	gai domicile: CO	
Pä	ırt i	Summar Briefly descri	y be the organization's	mission or most	cianificant act	ivitios: C7 T	C omno		tudont	a + o	au aaaad	
	_		ally, lead con								succeed	
ဥ		academic	arry, read con	iiiiueiiciy,	TIAE DOT	ary and	CIITIVE	<u> pirysi</u>	LCarry.	<u>-</u>		
nar												
Ver	2	Check this bo	ox ► ☐ if the organi	zation discontinu		ons or dispo	sed of mo	ore than 2	5% of its	net ass		
ဗ	3		oting members of the							3	.0.0.	10
•გ	4		dependent voting mer							4		10
Activities & Governance	5		of individuals employ							5		0
≨	6		of volunteers (estimate							6		10
Ą			ed business revenue f							7a		0.
	b	Net unrelated	d business taxable inc	ome from Form 9	990-T, line 39.					7b		0.
	_	0 1 11 11					-11	Р	rior Year		Current Yea	
Revenue	8		and grants (Part VIII						507,1		109,	
	9		vice revenue (Part VIII					1	64,2	275.	147,	880.
ě	10		ncome (Part VIII, colur e (Part VIII, column (<i>i</i>				F	•				
_	11 12		e – add lines 8 throug						571,4	100	257,	02E
	13		imilar amounts paid (F						3/1,4	100.	231,	033.
	14		to or for members (P									
	15		er compensation, emp						110 (10		
es	10								119,6	010.		650
šuš	16a		fundraising fees (Part								3,	650.
Expenses	b	Total fundrais	sing expenses (Part I)	K, column (D), Iir	ne 25) ト	52	2 , 056.					
ш	17	Other expens	ses (Part IX, column (A), lines 11a-11d	l, 11f-24e)				168,7	738.	582,	154.
	18	Total expense	es. Add lines 13-17 (n	nust equal Part I	X, column (A)	, line 25)			288,3	348.	585,	804.
	19	Revenue less	s expenses. Subtract I	ine 18 from line	12				283,0)52.	-328,	769.
O OF								Beginnir	ng of Curren	t Year	End of Yea	
Net Assets or Fund Balances	20		(Part X, line 16)						331,4	182.	2,	713.
t As	21	Total liabilitie	es (Part X, line 26)							0.		0.
		Net assets or	fund balances. Subtr	act line 21 from	line 20				331,4	182.	2,	713.
Pa	rt II	Signatur	e Block									
Unde	er pena	Ities of perjury, I de	eclare that I have examined the	nis return, including ac	companying sched	ules and statem	ents, and to	the best of m	ıy knowledge	and belie	f, it is true, correct,	and
com	piete. L	eciaration of prepa	arer (other than officer) is bas	ed on all information of	or which preparer h	as any knowled	ge.					
Siç He	gn	Signatu	re of officer					Da	te			
Не	re		rie Wagner					CEO				
			print name and title	T_								
			preparer's name	Preparer's sig	nature		Date		Check	⊐ "	PTIN	
Pa	id	Chyla	Graham	Chyla (Graham				self-employ	ed E	202016884	
	epar		01.11.0 11.000		sory, LL	C						
Us	e Or	ily Firm's addre	ess • 1031 33rd	St					Firm's EIN	<u>81</u> -	1585294	
_			Denver, Co	0 80205					Phone no.	720-	468-0434	
Ma	y the	IRS discuss th	nis return with the prep	parer shown abov	ve? (see instri	uctions)					X Yes	No

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 480,807.

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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? <i>If 'Yes,' complete Schedule D, Part II</i>	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.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
k	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.	11 b		Х
C	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	11 c		Х
C	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	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Ł	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
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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.	146		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	14b 15		X
	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.			
18	column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
19	lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	complete Schedule G, Part III	19		X
∠ua	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	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

Form 990 (2019) Girls Athletic Leadership Schools 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 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? <i>If 'Yes,' complete Schedule J.</i>	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 Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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	instructions, for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		X
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> 'Yes,' <i>complete Schedule M</i>	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 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		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	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		Yes	. No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			110
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	
BA/			990 (2019

Form 990 (2019) Girls Athletic Leadership Schools

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

			Yes	No
2 8	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			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	olf 'Yes,' enter the name of the foreign country▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 8	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
١	services provided to the payor?	7 a		X
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ŀ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
ä	Initiation fees and capital contributions included on Part VIII, line 12			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
ä	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ä	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ŀ	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
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?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
10	If 'Yes,' complete Form 4720, Schedule O.			

