

NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: Shirley's Way / Shirley's Way Financial Assistance Program
Applicant Requested Amount: \$50,000
Appropriation Request Amount: \$5,001

Executive Summary of Request

Neighborhood Development funding will be directed to the non-profit group Shirley's Way for their Financial Assistance program designed to provide help to individuals and families who are struggling with the costs associated with cancer. The program includes assistance for food, medications, rental assistance, utility assistance, etc.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

25
District #  Primary Sponsor Signature

\$3,501.00 7/31/19
Amount Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

Shirley's Way / Shirley's Way Financial Assistance Program

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	<i>Rid Blawell</i>	\$ 500
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	<i>Miriam Butler</i>	\$ 1,000

Applicant/Program:

Shirley's Way / Shirley's Way Financial Assistance Program

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 *Primary Sponsor* _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Shirley's Way, Inc.	
Program Name and Request Amount Shirley's Way Financial Assistance Program - \$50,000	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="N/A"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="Yes"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="text" value="N/A"/>
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="N/A"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="N/A"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="text" value="N/A"/>
Prepared by: <i>Brian Boles</i>	Date: <i>7/31/18</i>

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Shirley's Way Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: PO Box 58098 Louisville KY 40258			
Website: https://shirleysway.com/			
Applicant Contact:	Anne-Marie Hogan	Title:	CFO
Phone:	502-963-0499	Email:	annemarie@shirleysway.com
Financial Contact:	Anne-Marie Hogan	Title:	CFO
Phone:	502-963-0499	Email:	annemarie@shirleysway.com
Organization's Representative who attended NDF Training: Anne-Marie Hogan and Mike Mulrooney			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville Metro		
Council District(s):	ALL	Zip Code(s):	Louisville Metro Zip Codes
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Shirley's Way Financial Assistance Program			
Total Request: (\$)	50,000	Total Metro Award (this program) in previous year: (\$)	25,000
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	NDF Grant 12-18-2017	Amount: (\$)	8,333
Source:	NDF Grant 06-23-2018	Amount: (\$)	8,333
Source:	NDF Grant pending disbursement	Amount: (\$)	8,333
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Shirley's Way, Inc.

The average person cannot afford to survive cancer. Our mission at Shirley's Way is to be an extension of the household income and help local families as they battle the financial side of cancer.

Through fundraising, donations and grants Shirley's Way assist cancer patients with everyday living needs. The assistance can be for medical, housing, transportation, food, utilities, and other sundry daily living expenses. Since 2013, Shirley's Way has provided \$368,924.15 to the local community families that are battling cancer and other terminal illnesses.

Shirley's Way has been serving the Louisville Community and surrounding counties with an active volunteer base. We have an active following of 6,500 individuals on our social media platforms and an ongoing donor base of 1,700 individuals.

With Board oversight and independent financial audits, our organization has a strong financial base to continue our mission. Enclosed is our 2016 Financial Statement Audit, the 2017 financial reports are in the audit process and will be released in August.

Our organization works actively with the local cancer treatment center's social workers and patient advocates. This alliance ensures we are meeting the needs of the cancer patients. We partner with other charitable organizations and ministries to ensure we are able to support the family during their battle.

Shirley's Way believes transparency is the key to our success, we post annual financial statements on our website. We provide patient stories and how we are serving the community on our Facebook page. The success of our programs is often stated simply in the thank you notes we receive from the families.

Our goal by 2023 is to have provided \$1 Million in assistance. We our strategically planning funding, which includes increase individual donors, corporate donors, grants and fundraising events. Through the strong support of our Board, volunteers, and grants we know the goal can be reached.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Mindy Aschbacher - Board Member	Renewable
Wendy Baker - Board Member	Renewable
Terry Hall - Board Member	Renewable
Tracy Monks - Board Member	Renewable
Shane O'Keefe - Board Member	Renewable
Todd Render - Board Member	Renewable
Frankie Story - Board Member	Renewable
Charlie Hall - Board Member	Renewable
Robin Thompson - Board Member	Renewable
Robbin Jones - Board Member	Renewable
Karen Little - Board Member	Renewable
Mike Mulronney - CEO/President (Officer)	Renewable
Wes Faust - Vice President (Officer)	Renewable
Anne-Marie Hogan, CPA CFO (Paid staff member)	Renewable

Describe the Board term limit policy:

