Form **990-EZ** 

Department of the Treasury Internal Revenue Service

#### **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)

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. 2015

OMB No. 1545-1150

Open to Public Inspection

A	For the 2015 calendar year, or tax year beginning , 2015, and ending	,	
B_	Check if applicable: C	Employer identifi	cation number
	Address change   CHE POCK SHE ROCK	27-09889	
	Name change 5115 EXCELSIOR BLVD #316	Telephone number	er ·
	Initial return ST LOUIS PARK, MN 55416	(844) 74	3-7625
Ц	Final return/terminated	Group Exemp	otion
Н	America Totalin	Number	
$\Box$	Application pending  Accounting Method:     X Cash	if the orga	anization is not
G	Mobiles > TATAL SUPPOCKSHEROCK ORG	to attach Sch	
	Tax-exempt status (check only one) —     X   501(c)(3)	0, 990-EZ, or	990-PF).
K	Form of organization: Corporation Trust Association Other		
	Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.		144,631.
Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for F	Part I)
	Check if the organization used Schedule O to respond to any question in this Part I		
	Contributions, gifts, grants, and similar amounts received	2	70,597.
	Program service revenue including government fees and contracts	. 3	69,657.
	3 Membership dues and assessments	4	10
	4 Investment income.	4	12.
	5a Gross amount from sale of assets other than inventory 5a		
	b Less: cost or other basis and sales expenses		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c	
	6 Gaming and fundraising events		
R	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
REVENU	<b>b</b> Gross income from fundraising events (not including \$ of contributions		
E	c Less: direct expenses from gaming and fundraising events		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).	6d	
	7a Gross sales of inventory, less returns and allowances	5.	
	b Less: cost of goods sold		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		3,098.
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	143,364.
_	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
F	10 Solaries other companisation and employee benefits	12	20,825.
X	13 Professional fees and other payments to independent contractors	13	77,264.
E	14 Occupancy, rent, utilities, and maintenance	14	9,792.
S	5 - Division blighting peeting and chipping	15	2,425.
S	15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  SEE SCHEDULE O	16	24,277.
	17 Total expenses. Add lines 10 through 16	. > 17	134,583.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,781.
	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year)	rear	
E	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end of figure reported on prior year's return).		85,778.
N E T	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	. • 21	94,559.
_	A. F. B	- F	orm <b>990-EZ</b> (2015)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015) SHE ROCK SHE ROCK Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 117,729. 22 77,762. 22 Cash, savings, and investments...... 23 Land and buildings..... 23 SEE SCHEDULE O 13,961. 24 10,181 Other assets (describe in Schedule O). 131,690. 25 87,943 25 SEE SCHEDULE O 37,131. 26 2,165 Total liabilities (describe in Schedule O) ...... 26 27 94,559. 85,778 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Expenses Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Part III (Required for section 501 (c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations; optional Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. for others.) SEE SCHEDULE O ) If this amount includes foreign grants, check here 28 a 121,562. (Grants \$ 29 29 a ) If this amount includes foreign grants, check here. (Grants \$ 30 30 a ) If this amount includes foreign grants, check here. (Grants \$ 31 a ) If this amount includes foreign grants, check here. (Grants \$ 562. Total program service expenses (add lines 28a through 31a).... List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) **(b)** Average hours per week devoted to position (e) Estimated amount of other compensation contributions to employee benefit plans, and deferred compensation (a) Name and title LISA WHITNEY 0. 0 0. 2 CHAIRMAN SHANNON MCCARVILLE 0. 0 0 2 VICE CHAIRMAN CANDI INCE 0. 0. 0 2 SECRETARY JENNY CASE 0. 20,825 0 25 EXECUTIVE DIR