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 10 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.... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?...See. Sch. O. 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?. Χ 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?......... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c **13** Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Kaycee Gehart 750 Galapago St Denver CO 80204 303 282-6437

Form 990 (2	2019)	Girls	Athletic	Leadership	Schools
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Page **7**

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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title	(B) Average hours	is	Position (do not check than one box, unless p is both an officer an director/trustee)			and a	ore	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Elizabeth Wolfson Executive Director	$-\frac{40}{0}$				Х			9.	56,934.	10,173.
(2) Barbara Wagner Chairman	2	Х						0.	0.	0.
(3) Alexandra Merlino Treasurer	1	Х	M					0.	0.	0.
	$\frac{0.5}{0}$	Х						0.	0.	0.
(5) Donna Good Director	0.5	Х						0.	0.	0.
(6) Kerrissa Heffernan Director	0.5	Х						0.	0.	0.
(7) LaRhonda Jackson Director	0.5	Х						0.	0.	0.
(8) Iriana Reyes-Corral Director	0.5	Х						0.	0.	0.
(9) Wendy Talley Director	_0.5 _0	Х						0.	0.	0.
(10) Anastasia Toomey Director	0.5	Х						0.	0.	0.
(11) Renita Thurkral Director	0.5	Х						0.	0.	0.
(12)										
(13)										
(14)										

	(B)	(C)									
(A) Name and title	Average hours per week	box	, unle	heck ss pe	erson	than is both or/trus	h an tee)	Reportable compensation from	(E) Reportable compensation from	(F) Estimated a	
	(list any hours for	Individual or director	Institut	Officer	Key er	Highest co	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation the organical compensation the compensation the compensation to the compensation the compensati	on from zation ited
	related organiza - tions below	Individual trustee or director	nstitutional trustee	-	Key employee	t comp /ee)r			organiza	ions
	dotted line)	stee	ustee		O	Highest compensated employee					
<u>(15)</u>											
(16)											
<u>(17)</u>											
(18)											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)								ME			
(24)					1		F	-11-			
(25)		K									
1 b Subtotal							>	0.	56,934.	10	,173.
d Total (add lines 1b and 1c)							•	0.	0. 56,934.	10	<u>0.</u> ,173.
2 Total number of individuals (including but not limited from the organization ► 0							ved				, 1701
		ما ما					ابد: ما		aman la va a	Ye	s No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ial							· · · · · · · · · · · · · · · · · · ·	. 3	Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	er than \$1	50,00	00?	If 'Y	∕es,'	com	ıple	te Schedule J for			.
such individual5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes											X
Section B. Independent Contractors	s, comple	te So	cnea	uie	J to	r suc	en p	erson		. 5	X
Complete this table for your five highest compen compensation from the organization. Report compen	sated inde	epen the c	dent alen	cor	ntrad vear	ctors endii	tha	it received more the transition of the state	nan \$100,000 of ganization's tax year		
(A) Name and business add	ress							(B) Description (of services	(C) Compensa	tion
Girls Athletic Leadership School of Denver	750 Ga	lapa	go :	St	Den	ver,	С	Management		334	,241.
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		ited to	o tho	se I	ıstec	abo	ve)	who received more	than		
BAA		TFFAC	1081	07/3	31/19					Form 990	(2019)

Form 990 (2019) Girls Athletic Leadership Schools 26-0784148 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax business exempt under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 109,155. **q** Noncash contributions included in h Total. Add lines 1a-1f...... 109,155 **Business Code** Program Service Revenue 2a <u>Licenseing Fee</u> 611710 146,349 146,349 b Uniform Sales____ 611710 1,531 1,531 f All other program service revenue. . . g Total. Add lines 2a-2f 147,880 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds... Royalties..... TFILE (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с d Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a **b** Less: direct expenses..... 8b c Net income or (loss) from fundraising events **9 a** Gross income from gaming activities. See Part IV, line 19. 9a 9b **b** Less: direct expenses..... c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue d All other revenue.

035

147,880

0

e Total. Add lines 11a-11d.

12

Total revenue. See instructions......

