2021 **Exempt Organization Tax Return**

Prepared For:

Girls Rock Des Moines 3635 E 43rd Court Des Moines, IA 50317 (515)265-3193

Prepared By:

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990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

Α	For the	2021 calenda	ar year, or tax year beginning $01/01/2021$, and	enaing 12/	31/Z	UZI				
В	Check if a	applicable:	C Name of organization		D Emplo	yer iden	tification number			
П	Address	change	Girls Rock Des Moines		47-	24458	368			
Ħ	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		hone num				
Ħ	Initial retu	urn	3635 E 43rd Court		(51	5)26	5-3193			
Ħ		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			Group Exemption				
Ħ	Amended					ber 🕨				
H			Des Moines, IA 50317			•				
_		ing Method:	Cash X Accrual Other (specify)	н	Check •	if th	ne organization is not			
		•	.srockdsm.org		·=		Schedule B			
			heck only one) - X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		(Form 99		Octricadic B			
_		organization:	X Corporation Trust Association Other	521	(1 01111 30	.0).				
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	or if total acco	ntc.					
			S500,000 or more, file Form 990 instead of Form 990-EZ			•	125 722			
							135,723.			
ш	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se			,				
_	T 4		ne organization used Schedule O to respond to any question in this Part I							
	1		s, gifts, grants, and similar amounts received		F	1	112,413.			
	2	-	vice revenue including government fees and contracts		H	2	23,310.			
	3		dues and assessments		-	3				
	4		ncome	 I		4				
	5 a									
	b	Less: cost or		_						
	C	Gain or (loss		5c						
	6	Gaming and								
a)	a	Gross incom								
Revenue										
eve	b	Gross incom								
Ř		from fundrais								
			gross income and contributions exceeds \$15,000) 6b							
	С	Less: direct	expenses from gaming and fundraising events							
	d	Net income of								
		line 6c)	[6d						
	7 a	Gross sales	of inventory, less returns and allowances							
	b	Less: cost of	f goods sold							
	С	Gross profit	or (loss) from sales of inventory (subtract line 7b from line 7a)			7c				
	8	Other revenu	ue (describe in Schedule O)			8				
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	135,723.			
	10	Grants and s	similar amounts paid (list in Schedule O)			10				
	11	Benefits paid	to or for members		[11				
es	12	Salaries, oth	er compensation, and employee benefits		[12	42,148.			
su:	13	Professional	fees and other payments to independent contractors		[13	16,110.			
Expenses	14	Occupancy, rent, utilities, and maintenance					2,003.			
Ш	15	Printing, publications, postage, and shipping.					41,526.			
	16	Other expenses (describe in Schedule O)								
	17		ses. Add lines 10 through 16			17	101,787.			
<u> </u>	18	Excess or (d	leficit) for the year (subtract line 17 from line 9)			18	33,936.			
set	19	Net assets of	or fund balances at beginning of year (from line 27, column (A)) (must agree v	with	Ţ		-			
As		end-of-year f	[19	12,990.					
Net Assets	20		es in net assets or fund balances (explain in Schedule O)		-	20	6,654.			
_	21	ū	or fund halances at end of year. Combine lines 18 through 20		21	53 580				

Pa	Balance Sheets (see the instructions to Check if the organization used Schedu		any question in	this Part II		
	Check if the organization adda deficate	O 10 100pond to	any quodion in	(A) Beginning of year	1	B) End of year
22	Cash, savings, and investments			14,469.	22	57,097.
23	Land and buildings.				23	0.
24	Other assets (describe in Schedule O)			1,750.	24	0.
25	Total assets			16,219.		57,097.
26	Total liabilities (describe in Schedule O)			3,229.		3,517.
27	Net assets or fund balances (line 27 of column (B) m			12,990.	27	53,580.
Pa	rt III Statement of Program Service Acco	- `		,		
	Check if the organization used Schedu				l (Rec	Expenses quired for section
	t is the organization's primary exempt purpose? Empowe				501(c)(3) and 501(c)(4)
	cribe the organization's program service accomplis				orgar	nizations; optional for
	neasured by expenses. In a clear and concise man		vices provided, th	e number of	Outer	3.)
	ons benefited, and other relevant information for e	ach program title.				1
28	Summer Music Camps					
	(Grants \$ 2,600.) If this amount in	cludes foreign grants, ch	ook horo		28a	51,552.
29	(Grains \$ 2,000.) If this amount in	ciddes foreigh grants, cr	ieck fiele	· · · · · · · · /	20a	31,332.
23						
	-					
	(Grants \$) If this amount in	cludes foreign grants, ch	neck here		29a	
30	,					
	-					
	(Grants \$) If this amount in	cludes foreign grants, ch	neck here		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount in	cludes foreign grants, ch	neck here		31a	
32	Total program service expenses (add lines 28a through	h 31a)		<u> </u>	32	51,552.
Pa	rt IV List of Officers, Directors, Trustees, and					
	Check if the organization used Schedu	lle O to respond to	any question in	this Part IV	<u> </u>	
		4	(c) Reportable	(d) Health benefits,		
		(b) Average hours per week	compensation (Forms W-2/1099-MIS	contributions to employ		
	(a) Name and title	devoted to position	1099-NEC)	 benefit plans, and deferred compensation 	on of	her compensation
			(if not paid, enter -0-)		
TO:	an I Classon			+	+	
	easurer ra S Routh					
	esident					
	chel Gulick					
	ecutive Director	25.00	37,825			
			-			
		_				
				1	_	
		-				
				+	+	
		+				
				+	+	

