2019

Exempt Organization Tax Return

Prepared For:

Girls Rock Des Moines 3635 E 43rd Court Des Moines, IA 50317

Prepared By:

Classon Accounting 3635 E. 43rd Ct. Des Moines, IA 50317 Telephone: (515)265-3193 FAX: (515)265-3194 Email: claccounting@qwestoffice.net

Form	99	U-EZ		•	ation Exer	-					2019
		Ur	nder section 501(c), ► Do not ente		of the Internal Re numbers on this f						Open to Public
Depa	rtment of	the Treasury ue Service		-	990EZ for instruct		-	-			Inspection
			/ear, or tax year beg	•			, and end				
			Name of organization				, and end	ling	D Empl	over id	entification number
	Address		irls Rock I	Des Moines	3				· ·	-	5868
Б	Name cha		umber and street (or P.C			ess)	Ro	om/suite	E Telep		
	nitial retu	ım 30	635 E 43rd	Court					(51	5)2	65-3193
	Final retu	rn/terminated Ci	ity or town, state or provi	ince, country, and ZIF	P or foreign postal cod	le	•		F Grou	-	
	Amended	l return							Num	nber 🕨	
	Applicatio		es Moines,	IA 50317							
			🗙 Cash 🛛 Accru		/)▶			Н	Check	► X i	f the organization is not
			rockdsm.org						•		ach Schedule B
			k only one) - 🔀 501(c))		a)(1) or	527	(Form 9	90, 990	0-EZ, or 990-PF).
		-	X Corporation	Trust	Association		ther				
			to line 9 to determine								
			0,000 or more, file Fo								
	art I		Expenses, and Ch								:))
	1		gifts, grants, and simila							1	42,876.
	2		e revenue including go							2	34,938.
	3	-	les and assessments							3	51/550.
	4		ome							4	
	5 a		rom sale of assets oth				1 1			-	
	b		her basis and sales ex								
	c	Gain or (loss) fr	rom sale of assets oth	er than inventory (s	subtract line 5b from	line 5a)				5c	
	6	Gaming and fur	ndraising events:								
	a	Gross income fi	rom gaming (attach S	chedule G if greate	er than						
Revenue		\$15,000)					6a				
eve	b	Gross income fi	rom fundraising event	s (not including \$ _		5,33	0. of co	ontributions			
Ř		-	g events reported on li								
		-	oss income and contri								
	C	•	enses from gaming a	•			<u> </u>			-	
	d		loss) from gaming and	-							
	7-						1 1			6d	
	I .		inventory, less returns oods sold							-	
	b c		(loss) from sales of in							7c	
	8		describe in Schedule							8	
	9		Add lines 1, 2, 3, 4,							9	77,814.
	10		ilar amounts paid (list							10	,
	11	Benefits paid to	or for members.							11	
SS	12		compensation, and en							12	32,029.
sus	13	Professional fee	es and other payments	s to independent co	ontractors					13	16,057.
Expenses	14	Occupancy, ren	nt, utilities, and mainte	nance						14	
ш	15	0.1	ations, postage, and s							15	
	16		describe in Schedul							16	34,509.
	17		s. Add lines 10 thro							17	82,595.
its	18		cit) for the year (subtra							18	-4,781.
Assets	19		und balances at begir				-			40	10 41-
Net A	20		ire reported on prior ye	,						19	18,415.
ž	20	-	in net assets or fund l							20	10 604
For	21 Paperwi		und balances at end of the separation of the sep							21	13,634. Form 990-EZ (2019
FOL	aperwo	JIK NEUUCIION ACT	r nouce, see the separ	ate manuch0115.							rorm 330-62 (2019