Part IX Statement of Functional 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 r				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	•	0.	· ·	•
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	334,241.	286,010.	10,481.	37,750.
	Legal	4,738.	3,790.	474.	474.
	Accounting	11,022.	3,730.	11,022.	1/1.
	Lobbying	11,022.		11,022.	
	Professional fundraising services. See Part IV, line 17	3,650.	- 1		3,650.
	Investment management fees	3,030.			3,030.
	Other. (If line 11g amount exceeds 10% of line 25, <u>c</u> olu <u>m</u> n		7 11		
	(A) amount, list line 11g expenses on Schedule 0.\$ch. Q	102,621.	81,843.	20,778.	
12	Advertising and promotion	6,233.	4,986.	624.	623.
13	Office expenses	11,534.	9,227.	1,154.	1,153.
14	Information technology	5,472.	4,378.	547.	547.
15	Royalties				
16	Occupancy	13,304.	10,643.	1,331.	1,330.
17	Travel	47,298.	37,838.	4,730.	4,730.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,058.	10,446.	1,306.	1,306.
20	Interest	20,0001	20,1101	= 7 0 0 0 1	2,0001
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,145.	916.	115.	114.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,210	320.	220,	
a	P <u>Direct Program Expenses</u>	27,699.	27,699.		
	Supplies	3,789.	3,031.	379.	379.
c		.,	- , - ,		
c					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	585,804.	480,807.	52,941.	52,056.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	,	,	,	
	Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to ar	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		331,482.	1	2,713.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial co-controlled entity or family member of any of these person	officer, director, Intributor, or 35%		5	
	6	Loans and other receivables from other disqualified personal	ons (as defined under			
		section 4958(f)(1)), and persons described in section 495			6	
	7	Notes and loans receivable, net	<u> </u>		7	
Assets	8	Inventories for sale or use	<u> </u>		8	
SS	9	Prepaid expenses and deferred charges			9	
Ą		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	0 b		10 c	
	11	Investments — publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	331,482.	16	2,713.	
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow or custodial account liability. Complete Part IV of			21	
Liabilities	22	Loans and other payables to any current or former office key employee, creator or founder, substantial contributor controlled entity or family member of any of these person	r, director trustee, , or 35%		22	
ij	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third pa	·		24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Comple			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
Ø		Organizations that follow FASB ASC 958, check here ►				
56		and complete lines 27, 28, 32, and 33.				
ılar	27	Net assets without donor restrictions		331,482.	27	2,713.
B	28	Net assets with donor restrictions		·	28	·
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	here ►			
ō	29	Capital stock or trust principal, or current funds	·		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment			30	
SS	31	Retained earnings, endowment, accumulated income, or			31	
t A	32	Total net assets or fund balances		331,482.	32	2,713.
Ne	33	Total liabilities and net assets/fund balances	L.	331,482.	33	2,713.
				,		=,:=0.

Da	rt XI Reconciliation of Net Assets	0.0111			<u> </u>
Fa	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25).	2			35. 304.
3	Revenue less expenses. Subtract line 2 from line 1	3			69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			82.
5	Net unrealized gains (losses) on investments.	5)	02.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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		2,7	13.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
ı	b Were the organization's financial statements audited by an independent accountant?		. 2b		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ite			
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
2.	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
3	A Sa result of a rederal award, was the organization required to undergo arradult of addits as set forth in the Single Audit Act and OMB Circular A-133?		. За		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA	TEEA0112L 01/21/20		Form	990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

vame	or the	organization					Employer identi	ncation numb	er		
Giı	cls	Athletic Leadershi	p Schools				26-07841	26-0784148			
Pai	tΙ	Reason for Public Cha	rity Status (All or	rganizations must o	comple	te this	part.) See instru	uctions.			
The	orgai	nization is not a private found	lation because it is: (I	For lines 1 through 12,	check o	nly one	box.)				
1		A church, convention of church	es, or association of ch	nurches described in sect	tion 1 70 (b)(1)(A)(i).				
2		A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)					
3		A hospital or a cooperative h	ospital service organi	ization described in sec	tion 170)(b)(1)(A)(iii).				
4		A medical research organizar name, city, and state:	tion operated in conju	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii)	Enter the	hospital's		
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit	described	in		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	eart of its support from a	governm	ental uni	t or from the general	public descr	ibed		
8		A community trust described	in section 170(b)(1)(a	A)(vi). (Complete Part I	l.)						
9		An agricultural research organia or university or a non-land-granuniversity:									
10		An organization that normally r from activities related to its e investment income and unrel June 30, 1975. See section 5	exempt functions—sub lated business taxable	oject to certain exception exception	ns, and	(2) no r	more than 33-1/3% c	of its suppo	rt from gross		
11	П	An organization organized ar		<u>-</u>	ety. See	section	509(a)(4).				
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) d	r sectio	n 5 0 9(a)	(2). See section 509	9(a)(3). Che	rposes of one ck the box in		
ā	a 🗌	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervised						oorted nust		
ŀ	• <u> </u>	Type II. A supporting organiz management of the supporting must complete Part IV. Section	ation supervised or conganization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), the supported organization	oy having c zation(s). Yo	ontrol or ou		
(;	Type III functionally integrated organization(s) (see instruction	A supporting organizat	ion operated in connection	n with, ai	nd functio	onally integrated with,	ts supported	i		
(Type III non-functionally integrated. The cinstructions). You must com	r ated. A supporting org organization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported organization	n(s) that is n	ot		
•	• 🗌	Check this box if the organization integrated, or Type III non-fu	ation received a writte	en determination from t	the IRS	that it is	a Type I, Type II, T	ype III func	tionally		
f	En	ter the number of supported of									
ç	y Pro	ovide the following information	n about the supported	d organization(s).				L			
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning	(v) Amount of monetary support (see instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount of other (see instructions)		
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
-											