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	V		
	mistractions for Fart V.) Officek if the organization used Schedule O to respond to any question in this Fart	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		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
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,			
00	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			
270	during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b		37b		v
38a	Did the organization file Form 1120-POL for this year?	3/6		Х
Jua	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	Jour		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
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		X
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,			
الم	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	40c reimbursed by the organization			
·	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed	100		
42a	The organization's books are in care of Classon Accounting Telephone no. (515))26	5-3	193
	Located at ▶ 3635 E 43rd Court Des Moines, IA ZIP+4 ▶ 5031			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		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).	4.0		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
42	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			′Ш
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		169	140
	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
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	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		

									Yes	No
46	Did the	e organization engage, directly or indirectly	, in political campaign act	ivities on behalf of or in o	oposition					
	to can	didates for public office? If "Yes," complete	e Schedule C. Part I	·				46		х
Part \		Section 501(c)(3) Organization							'	
		All section 501(c)(3) organizations r		s 47-49b and 52, and	l complete t	he tables f	or line	es		
		50 and 51.	•	,	•					
		Check if the organization used Sche	edule O to respond to	any question in this F	Part VI					
		Giron in the organization dood con-	Table 10 to 100poile to	<u>, quoono</u>					Yes	No
47	Did th	e organization engage in lobbying activities	or have a section 501(h)	election in effect during t	ho tov				163	140
71		0 00 70	()	· ·				47		
40	•	If "Yes," complete Schedule C, Part II.						48		
48		organization a school as described in section								
49a		e organization make any transfers to an ex		-				49a		
		s," was the related organization a section 5	-					49b		
50		lete this table for the organization's five hig					ey			
	emplo	yees) who each received more than \$100,0	000 of compensation from	·						
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health contributions benefit plans, compe	to employee and deferred		stimated er comp		
f	Total r	number of other employees paid over \$100,	000	▶ <u>0</u>						
51	Compl	lete this table for the organization's five hig	hest compensated indepe	endent contractors who ea	ach received i	nore than				
	\$100,0	000 of compensation from the organization	n. If there is none, enter "I	None."						
	(-)	Name and husiness address of each independen	lant contractor	(h) Time of comi		1-	Cama		_	
	(a)	Name and business address of each independ	eni contractor	(b) Type of servi	ce	(0	Comp	ensatio	n	
d	Total r	number of other independent contractors e	ach receiving over \$100,0	000	0					
52	Did the	e organization complete Schedule A? No	te: All section 501(c)(3)	organizations must attac	h a					
-		eted Schedule A		=			▶ x	Yes		No
		of perjury, I declare that I have examined this re					vledge	and bel	lief, it is	5
true, cori	rect, and	d complete. Declaration of preparer (other than	officer) is based on all infor	mation of which preparer ha	is any knowled	ge.				
Sign		Signature of officer			Dat	е				
Here		Jean I. Classon, T	reasurer							
		Type or print name and title								
Detal		Print/Type preparer's name	Preparer's signature	Da	te	Check X	if I	PTIN		
Paid		Jean I Classon				self-emplo		007	726	97
Prepa	li Ei	Firm's name ► Classon Acco	unting		Firr	n's EIN ▶42				
Use C	nly	Firm's address ▶ 3635 E. 43r				ne no.			<u> </u>	
		Des Moines, IA 50317			1(5	15)265	-31	93		