Short Form

UYA

OMB No. 1545-0047

	990-EZ (2019) Girls Rock Des Moines	I		47-	244	<u>45868</u>	Pag	je 2
Pa	rt II Balance Sheets (see the instructions f			L'a David II				
	Check if the organization used Schedu	le O to respond to	any question in t					
22	Cash an inne and investments			(A) Beginning of year	<u> </u>	(B) End of		0
22	Cash, savings, and investments		-	20,609.		16		
23 24	Land and buildings.			0. 1,500.		1	,50	0.
25	Other assets (describe in Schedule O)		_	22,109.			, <u>50</u> ,51	
26	Total liabilities (describe in Schedule O).			3,694.			, 51 , 88	
27	Net assets or fund balances (line 27 of column (B) mi			18,415.			,00 ,63	
_	rt III Statement of Program Service Acco				21	13	,03	5.
Га	Check if the organization used Schedu					Expense	s	
What	t is the organization's primary exempt purpose? Music Edu				(Re	quired for s		I
	cribe the organization's primary exempt purposes must execute accomplisi					(c)(3) and 5 inizations; c		
	neasured by expenses. In a clear and concise man				othe		ption	
	ons benefited, and other relevant information for ea							
28	Summer Music Camps	ton program the.						
20								
	(Grants \$ 42,081.) If this amount ind	cludes foreign grants cl	neck here		28a	77	,02	0
29		siddes foreign grants, of			200		, • 2	•••
25								
	(Grants \$) If this amount inc	cludes foreign grants, cl	neck here	▶□	29a			
30		indado rorolgir graino, o						
50								
	(Grants \$) If this amount inc	cludes foreign grants, cl	neck here		30a			
31	Other program services (describe in Schedule O)	indado roroigir graino, o						
•		cludes foreign grants, cl	neck here		31a			
32	Total program service expenses (add lines 28a through				32	_	,02	0.
	rt IV List of Officers, Directors, Trustees, and						_	
i a	Check if the organization used Schedu							
	<u> </u>		(c) Reportable	(d) Health benefits,				
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and				
		devoted to position	(if not paid, enter -0-)	deferred compensatio	on c	other compe	ensatio	on
Jei	nnifer Carruthers							
	esident							
	an I Classon							
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		I		1				

Form 99	00-EZ (2019) Girls Rock Des Moines 47-244	586	8 Pa	age 3
Part				-
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	V		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O.	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
•.	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		v
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			x
3 3 a		250		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	oou		- 11
39	Section 501(c)(7) organizations. Enter:			
a k				
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
_	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T.	40e		х
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of Classon Accounting Telephone no. (515)26	5-3	193
	Located at \blacktriangleright 3635 E 43rd Court Des Moines, IA ZIP+4 \blacktriangleright 5031		5 5	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	
		420		x
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	40		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.)	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ.	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		
с	Did the organization receive any payments for indoor tanning services during the year?	44c		х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			Λ
d		114		
45 -	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		

Form 990-E	Z ⁽²⁰¹⁹⁾ Girls Rock Des Mo	ines			47-	244586	5 8 P	Page 4	
46							Yes	No	
	id the organization engage, directly or indirectly			••					
	candidates for public office? If "Yes," complete					46		X	
Part VI	Section 501(c)(3) Organization All section 501(c)(3) organizations r		0 47 40h and 52 o	ad aamalata	the tebles f	or linco			
	50 and 51.	nust answer question	15 47-490 and 52, an	la complete	the tables in	or lines			
		dula O to roopond to	any quantian in this	Dort \/I					
	Check if the organization used Sche	dule O to respond to	any question in this						
47 D			a la sela se ta setta se al sub-	the term			Yes	No	
	id the organization engage in lobbying activities	()				47			
	ear? If "Yes," complete Schedule C, Part II.								
	the organization a school as described in sect								
	id the organization make any transfers to an ex		-				-		
	"Yes," was the related organization a section 5	-							
	omplete this table for the organization's five hig mployees) who each received more than \$100,0					ey .			
	mployees) who each received more than \$100,0		I the organization. If the	-	n benefits,				
	(a) Name and title of each ampleures	(b) Average	(c) Reportable		s to employee	(e) Estimate	e) Estimated amount		
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC		, and deferred	other con	npensat	tion	
				[/] compe	ensation				
<u> </u>	stal such as of other second uses a sid such \$400								
	otal number of other employees paid over \$100								
	complete this table for the organization's five hig			each received	more than				
	100,000 of compensation from the organization	h. If there is none, enter	None.						
	(a) Name and business address of each independ	lent contractor	(b) Type of se	rvice	(c)	Compensati	on		
			_						
			_						
			_						
			_						
			-						
d	otal number of other independent contractors e	ach reach ing over \$100	000						
		-							
	id the organization complete Schedule A? No					►X Yes	□,	No	
	ompleted Schedule A							-	
	t, and complete. Declaration of preparer (other than					vieuge and b	ellel, it i	5	
		,							
Sign	Signature of officer			I Da	te				
Here		roadurar							
nere	Jean I. Classon, T	reasurer							
	Print/Type preparer's name	Preparer's signature		Date		if PTIN			
Paid	Toon T Claggon		'		Check X		1776	07	
Prepare		unting			m's EIN ▶42	yed P007		5/	
Use On	Iy Firm's name ► Classon Acco Firm's address ► 3635 E. 43r					- T T T Q]	104		
					one no.	_ 2103			
May tha IF	Des Moines, IA 50317				15)265			No	
		above: See Instructions						-	