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					1	
	ndar year (or fiscal year nning 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.')			26,748.	507,125.	109,155.	643,028.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	26,748.	507,125.	109,155.	643,028.
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)						0.
6	Public support. Subtract line 5 from line 4						643,028.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	0.	0.	26,748.	507,125.	109,155.	643,028.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			57 F	ILE		0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		ON	7, .			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	V					0.
11	Total support. Add lines 7 through 10						643,028.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	332,581.
13	First five years. If the Form 990 is organization, check this box and						▶
Sec	tion C. Computation of Pu						
	Public support percentage for 20						100.00%
15	Public support percentage from	2018 Schedule A,	Part II, line 14			15	100.00%
16a	33-1/3% support test—2019. If t and stop here. The organization	he organization di qualifies as a pub	d not check the bolicly supported o	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2018. If the and stop here. The organization	ne organization did i qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, cl	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	VI how the►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	tructions ►

26-0784148

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.) Section A. Public Support (c) 2017 Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 **(d)** 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf... The value of services or facilities furnished by a governmental unit to the organization without charge . . **Total.** Add lines 1 through 5... 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.). Section B. Total Support (c) 2017 **(b)** 2016 (a) 2015 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) **9** Amounts from line 6...... 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)... Total support. (Add lines 9, 10c, 11, and 12.)..... 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 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))...... 왕 15 16 Public support percentage from 2018 Schedule A, Part III, line 15..... 용 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))...... 17 % 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 19a 33-1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33-1/3% support tests -2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and

line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions......

20 BAA

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

			Yes	No
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.	1		
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			
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
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.	3b		
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.	3с		
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.	4a		
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.	4b		
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.	4c		
5а	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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
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 .	9с		
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)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	Цас	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		erning body of a supported organization?	11a		
	b A far	mily member of a person described in (a) above?	11b		
	c A 35	5% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
	ר יין דו			Yes	No
1	or ele Part If the direc	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'Now the supported organization(s) effectively operated, supervised, or controlled the organization's activities. The e organization had more than one supported organization, describe how the powers to appoint and/or remove controlled the organization and what conditions or restrictions, if any, lied to such powers during the tax year.	1		
2	Did t that bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the coorting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	orga year	the organization provide to each of its supported organizations, by the last day of the fifth month of the inization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the inization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were orga the o	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By re voice all ti	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played his regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		The organization satisfied the Activities Test. Complete line 2 below.			
	ᆷ	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	ᆷ	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions)	
	• Ш	The organization capped to a governmental entity. Zecondo in Part of hen you capped to a government entity (coe in	.0		•
2	Activ	vities Test. Answer (a) and (b) below.		Yes	No
i	supp orga resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	the c	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the anization's involvement.	2b		
3	Pare	ent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
i	a Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of a of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did tl supp	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V I ype III Non-Functionally integrated 509(3)(3) Supporting Orga	iniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.	
Sec	ection A — Adjusted Net Income (A) Prior Year				
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			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
•	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			
Sec	tion 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 inte	grate	d Type III supporting or	ganization	

(see instructions).

BAA Schedule A (Form 990 or 990-EZ) 2019

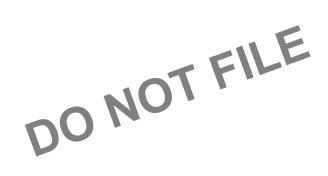
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
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 responsive (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				

Section 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 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years	- 4		
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)	7 11		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c 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:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

Name of the organization

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

Employer identification number

2019

Girls Athletic Leadership Schools 26-0784148 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 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 any one 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; or (ii) Form 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. 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. ightharpoonupCaution: 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).