Form 990-EZ (2015) SHE ROCK SHE ROCK

Part	V Other Information (No Charle if the examination used Schedule O to respond to any question in this Part V			X
	the instructions for Part V) Check II the organization used semedate states		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		X
	If 'Yes,' provide a detailed description of each activity and activity of the amended documents if they reflect			
		34		X
35 a	to be a separated business gross income of \$1 000 or more during the year norm business doctrines	35 a		X
		35 b		- 11
b	(such as those reported on lines 2, 6a, and 7a, among others)  If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.  If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.			
С	If 'Yes,' to line 35a, has the organization filed a Form 950-1 for the year.' What has 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.	35 c		X
36		36		X
	disposition of not assets during the year? If Yes, complete applicable parts of constant	30		71
<b>37</b> a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37 b		X
b				
	any such loans made in a prior year and still odistarianty of the	38 a		X
Ŀ	of If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	amount involved			
39	In this tipe foce and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			T.
40 -	- Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	0 : section 4912 \ () ; Section 4935 \ ().			
-	Section 4911 5 0., section 4912 5 excess 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	1000000		
	benefit transaction during the year, or dut it engage in an excess benefit transaction during the year, or dut it engage in an excess benefit transaction during the year, or duties for the year of the year.	40 b		X
	c 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			
	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.			
	Use a property to a prohibited tax	40 e		X
	E All Organizations 7 % say			
41	shelter transaction? If Yes, complete form 6000-1	400		
42	a The organization's books are in care of DENNY CASE JURY 15 EXCELSIOR BLVD #316 ST LOUIS PARK MN  Telephone no. (844)	74:		25
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42	a The organization's books are in care of ▶ JENNY CASE Located at ▶ 5115 EXCELSIOR BLVD #316 ST LOUIS PARK MN  by 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)?	_743	3-76 Yes	25
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42	List the states with which a copy of this return is filed MN  Telephone no. (844)  Telephone no. (844)  Located at 5115 EXCELSIOR BLVD #316 ST LOUIS PARK MN ZIP + 4 55416  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)?  If 'Yes,' enter the name of the foreign country:  On the instruction for exemptions and filing requirements for FinCFN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).	_743	3-76 Yes	25
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42	List the states with which a copy of this return is filed   MN  Telephone no. (844)  Located at 5115 EXCELSTOR BLVD #316 ST LOUIS PARK MN ZIP + 4 55416  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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  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.  43 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed of Form 990-EZ.	421	33-76   Yes   Yes   Yes	25
42	List the states with which a copy of this return is filed MN  a The organization's books are in care of Louis Park MN  Telephone no. (844) Located at 5115 EXCELSTOR BLVD #316 ST LOUIS PARK MN  ZIP + 4 55416  b 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)?  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).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  3 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.  4 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	421	Yes     Yes	25
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42	a The organization's books are in care of ▶ JENNY CASE tocated at ▶ 5115 EXCELSTOR BLVD #316 ST LOUTS PARK MN ZIP + 4 ▶ 5541€  b 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)?  If 'Yes,' enter the name of the foreign country:▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?.  If 'Yes,' enter the name of the foreign country:▶  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.  4 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  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.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization ifled a Form 720 to report these payments?	421	Yes   Yes	25
42	List the states with which a copy of this return is filed  MN  a The organization's books are in care of  JENNY CASE Located at  5115 EXCEISTOR BLVD #316 ST LOUIS PARK MN ZIP +4  5541c  b 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)?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:  3 Section 4947(a)(1) nonexempt charitable trusts filling 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.  4 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  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.  c Did the organization receive any payments for indoor tanning services during the year?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If Yes' to line 44c, has the organization filed a Form 720 to report these payments?	421	Yes   Yes	25
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	Total number of other independent contractors each receiving over \$100.000		
	Schodulo A2 Note: All section 501(c)(3) organizations must attach a	► X Yes	<b>—</b>
2	completed Schedule A	↑ Yes	No
	completed Schedule A	pipt it is	

Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	JENNY CASE	Date EXECUTIVE DIR.				
	Type or print name and title  Print/Type preparer's name  STACEY R PETERSEN CPA  Preparer's signature  CAA  Date  6/09/1	Check if PTIN PTIN PO0270858				
Paid Preparer Use Only	Firm's name PETERSEN PROFESSIONALS PC Firm's address P4915 WEST 35TH ST SUITE 201	Firm's EIN 27-3968596				
	ST LOUIS PARK, MN 55416  RS discuss this return with the preparer shown above? See instructions.	Phone no. (952) 767-3212  X Yes No				

Form 990-EZ (2015)

# Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 27-0988979 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. Th

art		Reason for Public Chari	ty Status (All org	anizations must co	neck only	one bo	(X.)	
e or		: 1: : t a privata foundat	ion because it is: (FC	or lines i tillough in, ci	ICCR OITI	0110 00	,	
1		a I I vention of churches	or association of chu	rches described in Section	11 170(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	$\overline{}$	170	VAVIVAVII) (Attach So	chedule E (Form 990 of 9	30-LZ).)		iii	
3	$\neg$					in coctic	on <b>170(b)(1)(A)(iii)</b> . Ente	er the hospital's
4	Н	A hospital or a cooperative hos A medical research organization	on operated in conjun	ction with a hospital de	escribed	III Secur	) 170(b)(1)(A)(m): =:\	
5		An organization operated for the	benefit of a college or art II.)	university owned or oper	ated by a	1 govern	WW	
6		A federal, state, or local gover	nment or governmen	tal unit described in se	Ction 17	tal unit (	or from the general public	described
7		An organization that normally red	ceives a substantial pa omplete Part II.)	rt of its support from a go	OVEITHICI	itai aint (	of from the general part	
8		A community trust described in	n section 170(b)(1)(A	)(vi). (Complete Part II.	.)	liana n	nomborship fees and are	oss receipts
9	X	from activities related to its exeminvestment income and unrela	ated business taxable	income (less section 5	11 tax) f	rom bus	sinesses acquired by th	t from gross e organization after
10	Г	An organization organized and	d operated exclusivel	y to test for public safe	ty. See s	dection .	tions of or to carry out	the nurposes of one
11		An organization organized and or more publicly supported or	d operated exclusivel ganizations described	y for the benefit of, to plain section 509(a)(1) of	r <b>section</b>	509(a)(	<b>2).</b> See <b>section 509(a)(</b> es 11e, 11f, and 11g.	
а		Type I. A supporting organization organization(s) the power to reg	n operated, supervised jularly appoint or elect and B.	a majority of the director	s or trust	ees of th	e supporting organization	aving control or
b		Type II. A supporting organiza management of the supporting must complete Part IV, Section	ation supervised or coorganization vested in ons A and C.	ion approted in connection	n with an	d function		
C	L	- organization(s) (see instruction	JIIS). Tou must comp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 1	that is not
C		functionally integrated. The o	rgariization generally	A and D and Part V				
6		Check this box if the organiza	ation received a writte	en determination ironi i supporting organization	ille II (5 i 1.	ilat it is	u 1360 1, 1362 11, 31	····
f	Е	Enter the number of supported of	organizations	d examination(s)				
(	j F	Provide the following information		g organization(s).	(iv)	e the	(v) Amount of monetary	(vi) Amount of other
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	organizat	ion listed	support (see instructions)	support (see instructions)
					Yes	No		
	_							
(A)								
(B)								
(0)								
(C)								
(D)								
(E)								

Total BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2015

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.)

(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.)

alen egin	on A. Public Support		41.0010	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total
_	dar year (or fiscal year ning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(u) 2014	(0) = 0.11	
1	Gifts, grants, contributions, and membership fees received. (Do not nclude any 'unusual grants.').						
	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 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		track of the		45.48161		
Sec	tion B. Total Support						(A Total
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						12
12	Gross receipts from related acti	vities, etc. (see in	structions)				12
13	First five years. If the Form 990 is organization, check this box an						
Se	ction C. Computation of Pu	ublic Support I	Percentage				14 %
14		MIE /line & colum	an (t) divided by	line 11, column (	†))		15 %
	- III t from	2014 Schedule A	A. Part II, line 14.			_	
	<ul> <li>Public support percentage from</li> <li>a 33-1/3% support test – 2015.</li> <li>and stop here. The organization</li> </ul>						
16	0014	f the organization	ablicly supported	9-			ore, check this box
	and stop here. The organization	ni quamico de a p		to the second			1/1 15 1111/2
	and stop here. The organization and stop here. The organization are or more, and if the organization the organization meets the 'factor's and the organization meets the 'factor's are organization and the organization meets the 'factor's are organization and the organization and the organization are organization.	test – 2015. If the n meets the 'facts cts-and-circumstar	e organization dic s-and-circumstand nces' test. The or	ganization qualif	ies as a publicly s	16h or 17a and	d line 15 is 10%
1	and stop here. The organization	test – 2015. If the n meets the 'facts cts-and-circumstar test – 2014. If the n meets the 'facts	e organization dic s-and-circumstan nces' test. The or e organization dic s-and-circumstan	d not check a box	on line 13, 16a, his box and <b>stop</b>	16b, or 17a, and here. Explain in borted organizat	d line 15 is 10% Part VI how the ion