Board Members are allowed to renew their term every 3 years

Three Highest Paid Staff Names	Annual Salary
Anne-Marie Hogan, CPA CFO	18,200

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Since 2013, Shirley's Way has provided \$368,924.15 to the local community families that are battling cancer and other terminal illnesses. For Fiscal Year 2018, we budgeted to provide \$154,157 in assistance for food, housing, transportation, utilities, medical needs and other sundry everyday living expenses.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
Funding provided by the NDF will be spent on the following categories for Louisville Metro Residents that are battling cancer or terminal illness, the percentages are from our prior years spending:

- 20% General Living Expenses
- 3% Medical Needs to include medication and medical treatment expenses
- 5% Food
- 1% Transportation to include gas, auto repairs, and car loan payments
- 22% Utilities
- 49% Mortgage and Rent

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A - No funds are being requested for fundraising event.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

In 2017 the Assistance Provided in Total from all Funding Sources to clients battling cancer or terminal illness:

General Living Expenses \$15,795.22

Medical Needs \$1,708.05

Food \$4,279.75

Transportation \$838.22

Utilities \$16,715.24

Rent \$20,798.80

Mortgage \$16,491.21

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

We partner with local businesses to host events and raise community awareness to our mission of being an extension of the families battling cancer and terminal illness house hold income by assisting with their everyday living expenses. The business in 2017 that provided sponsorship included:

502 Exteriors, Alliance Roofing, Allied Cleaning Solutions, American Mortgage, Bluegrass E-Cycle, Body RX, Champions Gourment Popcorn, Christie Cafe, Creative Concept's Salon, Diana Davis, Dixie Florist, DJ Kramer & Kramer, Doug Jones Home Improvement, Kentucky Farm Bureau, Galley Seven Photography, JP Pirtle Real Estate, King + Company, Leanhart Plumbing, Mark's Feed Store, Mary Hatfiel Oliva Tax and Bookkeeping, Maxwells PicPac, Mortenson, Khilail's, Rubbies, Hideout Pizza, Bud Tavern, Mr PC of Louisville, Riverwalk Grill, Rise Payment Solutions, Steel Magnolia Studio Tatto Evny, Texas Roadhouse, Timmy's Auto Wash, UPS, Valley Dairy Freeze, Wright Mechanical Servers, Zoeller Pump and Taco Tico.

We also partner with schools for fundraising and awareness which included DeSales High School, Holy Cross High School, Notre Dame Academy, St. Andrew Academy, St. Paul, and Thomas Jefferson Middle School.

We work corroboratively with social workers and patient advocates at Brown Cancer Center, Norton Cancer Center, University of Louisville Pediatrics, and other treatment centers in the Louisville Metro area.



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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	12,918	12,918
B: Rent/Utilities	0	3,180	3,180
C: Office Supplies	0	4,000	4,000
D: Telephone	0	350	350
E: In-town Travel	0	500	500
F: Client Assistance (See Detailed List on Page 8)	50,000	104,157	154,157
G: Professional Service Contracts	0	3,000	3,000
H: Program Materials	0	33,288	33,288
I: Community Events & Festivals (See Detailed List on Page 8)	0	23,200	23,200
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)	0	8,400	8,400
*TOTAL PROGRAM/PROJECT FUNDS	50,000	192,993	242,993
	20.6 %	79.4 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government		
United Way		
Private Contributions (do not include individual donor names)	237,500	192,993
Fees Collected from Program Participants		
Other (please specify)		
	237,500	192,993

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Program Expense - Cancer Patient and Terminal Ill Support	50,000	104,517 135,757	154,157 185,757
Utility Bills			
Mortgage Payments			
Rent			
Food			
Transportation			
Sundry Everyday Living Expense			
		135,757	185,757
Total	50,000	104,517 135,757	154,157 185,757

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteer Estimated for 2017 events	27,000	\$15/hr X 8hrsX 225 volunteers
Volunteer Planning Hours for events	75,000	\$15/hr X 5000 planning hours
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	102,000	hours are calculated for hours at events and hour for planning events

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: Jan 1, 2018

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

We have increase need from families that are battling cancer and terminal illnesses. We have increased funding in those areas. We have added a part-time staff member to handle the increase in administrative task to properly account and manage the organization.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:	<i>Anne-Marie Hogan</i>	Date:	7/24/2018
Legal Signatory: (please print):	Anne-Marie Hogan	Title:	CFO
Phone:	502-963-0499	Extension:	—
Email:	annemarie@shirleysway.com		