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

	ie organization						Employer identification	
Girls	Rock Des						47-2445868	
Part I				I organizations mus				ons.
The orga	anization is not a	a private founda	ation because it i	is: (For lines 1 throug	h 12, che	ck only o	ne box.)	
1 🗌	A church, conve	ention of churcl	hes, or associati	on of churches descri	ibed in se	ection 17	0(b)(1)(A)(i).	
2	2 🔲 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a	cooperative ho	spital service org	ganization described i	n sectio i	170(b)(1)(A)(iii).	
4 🔲	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
	hospital's name	e, city, and state	e:					
5 🗌	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). (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 organization	that normally	receives a subst	antial part of its supp	ort from a	a governr	mental unit or from t	he general public
_	described in se	ction 170(b)(1)(A)(vi). (Comp	lete Part II.)				
8 🗌	A community tr	ust described in	n section 170(b)(1)(A)(vi). (Complete	e Part II.)			
9 🔲	An agricultural	research organ	ization describe	d in section 170(b)(1)(A)(ix) o	perated in	n conjunction with a	land-grant college
	or university or	a non-land-gra	nt college of agr	iculture (see instructi	ons). Ent	er the nai	me, city, and state o	f the college or
	university:							
10 X	An organization	that normally	receives (1) mor	e than 33 1/3% of its nctions, subject to ce related business taxa	support 1	rom cont	ributions, members	hip fees, and gross
	receipts from a	ctivities related	to its exempt fu	nctions, subject to ce	rtain exce	eptions; a	nd (2) no more than	33 1/3% of its
	acquired by the	organization a	fter June 30, 19	75. See section 509 ((a)(2). (Co	omplete F	Part III.)	Dusiliesses
11 🗌				sively to test for public				
12	An organization	organized and	operated exclus	ively for the benefit of	, to perfo	rm the fur	nctions of, or to carry	out the purposes o
	one or more pub	olicly supported	organizations de	escribed in section 50	9(a)(1) o	section	509(a)(2). See sect	ion 509(a)(3). Chec
	the box on lines	12a through 1	2d that describe	s the type of supporti	ng organ	ization ar	nd complete lines 12	e, 12f, and 12g.
a 🗌	Type I. A sup	porting organiz	ation operated,	supervised, or control	lled by its	supporte	ed organization(s), t	pically by giving
	the supported	organization(s) the power to re	egularly appoint or ele	ect a majo	ority of the	e directors or trustee	es of the supporting
	organization.	You must con	nplete Part IV, S	Sections A and B.				
b [Type II. A sup	porting organia	zation supervise	d or controlled in con	nection w	ith its su	pported organization	ı(s), by having
	control or ma	nagement of th	e supporting org	anization vested in th	ie same p	ersons th	nat control or manag	ge the supported
	organization(s	s). You must c	omplete Part IV	, Sections A and C.				
с [Type III funct	tionally integra	ated. A supporti	ng organization opera	ited in co	nnection	with, and functional	y integrated with,
	its supported	organization(s)	(see instruction	s).You must comple	te Part I	V, Sectio	ns A, D, and E.	
d 🗌] Type III non-	functionally in	tegrated. A sup	porting organization	operated	in connec	ction with its suppor	ted organization(s)
	that is not fun	ctionally integr	ated. The organi	zation generally must	t satisfy a	distribut	ion requirement and	l an attentiveness
	requirement (see instructions	s). You must co	mplete Part IV, Sect	ions A a	nd D, and	d Part V.	
e [Check this bo	x if the organiz	ation received a	written determination	from the	IRS that	it is a Type I, Type	II, Type III
	functionally in	tegrated, or Ty	pe III non-function	onally integrated supp	orting or	ganizatio	n.	
f E	nter the number	of supported of	organizations .					
g P	rovide the follow	ving information	n about the supp	orted organization(s)				
1 (i)	Name of supported of	rganization	(ii) EIN	(iii) Type of organization		organization		(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
							,	,
					Yes	No		
(A)								
(B)								
(0)								
(C)								
(D)								
(E)								
Total								