SCHEDULE A (Form 990 or 990-EZ)

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.

2019 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service	
Name of the organization	

Department of the Treasury

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

Name o	Name of the organization Employer identification number							
<u>Gir</u>	irls Rock Des Moines 47-2445868							
Part	Reas	on for Public Cha	rity Status(All	organizations must	t comple	te this p	art.) See instructio	ons.
The or	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1 [A church	, convention of churcl	hes, or association	on of churches descri	ibed in se	ction 17	0(b)(1)(A)(i).	
2 [A school	described in section	170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0 or 990	-EZ).)	
3 [A hospita	I or a cooperative ho	spital service org	anization described i	n sectior	n 170(b)(1)(A)(iii).	
4 [A medica	I research organizatio	on operated in co	onjunction with a hosp	pital desc	ribed in s	section 170(b)(1)(A))(iii). Enter the
	hospital's	name, city, and state	e:					
5 [An organ	ization operated for th	ne benefit of a co	ollege or university ow	vned or o	perated b	y a governmental u	nit described in
_	section 1	170(b)(1)(A)(iv). (Cor	mplete Part II.)					
6 [A federal	, state, or local gover	nment or govern	mental unit described	d in secti	on 170(b)(1)(A)(v).	
7	An organ	ization that normally	receives a subst	antial part of its supp	ort from a	a governr	nental unit or from t	he general public
	described	in section 170(b)(1)(A)(vi). (Compl	ete Part II.)		-		-
8 [] A commu	unity trust described in	n section 170(b)	(1)(A)(vi). (Complete	e Part II.)			
9 🗍				d in section 170(b)(1)		perated in	n conjunction with a	land-grant college
_				iculture (see instruction				
	university		0 0	,	,		•	Ū
10	acquired	by the organization a	fter June 30, 197	re than 33 1/3% of its nctions-subject to cer related business taxal 75. See section 509(sively to test for public	(a)(2). (Co	omplete F	Part III.)	hip fees, and gross 33 1/3% of its businesses
11		U	•	ively for the benefit of	,			out the nurnesses of
12 [•	•	escribed in section 50	•		•	
			-	the type of supportin				
-		-		supervised, or control			-	-
а			•	gularly appoint or ele	•		•	
	•	ation. You must con		• • • • •	ci a maju	inty of the		es of the supporting
b			-	d or controlled in con	naction w	ith ite eur	oported organization	(c) by baying
D			•	anization vested in th		•		
		ation(s). You must c			ie same p			je tile supported
•	-		-	ng organization opera	tod in cou	anaction	with and functional	v intograted with
С				s). You must comple				y integrated with,
d			•	porting organization				tod organization(c)
u		•	•	zation generally must	•			• • • • • • • • • • • • • • • • • • • •
				mplete Part IV, Secti				an allonit vonooo
е	-			written determination				
Ũ				onally integrated supp				n, rypo n
f		umber of supported of	-	• • •	, and the second s	ganizano		
g				orted organization(s)				
		ported organization	(ii) EIN	(iii)Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	()		((described on lines 1-10	listed in you	Ir governing	support (see	other support (see
				above (see instructions))	docur	nent?	instructions)	instructions)
					Yes	No		
(A)								
(A)								
(B)								
(C)								
(D)								
(E)								