Scriedule D (i Oilli	990, 990-L∠, 0i	330-F1)	(2013)
Name of organization			

Girls Athletic Leadership Schools

1 Employer identification number

26-0784148

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
1	Ken Fisher		Person X
	6218 North Federal Highway	\$5,000.	Payroll Noncash
	Fort Lauderdale, FL 33308		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Broad Foundation		Person X
		\$ 14,850.	Payroll Noncash
	Los Angeles, CA 90067		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Silicon Valley Community Foundation		Person X
	2440 West El Camino Real	\$ 50,000.	Payroll Noncash
	2440 West El Camino Real Mountain View, CA 94040	11-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	Name, address, and ZIP + 4 Marsha Soffer	Total	Type of contribution Person X
(a) No. 	Name, address, and ZIP + 4 Marsha Soffer	Total	Type of contribution
(a) No.	Name, address, and ZIP + 4 Marsha Soffer	Total contributions	Person X Payroll
(a) No.	Name, address, and ZIP + 4 Marsha Soffer 19501 Biscayne Blvd, Suite 400	Total contributions	Person X Payroll Noncash (Complete Part II for
4 (a)	Marsha Soffer 19501 Biscayne Blvd, Suite 400 Aventura, FL 33180 (b)	Total contributions \$5,000.	Type of contribution Person X Payroll
4 (a) No.	Marsha Soffer 19501 Biscayne Blvd, Suite 400 Aventura, FL 33180 (b) Name, address, and ZIP + 4	Total contributions \$5,000.	Type of contribution Person X Payroll
4 (a) No.	Marsha Soffer 19501 Biscayne Blvd, Suite 400 Aventura, FL 33180 Name, address, and ZIP + 4 Jewish Community Foundation	\$5,000.	Type of contribution Person X Payroll
4 (a) No.	Marsha Soffer 19501 Biscayne Blvd, Suite 400 Aventura, FL 33180 Name, address, and ZIP + 4 Jewish Community Foundation 2000 Technology Drive	\$5,000.	Type of contribution Person X Payroll
(a) No.	Marsha Soffer 19501 Biscayne Blvd, Suite 400 Aventura, FL 33180 Name, address, and ZIP + 4 Jewish Community Foundation 2000 Technology Drive Pittsburg, PA 15219 (b)	\$ 5,000. (c) Total contributions \$ 5,000. Total contributions \$ 9,000.	Type of contribution Person X Payroll
(a) No.	Marsha Soffer 19501 Biscayne Blvd, Suite 400 Aventura, FL 33180 Name, address, and ZIP + 4 Jewish Community Foundation 2000 Technology Drive Pittsburg, PA 15219 (b)	\$ 5,000. (c) Total contributions \$ 5,000. Total contributions \$ 9,000.	Person X Payroll

1

Name of organization

Employer identification number

Girls Athletic Leadership Schools

26-0784148

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
	N/A		
		- -	
		^{\$}	
(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) Na	(1)	(2)	(4)
(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
		-] - \$	
BAA		hedule B (Form 990, 990-E	

Employer identification number 26-0784148

Part III								
	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 <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)▶ \$								
	Use duplicate copies of Part III if additional	space is needed.	ee mstruction	s.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	N/A							
			I					
		(e) Transfer of gift						
	Transferee's name, addres		Rela	tionship of transferor to transferee				
				·				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
No. from	Purpose of gift	Use or giπ		Description of now gift is neig				
		(e) Transfer of gift						
	Transferee's name. addres	Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
		5, a.i.u <u></u>	- 11 					
								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
No. from Part I	Purpose of gift	Use of gift		Description of now gift is held				
	(e) Transfer of gift							
	Transferee's name, addres		Rela	tionship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, addres	Transfer of gift	Dolo	tionship of transferor to transferos				
	Transieree's name, addres	5, allu LIF T 4	Kela	tionship of transferor to transferee				
	<u> </u>							
	<u> </u>							

SCHEDULE 0 (Form 990 or 990-EZ)

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.

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 26-0784148 Girls Athletic Leadership Schools

Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Company

The duties delegated to the employees of another organization included overseeing the school systems, fundraising, curriculum development and management of operations and programming.

Form 990, Part VI, Line 11b - Form 990 Review Process

Provided to governing body for review and examination before filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Used comparable salaries of similar organizations

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Used comparable salaries of similar organizations

DO NOT F Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon Request

Form 990, Part IX, Line 11q Other Fees For Services

(A) (B) (C) (D) Fund-Program Management Total Services & General <u>raisin</u>q Professional Services 102,621 843. 778 102,621. 20,778. Total ₹ 81,843. 0.