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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	35,867.	67,441.	77,814.	48,240.		
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support					ı	
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
_	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	/ !tt				10	
12	Gross receipts from related activities, etc						1/->/0>
13	First 5 years. If the Form 990 is for the correction, should this have and storn be						
Cooti	organization, check this box and stop he				· · · · · · · · ·	<u> </u>	· · · · P
	on C. Computation of Public Suppo Public support percentage for 2021 (line of			11 column (f)	١	14	%
14 15			•		•	15	
16a	Public support percentage from 2020 Sch 33 1/3 % support test–2021. If the organ						
IVa	box and stop here. The organization qua						
b	33 1/3 % support test-2020. If the organ						
D	check this box and stop here . The organ						
17a	10%-facts-and-circumstances test–202	•					. —
174	10% or more, and if the organization me						
	Part VI how the organization meets the fa						
	organization.			_	-	a pablicly cap	▶ □
h	10%-facts-and-circumstances test–202						····► ∐
b	15 is 10% or more, and if the organizatio						
	Explain in Part VI how the organization m						
	supported organization				-	40011100 00 0 p	▶ □
18	Private foundation. If the organization d					ck this hov and	see.
	instructions						_

Schedule A (Form 990) 2021 Girls Rock Des Moines

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

(Complete only if you check	ked the box on line 10 of Part I or it	f the organization failed to	qualify under Part II.
If the organization fails to g	jualify under the tests listed below.	please complete Part II.)	

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	35,867.	67,441.	77,814.	48,240.	112,413.	341,775.
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						
6	Total. Add lines 1 through 5	35,867.	67,441.	77,814.	48,240.	112,413.	341,775.
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						341 , 775.
	on B. Total Support						
Calen	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	35,867.	67,441.	77,814.	48,240.	112,413.	341,775.
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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.)						
13	= = :	25 967	67 111	77 014	49 240	112 412	241 775
14	and 12.)						
'-	organization, check this box and stop her	•			•		. , . ,
Secti	on C. Computation of Public Suppo	rt Percentag	<u></u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · ·	· · · · · •
15	Public support percentage for 2021 (lin	ne 8 column	(f) divided b	v line 13 col	umn (f))	. 15	100.00%
16	Public support percentage from 2020						100.00%
	on D. Computation of Investment In						
17	Investment income percentage for 2021			by line 13, col	umn (f))	. 17	%
18	Investment income percentage from 202	•		-			%
19a							
	line 17 is not more than 331/3%, check this						
b	331/3 % support tests-2020. If the organize	zation did not d	check a box on	line 14 or line	19a, and line	16 is more tha	n 33¹/₃ %,and
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	Section	A. All	Sup	porting	organizations
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ecu	on 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			
	lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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)	4 -		
E 0	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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	- Gu		
	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
0-	If "Yes," complete Part I of Schedule L (Form 990).	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.	02		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	9a		
Ŋ	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	JU		
٠	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
I0a	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 line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

		7-24	<u>458</u>	68 P	age 5
Part I	V Supporting Organizations (continued)			V	N-
11	Has the organization accepted a gift or contribution from any of the following persons?			Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b	and			
	11c below, the governing body of a supported organization?	ana	11a		
b	A family member of a person described on line 11a above?		11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in P	art VI.	11c		
Section	on B. Type I Supporting Organizations				
		1		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effective 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	rely	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 F VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	art	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 director or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how continuous or management of the supporting organization was vested in the same persons that controlled or management organization(s).	rol 💮	1		
Section	on D. All Type III Supporting Organizations		'		
	- June - Apple of Green and a			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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of organization's governing documents in effect on the date of notification, to the extent not previously provide	r tax the			
2			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 the organization maintained a close and continuous working relationship with the supported organization(s,	how	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations in 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 a b c	 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental instructions).).
2	Activities Test. Answer lines 2a and 2b below.			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpose 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 purpose how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	, es,	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involver one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain Part VI the reasons for the organization's position that its supported organization(s) would have engaged these activities but for the organization's involvement.	in in	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
а	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>If "Yes" or "No," provide details in Part VI.</i>		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this red	each ard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations					
1 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		(5) 0 (1)				
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 0.015 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 0.035.	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 0.85 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 instructions).	ly in	tegrated Type III support	ing organization (see				

UYA Schedule A (Form 990) 2021

Part		Supporting Organ	nizations (continu	ıed)	
Secti	ection D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
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 purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.				
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required- explain in Part VI). See instr.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				

e Excess from 2021

Part VI	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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization	Employer ide	Employer identification number		
Girls Rock Des Moines	47-244	15868		

Name of the organization	Employer identificat	ion number
Girls Rock Des Moines	47-24458	368
Part I Line 20		
PPP Grant \$6654.00		
Part II Line 24		
Accounts receivable, net. Beginning:\$1750.00 Ending: \$0.	00	
Part II Line 26	00	
	0 =1	43517 00
Accounts payable and accrued expenses. Beginning:\$3229.0	U Enaing:	\$3517.00