SHIRLEY'S WAY, INC.**General Information**

Organization Number	0871051
Name	SHIRLEY'S WAY, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	10/31/2013
Organization Date	10/31/2013
Last Annual Report	4/21/2018
Principal Office	6661 DIXIE HIGHWAY SUITE 4, #190 LOUISVILLE, KY 40258
Registered Agent	FREDERICK M. MULROONEY 3801 CRESTRIDGE DRIVE LOUISVILLE, KY 40272

Current Officers

President	Frederick M Mulrooney
Vice President	Wesley Faust
Treasurer	Anne-Marie Hogan
Director	Wesley Faust
Director	Mary Lou Rippy
Director	Robin Allen Thompson

Individuals / Entities listed at time of formation

Director	FREDERICK M MULROONEY
Director	LYNN REED
Director	KATHLEEN NAVERT
Incorporator	FREDERICK M MULROONEY

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Principal Office Address Change	4/21/2018 8:22:45 AM	1 page	PDF
Principal Office Address Change	4/21/2018 8:19:50 AM	1 page	PDF
Annual Report	4/21/2018	1 page	PDF
Amendment	1/4/2018	2 pages	tiff PDF
Annual Report Amendment	11/29/2017	1 page	PDF

Certificate of Assumed Name	5/23/2017	1 page	tiff	PDF
Annual Report	4/28/2017	1 page	PDF	
Amendment	10/10/2016	1 page	tiff	PDF
Annual Report	3/25/2016	1 page	PDF	
Annual Report	5/7/2015	1 page	PDF	
Annual Report	7/29/2014	1 page	PDF	
Amendment	1/14/2014	2 pages	tiff	PDF
Certificate of Assumed Name	1/14/2014	1 page	tiff	PDF
Certificate of Assumed Name	11/6/2013	1 page	tiff	PDF
Articles of Incorporation	10/31/2013	5 pages	tiff	PDF

Assumed Names

GOHAFFERS	Active
SHIRLEY'S LITTLE ANGELS	Active
CANCER IS STUDID	Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/21/2018 8:27:18 AM	4/21/2018 8:27:18 AM	
Principal office change	4/21/2018 8:22:45 AM	4/21/2018 8:22:45 AM	
Principal office change	4/21/2018 8:19:50 AM	4/21/2018 8:19:50 AM	
Amendment - Miscellaneous amendments	1/4/2018 10:21:18 AM	1/4/2018	
Amendment to annual report	11/29/2017 9:55:25 PM	11/29/2017 9:55:25 PM	
Added assumed name	5/23/2017 8:28:36 AM	5/23/2017	GOHAFFERS
Annual report	4/28/2017 9:55:35 AM	4/28/2017 9:55:35 AM	
Amendment - Miscellaneous amendments	10/10/2016 10:46:52 AM	10/10/2016	
Annual report	3/25/2016 5:22:56 PM	3/25/2016 5:22:56 PM	
Annual report	5/7/2015 11:09:18 AM	5/7/2015 11:09:18 AM	
Annual report	7/29/2014 10:51:12 PM	7/29/2014 10:51:12 PM	
Added assumed name	1/14/2014 9:34:45 AM	1/14/2014	SHIRLEY'S LITTLE ANGELS
Amendment - Miscellaneous amendments	1/14/2014 9:33:38 AM	1/14/2014	
Added assumed name	11/6/2013 1:20:39 PM	11/6/2013	CANCER IS STUDID
Add	10/31/2013 11:40:52 AM	10/31/2013	

Microfilmed Images

Shirley's Way
PO Box 58098
Lou KY 40268

July 22, 2018

Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202

To Whom It May Concern,

Shirley's Way is a non-profit that helps clients fighting cancer and serious health problems with everyday living expenses. Since our founding in 2013, we have assisted clients with \$368,924.15 in everyday living expenses. We are applying for the Louisville Metro Council Neighborhood Development Fund Grant to continue our mission of assisting families with everyday living expenses while they battle cancer and other terminal illnesses.

We have enclosed the grant application along with additional requested information on our organization.

Sincerely,

Anne-Marie Hogan

Anne-Marie Hogan

Chief Financial Officer

annemarie@shirleysway.com

502-963-0499

THANK YOU



INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 27 2014**

SHIRLEYS WAY INC
C/O REED WEITKAMP SCHELL & VICE PLLC
IVAN J SCHELL
500 W JEFFERSON ST STE 2400
LOUISVILLE, KY 40202

Employer Identification Number:

[REDACTED]

DLN:

17053022321044

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

October 31, 2013

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

SHIRLEYS WAY INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink, reading "Tamera Kippenda". The signature is written in a cursive, flowing style with a large initial 'T'.