Part III

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

(Complete only if you checked the box on line 9 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.)

to qualify under the tests not					(-) 201E	(f) Total
ection A. Public Support	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(i) Fotoi
endar year (or fiscal year beginning in)  1 Gifts, grants, contributions and membership fees		10.024	32,411.	36,952.	70,597.	168,707.
received. (Do not include any 'unusual grants.')	15,713.	13,034.	32,411.	30/3021		
2 Gross receipts from admissions, merchandise sold or						
furnished in any activity trial is related to the organization's	44,259.	44,004.	37,767.	50,472.	74,022.	250,524.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
The value of services or facilities furnished by a					144,619.	0.
organization without charge.	59,972.	57,038.	70,178.	87,424.	144,619.	413/2021
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0	. 0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or						
10/ of the amount on line 13	0.	0.	0		_	-
for the year	0.	0.	0	. 0	. 0	
c Add lines 7a and 7b	0.				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	419,231.
7c from line 6.)					11.0015	(f) Total
Section B. Total Support	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	
Calendar year (or fiscal year beginning in)	59,972.		. 70,178	87,424	. 144,619	. 419,231.
9 Amounts from line 6	33,372.					
payments received on securities loans, rents, royalties and income from similar sources		5	. 3	3. 3	. 12	. 23.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		5		3.	3. 12	0.
c Add lines 10a and 10b	. 0					0.
Other income. Do not include gain or loss from the sale of		175	5.			175.
Part VI.). SEE PART VI			TO 10	87,42	7. 144,63	1. 419,429.
	59,972 30 is for the organ	57,218 nization's first, se			see a coction 501	(c)(3)
ornanization, check this serve						
Section C. Computation of F	ublic Suppor	(Percentage	Lline 13 column	n (f))		15 99.95 °
Section C. Computation of F  15 Public support percentage for  16 Public support percentage fro	2015 (line 8, coll	A Part III line 1	5			99.94 %
16 Public support percentage fro	m 2014 Scriedule	A, rate iii, iii.				17 0 01 %
Section D. Computation of I  17 Investment income percentage	nvestment ind	Oc. column (f) di	vided by line 13,	column (f))		0.01
17 Investment income percentag	ge for <b>2013</b> (line )	edule A, Part III,	line 17		11 22 1/2	% and line 17
19 a 33-1/3% support tests – 201	b. If the organizations and	stop here. The o	rganization quali	fies as a publicly	supported organiz	ation X ana 33-1/3%, and
is not more than 33-1/3%, ch b 33-1/3% support tests – 201 line 18 is not more than 33-1  Private foundation. If the org						
20 Private foundation. If the org	ganization did not	CHECK a box or	403L 10/12/15		Schedule A (For	m 990 or 990-EZ) 2015
=		ILLAC	1002			

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) Part IV Supporting Organizations