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

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants."). 70,526. 23,158. 35,867. 39,809. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities 3 furnished by a governmental unit to the organization without charge 16,122. Total. Add lines 1 through 3. 4 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)..... Public support. Subtract line 5 from line 4. 6 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 14 15 % 33 1/3 % support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3 % support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization..... b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization.

Schedule A (Form 990 or 990-EZ) 2019 Girls Rock Des Moines

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	-
	instructions	🕨

Schedule A (Form 990 or 990-EZ) 2019

47-2445868 Page 2

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.)

Secti	on A. Public Support			, p.eee ee		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees				. ,		
	received. (Do not include any "unusual grants.")	70,526.	23,158.	35,867.	39,809.	58,982.	228,342.
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	16,122.					16,122.
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						
6	Total. Add lines 1 through 5	86,648.	23,158.	35,867.	39,809.	58,982.	244,464.
7a	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	16,122.					16,122.
	Add lines 7a and 7b	16,122.					16,122.
8	Public support. (Subtract line 7c from						
0							228,342.
	on B. Total Support	(-) 2015	(1-) 2010	(a) 2017	(4) 2010	(a) 2010	(f) Tatal
Calen 9	dar year (or fiscal year beginning in)	(a) 2015 86, 648.	(b) 2016 23, 158.	(c) 2017 35,867.	(d) 2018 39,809.	(e) 2019	(f) Total 244,464.
-	Gross income from interest, dividends,	00,040.	23,130.	35,007.	39,009.	50,902.	244,404.
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b							
D D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	86,648.	23,158.	35,867.	39,809.	58,982.	244,464.
14	First five years. If the Form 990 is for the	e organization'	s first, second	, third, fourth, (or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop he	re					🕨 🗖
	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (li						93.41%
16	Public support percentage from 2018	,	,	15		16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019						%
18	Investment income percentage from 201					18	<u>%</u>
19a	33 1/3 % support tests–2019. If the orga						
	line 17 is not more than 33 ¹ / ₃ %, check this	•	•	•	• •		
b	33 1/3 % support tests-2018. If the organ						
00	line 18 is not more than 33 ¹ / ₃ %, check this	-	-				
20	Private foundation. If the organization d	и пот спеск а	box on line 14	, 19a, 01 190,	CHECK THIS DOX	anu see instr	uctions 🕨

rait		Cont	iono	^
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			4
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art v	.)	
Secti	on A. All Supporting Organizations		V.	N
			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.	3c		
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		
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,"			
Ja	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		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
b	designated in the organization's organizing document?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50 50		
c		50		
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.	9c		
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		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			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		
Section	on C. Type II Supporting Organizations			
			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		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** \square The organization is the parent of each of its supported organizations. *Complete* **line 3** below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- 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.
- **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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

3b

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).
See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section 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		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d 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		
Section 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-functional	v inte	grated Type III support	ing organization (s

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Orgar	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection 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 instr.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

UYA

Schedule A (Form 990 or 990-EZ) 2019

Part VISupplemental 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 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.

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



Department of the Treasury Internal Revenue Service Name of the organization

Girls Rock Des Moines

Employer identification number 47-2445868

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
the organization Employer identifi		
irls Rock Des Moines 47-2445868 art I Line 16		868
Advertising and promotion \$34509.00		
Part II Line 24		
Accounts receivable, net. Beginning: \$1500.00 Ending: \$1	500.00	
Part II Line 26		42005 00
Accounts payable and accrued expenses. Beginning:\$3694.	00 Ending:	\$3885.00
UYA	Schedule O (Form	990 or 990-EZ) (2019)