Director, Exempt Organizations

Shirley's Way
Statement of Activity
FY 2018 Budget

Revised 05-04-2018 (Board Approved 05-16-2018)

	Budget Unrestricted FY2018	Budget Restricted FY 2018	Budget Combined FY 2018	NOTES
Revenue				
Donations	105,000		105,000	
Contributed Services	4,000		4,000	
Total Donations	109,000	-	109,000	
Fundraising Revenue - Miscellaneous	1,000		1,000	
Fundraising Revenue - Runs and 5K	20,000		20,000	
Fundraising Revenue - Golf Scramble	14,500		14,500	
Fundraising Revenue - Fair Revenue	8,000		8,000	
Fundraising Revenue - Cabo Wabo	20,000		20,000	
Fundraising Revenue - Carl Casper	3,000		3,000	
Fundraising Revenue - Condo Raffle	2,000		2,000	
Fundraising Revenue - Sponsors	12,000		12,000	
Fundraising Revenue - Pulltabs/Queen of Hearts	5,800		5,800	
Fundraising Revenue - Go Haffers	15,000		15,000	
Fundraising Revenue - Mountain Bike	2,200		2,200	
Fundraising Revenue - Kev Fest	-	25,000	25,000	
Fundraising Revenue - Snow Cones	-		-	
Total Fundraising Revenue	103,500	25,000	128,500	
Grants	50,000		50,000	
Total Revenue	262,500	25,000	287,500	
Expenditures				
Program Expenses				
Donations to Families with Cancer	129,157	25,000	154,157	
Advertising/Promotional/Program Awareness	30,288		30,288	Social pilot \$24 per month
Salaries Allocated to Program Expense	5,800		5,800	
Payroll Taxes Allocated to Program Expense	444		444	
Insurance Allocated to Program Expense	1,000		1,000	
Dues, Subscriptions and Fees	1,000		1,000	
Rent	3,180		3,180	Storage Facility
Program Supplies Expense	3,000		3,000	
Total Program Expense	173,869	25,000	198,869	
Fundraising Expenses				
Fundraising Expense Miscellaneous	3,000		3,000	
Fundraising Expense - Runs and 5K	3,000		3,000	
Fundraising Expense - Golf Scramble	2,500		2,500	
Fundraising Expense - Fair Expense	2,000		2,000	
Fundraising Expense - Cabo Wabo	5,000		5,000	
Fundraising Expense - Go Haffers	6,500		6,500	
Fundraising Expense - Mountain Bike	1,200		1,200	
Fundraising Expense - Kev Fest	-	-	-	
Fundraising Expense - Snow Cones	-		-	
Total Fundraising Expense	23,200	-	23,200	
Administrative Expenses				
Insurance	4,900		4,900	
Salaries	6,200		6,200	
Payroll Taxes	474		474	
Legal, Regulatory & Professional Fees	3,000		3,000	
Travel & Business Meals	500		500	
Utilities	350		350	Phone with 3 extensions
Dues, Subscriptions and Fees	3,000		3,000	Network for Good - \$3K Annual and
Depreciation Expense	2,500		2,500	\$25 a month for web hosting
Total Administrative Expense	20,924	-	20,924	
Total Expenditures	217,993	25,000	242,993	
Change in Net Assets	44,507	-	44,507	

Shirley's Way, Inc. - Unaudited

STATEMENT OF ACTIVITY

January - June, 2018

	TOTAL
Revenue	
410XX Donations	87,711.47
420XX Temporarily Restricted Donations	9,894.22
512XX Non-Profit Revenue - Fundraising Events	60,035.40
513XX Charitable Gaming Revenue	43,063.00
515XX Grant Revenue	8,333.00
52XXX Temporarily Restricted Fundraising	3,711.28
Total Revenue	\$212,748.37
GROSS PROFIT	\$212,748.37
Expenditures	
71XXX Program Expense	72,398.22
72XXX Temporarily Restricted Program Expense	18,305.38
810XX Fundraising Expense	38,294.87
820XX Temporarily Restricted Fundraising Expense	1,016.36
911XX Advertising/Promotional	22,378.57
912XX Insurance	3,604.97
913XX Legal, Regulatory & Professional Fees	1,584.07
91402 Repairs and Maintenance	385.46
914XX Supplies Expense	3,140.10
915XX Travel & Business Meals	674.39
916XX Dues and Subscriptions	1,831.64
99999 Miscellaneous/Write Offs	
gohaffers	-40.00
Payroll Expenses	3,014.20
Total Expenditures	\$166,588.23
NET OPERATING REVENUE	\$46,160.14
Other Expenditures	
95100 Depreciation	1,039.15
Total Other Expenditures	\$1,039.15
NET OTHER REVENUE	\$ -1,039.15
NET REVENUE	\$45,120.99