ct	ion A. All Supporting Organizations		Yes	N
_				
	Are all of the organization's supported organizations listed by name in the organization's governing documents?  Are all of the organization's supported organizations are designated. If designated by class or purpose, describe			
	Are all of the organization's supported organizations listed by name in the organization's governing documents of the organization of the organiza	1		
	the decignation if filsione and continuing			
	tion of status under section			
	Did the organization have any supported organization that does not have an IRS determined that the supported organization was			
	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 <b>Part VI</b> how the organization determined that the supported organization was 509(a)(1) or (2)	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2-		
	Did the organization have a supported organization described in section 301(5)(1), (5)	3a		-
	FO1(-)(A) (E) or (b) and			
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization	3b		
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI When and now the significant made the determination.			
	made the determination			
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3с		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(5/276)  purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
	purposes: II 163, explain III 163, expla			
	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and  Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and  Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and	4a		
	a Was any supported organization not organized in the United States (foreign supported organization).  if you checked 11a or 11b in Part I, answer (b) and (c) below			
	if you checked that of the intraction			
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the locality supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled	4b		
	organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being organization?			
	IDO I I - mainstion under			
	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 <b>Part VI</b> what controls the organization used to ensure that sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that			
	c Did the organization support any loreign supported to ensure that sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that sections 501(c)(a)(b) purposes.	40		
	all clinnort to the foleigh supported as			
	the tourser? If 'Ves' answer (b)			
	and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (ii) the names and EIN numbers of the supported and (c) below (if applicable).			
	and (c) below (if applicable). Also, provide detail in <b>Part v</b> , including (f) the name hards a such action; (iii) the authority under the			
		5	a	
	organizations added, substituted, organizations and action; and (iv) how the action was accomplished (each organization's organizing document authorizing such action; and (iv) how the action was accomplished (each organization) amendment to the organizing document)	-	-	
	amendment to the organizing documents the			
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5	b	
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	-	-	
	organization's organizing documents.	5	С	
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?			
	c Substitutions only. Was the sassing of services or facilities) to			
	6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
		6		
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one of more of the supported organizations? If 'Yes,' provide detail in <b>Part VI</b> the filing organization's supported organizations?		,	
	the filing organization's Supported organization			
	to a substantial contributor			
	7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor, or a 35% controlled entity with (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		7	
	7 Did the organization provide a grafit, total, competer of a substantial contributor, or a 35% controlled entity with (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)			
	8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'		8	
	8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7: 11 763, complete Part I of Schedule L (Form 990 or 990-EZ)			
	complete Part 1 of Schedule E (1 st. 1 st.			
	9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons  9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons  9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			
	9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualined 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 <b>Part VI</b> .		9a	
	If 'Yes,' provide detail in Part VI			
			9b	
	<b>b</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 <b>Part VI</b>		3.5	
	supporting organization had an interest to a			
	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 <b>Part VI</b>		9c	
	c Did a disqualified person (as defined in also had an interest? If 'Yes,' provide detail in Fait vi			
	assets in which the supporting			
	10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943(f) (regarding 10 a Was the organization subject to the excess business holdings rules of section 4943(f) (regarding 10 a Was the organization subject to the organization subject to the excess business holdings rules of section 4943(f) (regarding 10 a Was the organiz	.	10-	
	10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(I) (regarding certain Type II supporting organizations)? If 'Yes, answer 10b below		10a	
	answer 10h helow			
	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.)  Schedule A (Form 9	1000	10b	
			.00	

Pa	t IV Supporting Organizations (continued)		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		100	
11	the state of the s			
	governing body of a supported organization:	11a		
	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		
Se	ction B. Type I Supporting Organizations		Yes	No
			res	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	the handit of any supported organization other than the supported organization(s)	2		
Se	ction C. Type II Supporting Organizations			Τ
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations		Vac	No
_			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_		
:	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection 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  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 instruction).	ons).		
	2 Activities Test. Answer (a) and (b) below.		Ye	s 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 <b>Part VI identify those supported</b> 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.	. 28	a	
	<b>b</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.	. 21	b	
	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	3	а	
	<b>b</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 <b>Part VI</b> the role played by the organization in this regard	3		2016