Shirley's Way, Inc. - Unaudited

STATEMENT OF FINANCIAL POSITION

As of June 30, 2018

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	\$125,851.02
Accounts Receivable	\$1,992.00
Other Current Assets	\$7,435.63
Total Current Assets	\$135,278.65
Fixed Assets	\$4,477.44
TOTAL ASSETS	\$139,756.09
LIABILITIES AND EQUITY	
Liabilities	\$938.48
Equity	
30000 Opening Balance Equity	0.00
Retained Earnings	93,696.62
Net Revenue	45,120.99
Total Equity	\$138,817.61
TOTAL LIABILITIES AND EQUITY	\$139,756.09

This Product Contains Sensitive Taxpayer Data

Account Transcript

Request Date: 08-09-2018
Response Date: 08-09-2018
Tracking Number: XXXXXXXXXX

FORM NUMBER: 990
TAX PERIOD: Dec. 31, 2017

TAXPAYER IDENTIFICATION NUMBER: XXXXXXXXXX

SHIRLEYS WAY
CANCER IS STUPID
% FREDERICK MULROONEY
6661 DIXIE HIGHWAY
LOUISVILLE, KY 40258-3950-996

<<<<POWER OF ATTORNEY/TAX INFORMATION AUTHORIZATION (POA/TIA) ON FILE>>>>

--- ANY MINUS SIGN SHOWN BELOW SIGNIFIES A CREDIT AMOUNT ---

ACCOUNT BALANCE: \$0.00
ACCRUED INTEREST: \$0.00 AS OF: Aug. 13, 2018
ACCRUED PENALTY: \$0.00 AS OF:

ACCOUNT BALANCE PLUS ACCRUALS
(THIS IS NOT A PAYOFF AMOUNT): \$0.00

** INFORMATION FROM THE RETURN OR AS ADJUSTED **

TAX PER RETURN: 0.00

RETURN NOT PRESENT FOR THIS ACCOUNT

TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE DATE	AMOUNT
n/a	No tax return filed		
960	Appointed representative	06-06-2017	\$0.00
460	Extension of time to file tax return ext. Date 11-15-2018	06-04-2018	\$0.00

This Product Contains Sensitive Taxpayer Data

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

► **File a separate application for each return.**


► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Shirley's Way	
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	6661 Dixie Highway Ste 4 #190	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Louisville, KY 40258	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Anne-Marie Hogan, CPA _____

Telephone No. ► (502)-681-7629 _____ Fax No. ► (502)-324-7980 _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box If it is for part of the group, check this box ... and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2017 or
- tax year beginning _____, 20____, and ending _____, 20_____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Short Form

Return of Organization Exempt From Income Tax

2016

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

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning _____, 2016, and ending _____, 20

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Shirley's Way, Inc.
 Number and street (or P.O. box, if mail is not delivered to street address): 3801 Crestridge Drive Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: Louisville, KY 40272

D Employer identification number: [REDACTED]
E Telephone number: 502-819-7619
F Group Exemption Number: ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.shirleysway.com

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 192,340

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																107,962													
	2	Program service revenue including government fees and contracts																0													
	3	Membership dues and assessments																0													
	4	Investment income																0													
	5a	Gross amount from sale of assets other than inventory					0																								
	b	Less: cost or other basis and sales expenses						0																							
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0																						
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)								0																					
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)									84,378																				
c	Less: direct expenses from gaming and fundraising events									30,927																					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)											53,451																			
7a	Gross sales of inventory, less returns and allowances																														
b	Less: cost of goods sold																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)																	0													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																	161,413													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																91,123													
	11	Benefits paid to or for members																0													
	12	Salaries, other compensation, and employee benefits																0													
	13	Professional fees and other payments to independent contractors																3,855													
	14	Occupancy, rent, utilities, and maintenance																0													
	15	Printing, publications, postage, and shipping																0													
	16	Other expenses (describe in Schedule O)																36,812													
17	Total expenses. Add lines 10 through 16 ▶																131,790														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																29,623													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																18,347													
	20	Other changes in net assets or fund balances (explain in Schedule O)																0													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																47,970													

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18,347	39,249
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	8,721
25 Total assets	18,347	47,970
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,347	47,970

Part III 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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? _____

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.

28 Provide financial support to individuals under medical care for cancer		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	91,123
29 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV 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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Fredrick M. Mulrooney President	15	0	0	0
Wes Faust Vice President	2	0	0	0
Anne-Marie Hogan, CPA Treasurer	2	0	0	0
Mindy Aschbacher Board of Directors Member	2	0	0	0
Mary Lou Rippy Board of Directors Member	2	0	0	0
Joe Ragazzo Board of Directors Member	2	0	0	0
Charlie Hall Board of Directors Member	2	0	0	0
Robin Allen Thompson Board of Directors Member	2	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="0"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="0"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="0"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
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		<input checked="" type="checkbox"/>
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 <input type="text" value="0"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed <input type="text" value="Kentucky"/>		
42a	The organization's books are in care of <input type="text" value="Fredrick M. Mulrooney"/> Telephone no. <input type="text" value="502-819-7619"/> Located at <input type="text" value="3801 Crestridge Drive, Louisville, Kentucky"/> ZIP + 4 <input type="text" value="40272"/>		
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: <input type="text"/>		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: <input type="text"/>		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule G, Part II 47 Yes No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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  Signature of officer Date 1-14-17

 Type or print name and title

Paid Preparer Use Only Print preparer's name Preparer's signature Date 1-14-17 Check if self-employed PTIN Firm's name Firm's EIN Phone no

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Shirley's Way, Inc.

Employer identification number
90-1024077

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Not Applicable						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	18,155	28,257	44,975	107,962	199,349
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	0	18,155	28,257	44,975	107,962	199,349
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						199,349

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	0	18,155	28,257	44,975	107,962	199,349
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	6,786	13,905	42,782	53,451	116,924
11 Total support. Add lines 7 through 10						316,273
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Shirley's Way, Inc.

Employer identification number

[Redacted]

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Not Applicable						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Kentucky
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BandAid Concert (event type)	5K Runs (event type)	7 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	31,953	19,721	32,704	84,378
	2	Less: Contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	31,953	19,721	32,704	84,378
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	212	2,900	3,112
	7	Food and beverages	0	0	0	0
	8	Entertainment	0	0	0	0
	9	Other direct expenses	11,229	2,837	13,749	27,815
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) ▶					53,451

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		Revenue	1	Gross revenue	0	0
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					0

- 9 Enter the state(s) in which the organization conducts gaming activities: Not Applicable
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: Not Applicable
-
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: Not Applicable

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶
.....

Address ▶
.....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶
.....

Address ▶
.....

- 16 Gaming manager information:
- Name ▶ Not Applicable
- Gaming manager compensation ▶ \$
- Description of services provided ▶
- Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

.....

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
Shirley's Way, Inc.

Employer identification number

Part I, Line 10, Grants and similar amounts paid \$91,123 - payments for cancer patients for various financial obligations that include below:

Miscellaneous Expense - \$5,806

Rent \$19,098

Mortgage \$18,381

Utilities \$22,266

Transportation \$3,576

Food \$7,479

Medical Needs \$7,910

Funeral Expense \$591

Clothing \$1,624

Household \$4,392

Part I, Line 16 Other Expense \$36,812

Advertising and Promotional Merchandise \$24,733

Insurance - Liability \$2,339

Regulatory and Tax Expense \$457

Supplies Expense \$2,843

Travel and Business Meals Expense \$513

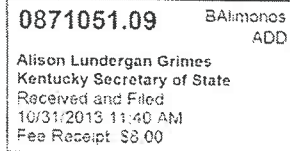
Dues and Subscriptions \$4,400

Miscellaneous \$152

Depreciation \$1,375

Part II, Line 24 Other Assets End of year \$8,721 include Net Fixed Assets \$7,721 and \$1,000 Loan Receivable

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ARTICLES OF INCORPORATION

OF

SHIRLEY'S WAY, INC.

1. Name. The name of the Corporation shall be Shirley's Way, Inc..
2. Duration. The duration of the Corporation shall be perpetual.
3. Registered Office and Registered Agent. The address of the registered office of the corporation is 3801 Crestridge Drive, Louisville, Kentucky 40272. The name of the initial registered agent for service of process, located at such address is Frederick M. Mulrooney
4. Principal Office. The principal office of the Corporation is located at 3801 Crestridge Drive, Louisville, Kentucky 40272. Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.
5. Corporate Purposes. The Corporation is organized and shall be operated exclusively for charitable and social purposes as described within Section 501(c) (3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c) (3).