al.	ale A (Form 990 or 990-EZ) 2015 SHE ROCK SHE ROCK	izat	ion	S	
	Type III Non-Functionally integrated occupy	mho	r 20	1970 See instruction	ons. All
π	Type III Non-Functionally integrated.  Type III Non-Functionally integral Part Test as a qualifying trust on Nove	embe Secti	ons	A through E.	
	other Type III Horr random y			(A) Prior Year	(B) Current Year (optional)
cti	on A – Adjusted Net Income	1			
1	Net short-term capital gain	2			
		3			
	( instructions)	4			
		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			
	production of income (see instructions)	7			
7	Other expenses (see instructions)	8			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).			(A) Prior Year	(B) Current Year (optional)
•	tion B – Minimum Asset Amount		1		
sec	Aggregate fair market value of all non-exempt-use assets (see instructions for short				
1	Aggregate fair market value of all non-exemptedse deserted tax year or assets held for part of year):		Т		
	a Average monthly value of securities	1:	_		
	Average monthly value of securities      Average monthly cash balances	1	b		
	<b>b</b> Average monthly cash balances	1	С		
	b Average monthly cash balances	1	d		
	d Total (add lines 1a, 1b, and 1c)				
	e Discount claimed for blockage or other		2		
_		1	3		
	Acquisition indebtedness applicable to horrexample us.  Subtract line 2 from line 1d	-	1		
_	Subtract line 2 from line 1d		4		
	4 Cash deemed held for exempt use. Enter 1-1/2% of life 3 (for greater asset instructions)		5		
_	tugo assets (subtract line 4 from line 5)		6		
-			7		
_	I' to be stioned		8		
_	<ul><li>7 Recoveries of prior-year distributions</li></ul>		8		Current Yea
_					Current rea
S	ection C - Distributable Amount		1		
_	for prior year (from Section A, line 8, Column 7)	-	2		
_	Adjusted net income for prior year (non-economics)  Enter 85% of line 1				
_	tor prior year (from Section B, line 6, ceramy)		3		
	0		4		
			5		
-	5 Income tax imposed in prior year		_		
-	<ul> <li>Income tax imposed in prior year.</li> <li>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</li> </ul>	inte	6 grate	ed Type III supporting	ng organization
-	temporary reduction (see instructions).  Check here if the current year is the organization's first as a non-functionally-(see instructions).			Schedule	<b>A</b> (Form 990 or 990-EZ)

TEEA0406L 10/12/15

Car	t V Type III Non-Functionally Integrated 509(a)(3) Suption D — Distributions			Current Year
ec	Amounts paid to supported organizations to accomplish exempt purports	oses		
2	Amounts paid to perform activity that directly furthers exempt purposes of	supported organizations	S,	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported 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 in <b>Part VI</b> ). See instructions.	is responsive (provide	details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount.			4115
	etion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	to a visit in the state of the			
3	Excess distributions carryover, if any, to 2015:			
	a			
	b			
	C A STATE OF THE S			
	<b>d</b> From 2013			
	<b>e</b> From 2014			
	f Total of lines 3a through e			
	g Applied to underdistributions of prior years			
	h Applied to 2015 distributable amount		100000000000000000000000000000000000000	
	i Carryover from 2010 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f		5.00	
4	Distributions for 2015 from Section D, line 7:			
	a Applied to underdistributions of prior years			
	<b>b</b> Applied to 2015 distributable amount			
-	6 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
-	7 Excess distributions carryover to 2016. Add lines 3j and 4c			
	B Breakdown of line 7:			
	a			
_	b			
_	<b>c</b> Excess from 2013			-
· <u></u>	d Excess from 2014			

BAA

e Excess from 2015.....

Schedule A (Form 990 or 990-EZ) 2015

27-0988979

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. Schedule A (Form 990 or 990-EZ) 2015 (See instructions.)

## PART III, LINE 12 - OTHER INCOME

PART III, LINE 12 OTT LINE			2013	2012	2011
NATURE AND SOURCE	2015	2014	2013		
MISCELLANEOUS INCOME TOTAL	0.	\$ 0.	<u> </u>	175. 175.	0.