The purposes of the Corporation shall be more specifically stated as follows:

- (a) To provide financial support to individuals under medical care for cancer, and other life threatening diseases, including, without limitation, payment of medical expenses, medications and everyday living expenses, including utility expenses, rent and/or mortgage expenses, grocery expenses, and other expenses as may be determined from time to time by the Corporation.
- (b) To support, benefit and assist other nonprofit 501(c)(3) organizations or programs dedicated to the support of persistent, rigorous and single-minded research into how cancer develops in order to better treat and prevent the disease.
- (c) To fund grants and award-making programs in support of the Corporation's purposes.
- (d) To benefit and assist other nonprofit 501(c)(3) organizations or programs whose purposes are similar to the purposes of the Corporation as outlined above.

1

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6. Non-Profit Organization. The Corporation shall be irrevocably dedicated to and operated exclusively for, nonprofit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Paragraph 5 hereof.

7. Corporate Affairs. In carrying out the corporate purposes described in Paragraph 5, the Corporation shall have all the powers granted by the laws of the Commonwealth of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provisions of any later State statute), except as follows and as otherwise stated in these Articles:

(a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

(b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:

- (1) by a corporation exempt from Federal income tax under Section 501(c) (3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws; or
- (2) by a corporation, contributions to which are deductible under Section 170(c) (2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

8. Initial Directors. The initial Board of Directors shall consist of three (3) Directors. The names and addresses of the members of the initial Board of Directors are:

<u>DIRECTOR</u>	<u>ADDRESS</u>
Frederick M. Mulrooney	3801 Crestridge Drive Louisville, Kentucky 40272

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Lynn Reed	4917 Paramount Drive Louisville, KY 40258
Kathleen Navert	5108 Hunters Point Circle Louisville, KY 40216

9. Limitation of Director Liability.

(a) The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in the Corporation.

(b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:

- (1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the Corporation;
- (2) was not in good faith or involved or involves intentional misconduct on the part of the director;
- (3) was known by the director to be a violation of law; or
- (4) resulted in an improper personal benefit to the director.

10. Indemnification of Directors and Executive Officers. The Corporation may indemnify any director or executive officer or former director or executive officer of the Corporation against any expenses actually and reasonably incurred by him/her in connection with the defense of any action, suit or proceeding, civil or criminal, in which she or he is made a party by reason of being or having been such director or officer, except in relation to matters as to which she or he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The indemnification and advancement of expenses provided by this Paragraph 12 shall not be deemed exclusive of any other rights to which directors or officers may be entitled under any agreement or otherwise.

11. Events Upon Dissolution. In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3)

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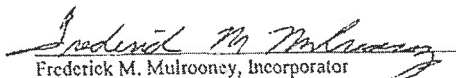
of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of Jefferson County, Kentucky, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated for such purposes.

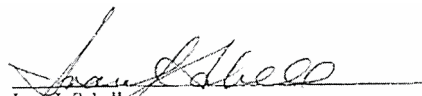
12. Effective Date. These Articles of Incorporation are effective as of November 1, 2013.

13. Incorporator. The name and address of the incorporator is: Frederick M. Mulrooney, 3801 Crestridge Drive, Louisville, Kentucky 40272.

IN WITNESS WHEREOF, the Incorporator has executed these Articles this 31 day of October, 2013.


Frederick M. Mulrooney, Incorporator

This Document Prepared by:

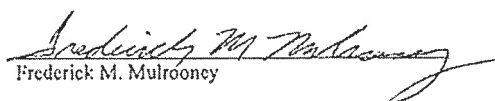

Ivan J. Schell
Reed Weiskamp Schell & Vice PLLC
500 W. Jefferson Street, Suite 2400
Louisville, Kentucky 40202
(502) 589-1000

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CONSENT TO SERVE
AS
INITIAL REGISTERED AGENT
FOR
SHIRLEY'S WAY, INC.

The undersigned hereby consents to serve as the initial registered agent for Shirley's Way, Inc. (the "Corporation"), as contemplated by the Corporation's Articles of Incorporation.


Frederick M. Mulrooney

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COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment
(Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

Shirley's Way, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: See Attachment

3. The date of adoption of each amendment was 12-18-2017

4. Check either a, b or c (whichever is applicable):

- a. The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
b. The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
c. [checked] The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Officer or Chairman of the Board: Frederick M. Mulrooney, President

Amendment to 5. Corporate Purpose

- (a) To provide financial support to individuals under medical care for cancer and other diseases, including without limitation, payment of medical expenses, medications and everyday living expenses, including utility expenses, rent and/or mortgage expenses, grocery expenses, and other expenses as maybe determined from time to time by the Corporation.