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

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

### **Schedule of Contributors**

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

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

2015

Name of the organization		27 2000070
SHE ROCK SHE ROCK		27-0988979
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number)	
	4947(a)(1) nonexempt charitat	ble trust <b>not</b> treated as a private foundation
	527 political organization	
	027 pointess 313	
Form 990-PF	501(c)(3) exempt private found	dation
FOIII 990-F1		ble trust treated as a private foundation
	501(c)(3) taxable private found	
	501(c)(5) taxable private round	
	the Coneral Bule or a Special Rule	
Check if your organization is covered by	the General Rule of a Special Rule.	U. Cararal Bula and a Special Rule. See instructions
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		the state of the s
X For an organization filing Form	990, 990-EZ, or 990-PF that received, during the	the year, contributions totaling \$5,000 or more (in money or for determining a contributor's total contributions.
property) from any one contribu	itor. Complete Parts I and II. See instructions	Tor dotorming a service of the servi
Special Rules	- 200 574	that most the 22 1/2% support test of the regulations
For an organization described in	n section 501(c)(3) filing Form 990 or 990-EZ t	that met the 33-1/3% support test of the regulations or 990-EZ), Part II, line 13, 16a, or 16b, and that greater of (1) \$5,000 or (2) 2% of the amount on (i)
received from any one contribu	tor, during the year, total contributions of the	or 990-EZ), Part II, line 13, 16a, or 16b, and that greater of (1) \$5,000 or (2) 2% of the amount on (i) II.
Form 990, Part VIII, line 1h, or	(ii) Form 990-EZ, line 1. Complete Parts I and	1 11.
- i i described i	in section 501(c)(7) (8) or (10) filing Form 99(	0 or 990-EZ that received from any one contributor, มร, charitable, scientific, literary, or educational
For an organization described in during the year, total contribution	ons of more than \$1,000 exclusively for religio	ous, charitable, scientific, literary, or educational arts I. II. and III.
purposes, or for the prevention	ons of more than \$1,000 <i>exclusivery</i> for rengion of cruelty to children or animals. Complete Pa	arts I, II, and III.
		on an one EZ that received from any one contributor.
For an organization described in	in section 501(c)(7), (8), or (10) filing Form 990	0 or 990-EZ that received from any one contributor, ses, but no such contributions totaled more than served during the year for an exclusively religious,
during the year, contributions of	enter here the total contributions that were rec	ceived during the year for an <i>exclusively</i> religious,
it received nonexclusively religi	of complete any of the parts unless the <b>deficit</b> ious, charitable, etc., contributions totaling \$5,	,000 or more during the year

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number 27-0988979

SHE ROCK SHE ROC	CK	27-0	900919
Part I Contributors	<b>s</b> (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,600.	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		\$6,815	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
3		\$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 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.)

1 of Part II

Name of organization

SHE ROCK SHE ROCK

1 to Employer identification number

27-0988979

) No. rom 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
	(b)	\$\$ (c)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	Date received
(a) No.	(b)  Description of noncash property given	\$ (c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	Description of noncasti property given	(see instructions)	
		\$\$	
(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 receive
	·	\$\$	

1 to

of Part III

Employer identification number

SHE ROC	CK SHE ROCK		27-0988979
Part III	exclusively religious, charitable, etc or (10) that total more than \$1,000 for the the following line entry. For organizations con-	e <b>year from any one contributor</b> npleting Part III, enter the total of c Enter this information once. See in:	exclusively religious, charitable, etc.,
(a) No. from Part I	Use duplicate copies of Part III if additional sports (b)  Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	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, address	(e) Transfer of gift s, and ZIP + 4	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 s, and ZIP + 4	Relationship of transferor to transferee
(a) No. fron 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
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (20

#### 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SHE ROCK SHE ROCK

Employer identification number 27-0988979

#### FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 1,925. 665. 2,880
	125
FUNDRAISING EXPENSES	133.
INFORMATION TECHNOLOGY.	518.
INSURANCE	1,736.
OFFICE EXPENSES.	12 643
OFFICE EXPENSES	1 001
PROGRAM EXPENSES	1,901.
TRAVEL	1.874.
TOTAL	\$ 24,277.

#### FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BI	EGINNING_	 ENDING
MACHINERY AND EQUIPMENT PREPAID EXPENSES AND DEFERRED CHARGES TOTAL		10,181. 0. 10,181.	1,050.

## FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	BE	<u>GINNING</u>	 ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	1,870. 295.	\$ 131. 37,000.
TOTAL	\$	2,165.	\$ 37,131.

#### FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO EMPOWER GIRLS & WOMEN THROUGH THE ART OF MUSIC

#### FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

GIRLS ROCK N ROLL RETREAT (160 PARTICIPANTS), WOMEN ROCK JAM SHOPS (3 EVENTS, 25
PARTICIPANTS), BI-MONTHLY JAMS (APPROX 200 PARTICIPANTS), LADIES ROCK CAMP (APPROX
24 PARTICIPANTS), & AFTER-SCHOOL CLASSES (APPROX 60 PARTICIPANTS) BUILD
SELF-ESTEEM & EMPOWER GIRLS & WOMEN VIA MUSIC INSTRUCTION, PERFORMANCE, SONG
WRITING, TEAM BUILDING & SELF DEFENSE.

Name of the organization

SHE ROCK SHE ROCK

Employer identification number

27-0988979

## FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

Form **8879-EO** 

## IRS e-file Signature Authorization

for an Exempt Organization				
For calendar year 2015, or fiscal year beginning	. 2015, and ending			

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service	► Do not send to the IR ► Information about Form 8879-EO and its	S. Keep for your records. instructions is at www.irs.gov/	form8879eo.	2015
Name of exempt organization			Employer ide	ntification number
SHE ROCK SHE ROC	IK		27-0988	8979
JENNY CASE		EXECUTIVE DIR.		
	urn and Return Information (Whole D			
Check the box for the retucheck the box on line 1a, leave line 1b, 2b, 3b, 4b,	urn for which you are using this Form 8879-EC 2a, 3a, 4a, or 5a, below, and the amount on the or 5b, whichever is applicable, blank (do not 6 Do not complete more than 1 line in Part I.	and enter the applicable amounat line for the return being filed	with this form	was blank, then
1 a Form 990 check her	e ▶ b Total revenue, if any (Form 9	90, Part VIII. column (A). line 1:	2)1	1 b
	here X b Total revenue, if any (For			2b 143,364
	ck here b Total tax (Form 1120-			2b 143,364. 3b
	here b Tax based on investment		. line 5) 4	4 b
	ere ▶ <b>b Balance Due</b> (Form 8868, Pa			5 b
Part II Declaration	and Signature Authorization of Offic	er		
the IRS (a) an acknowled refund, and (c) the date of funds withdrawal (direct organization's federal tax contact the U.S. Treasury authorize the financial insanswer inquiries and rescorganization's electronic in	ider, transmitter, or electronic return originato gement of receipt or reason for rejection of the fany refund. If applicable, I authorize the U.S debit) entry to the financial institution account es owed on this return, and the financial instit Financial Agent at 1-888-353-4537 no later that the financial institutions involved in the processing of the elective issues related to the payment. I have selecter and, if applicable, the organization's contact the payment.	e transmission. (b) the reason for treasury and its designated Fi indicated in the tax preparation ution to debit the entry to this again 2 business days prior to the stronic payment of taxes to recected a personal identification number of the stronic payment of the stronic	or any delay in prinancial Agent to software for pa cocount. To revo payment (settle ive confidential amber (PIN) as	processing the return or to initiate an electronic yment of the ke a payment. I must ement) date. I also information necessary to
Officer's PIN: check one	•	to optor my DIN	7000	2
X authorize PETER	SEN PROFESSIONALS PC ERO firm name	to enter my PIN	70022 Enter five numb	
	Ere min name		do not enter all	
on the organization's ta a state agency(ies) re the return's disclosure	x year 2015 electronically filed return. If I have in- gulating charities as part of the IRS Fed/State consent screen.	dicated within this return that a cop program, I also authorize the a	y of the return is forementioned	s being filed with ERO to enter my PIN on
indicated within this re	anization, I will enter my PIN as my signature on eturn that a copy of the return is being filed wi ny PIN on the return's disclosure consent scre	th a state agency(ies) regulating	ectronically filed g charities as pa	return. If I have art of the IRS Fed/State
Officer's signature		Date ► >	,	
Part III Certification	and Authentication			
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification		_	
number (EFIN) followed b	y your five-digit self-selected PIN			41630955416
above. I confirm that I am s	meric entry is my PIN, which is my signature submitting this return in accordance with the requiriders for Business Returns.	on the 2015 electronically filed r rements of <b>Pub. 4163,</b> Modernized	eturn for the or e-File (MeF) Info	do not enter all zeros ganization indicated rmation for
ERO's signature - FTA	CM Rates SPA	Date - 6/9/	16	
	FRO Must Patain This	Form - See Instructions		

Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)