- (f) Assisting clients encountering financial needs within our local communities to provide funds for children in need for schools, churches, youth sports teams and disaster relief as deemed necessary by the Board.

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Shirley's Way, Inc.</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ 501 C 3</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 6661 Dixie Highway Ste 4 #190</p> <p>6 City, state, and ZIP code Louisville KY 40258</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
or												
Employer identification number												

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Anne-Marie Hogan</i>	Date ▶ <i>5/3/18</i>
-----------	--	----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Financial Statements

Shirley's Way, Inc.

December 31, 2016



king + company

CERTIFIED PUBLIC ACCOUNTANTS

*3400 Dutchmans Lane
Louisville, KY 40205
502-459-5000
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Financial Statements

SHIRLEY'S WAY, INC.

December 31, 2016

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Jonathan C. Yan *Rose K. Hofmann*
Julie L. Kubac *Ellen H. Thomas*
T. Jane Beach

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Shirley's Way, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of Shirley's Way, Inc. (a nonprofit organization) which comprise the statement of financial position as of December 31, 2016 and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Registered Member AICPA and PCAOB
Licensed in Kentucky, Indiana and Ohio
Founded 1981

www.kingcocpa.com

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Shirley's Way, Inc., as of December 31, 2016, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

King + Co.
King + Company
Certified Public Accountants

Louisville, Kentucky
October 2, 2017

STATEMENT OF FINANCIAL POSITION

SHIRLEY'S WAY, INC.

For the year ended December 31, 2016

CURRENT ASSETS

Cash and cash equivalents	\$39,249
Grant receivable	9,167
Promotional materials	7,500
Property and equipment, net	<u>7,721</u>

TOTAL ASSETS \$63,637

NET ASSETS

Unrestricted	\$39,830
Temporarily restricted	<u>23,807</u>
Total Net Assets	<u>63,637</u>

TOTAL LIABILITIES AND NET ASSETS \$63,637

See accompanying notes to financial statements

STATEMENT OF ACTIVITY AND CHANGES IN NET ASSETS

SHIRLEY'S WAY, INC.

For the year ended December 31, 2016

	Unrestricted	Temporarily Restricted	Total All Funds
REVENUES			
Contributions	\$ 36,464	\$17,988	\$ 54,452
Grants	25,333	9,167	34,500
Fundraising activities	79,739	21,015	100,754
Less direct costs related to fundraising	(25,496)	(3,823)	(29,319)
Net Fundraising Revenue	54,243	17,192	71,435
Inkind Contributions	3,855		3,855
Other Income	4,500		4,500
Net assets released from restricted status upon satisfaction of restrictions	3,446	(3,446)	-0-
Total Revenue	127,841	40,901	168,742
EXPENSES			
Program expenses	96,858	17,094	113,952
Management and general	6,892		6,892
Fundraising	2,608		2,608
Total Expenses	106,358	17,094	123,452
Increase in net assets	21,483	23,807	45,290
Net assets, beginning of period	18,347	-0-	18,347
Net assets at end of period	\$ 39,830	\$23,807	\$ 63,637

See accompanying notes to financial statements

STATEMENT OF FUNCTIONAL EXPENSES

SHIRLEY'S WAY, INC.

For the year ended December 31, 2016

	Program Services	Management and General	Fundraising	Total Expenses
EXPENSES				
Financial Aid to Recipients				
Clothing	\$ 1,624			\$ 1,624
Food	7,479			7,479
Household Expenses	4,392			4,392
Medical Needs	7,910			7,910
Mortgage	18,381			18,381
Other	6,397			6,397
Rent	19,098			19,098
Transportation	3,578			3,578
Utilities	22,266			22,266
	91,125			91,125
Advertising	6,887			6,887
Bank and Merchant Fees	734			734
Depreciation	1,375			1,375
Fundraising			\$2,608	2,608
Insurance		\$2,339		2,339
License and Permits	272			272
Membership Dues	220			220
Miscellaneous	151	513		664
Professional Fees		4,040		4,040
Promotional Materials	10,345			10,345
Supplies	2,843			2,843
	\$113,952	\$6,892	\$2,608	\$123,452
TOTAL EXPENSES	\$113,952	\$6,892	\$2,608	\$123,452

See accompanying notes to financial statements

STATEMENT OF CASH FLOWS

SHIRLEY'S WAY, INC.

For the year ended December 31, 2016

CASH FLOW FROM OPERATING ACTIVITY	
Increase in net assets	\$45,290
Adjustments to reconcile increase in net assets to net cash provided by operating activities:	
Depreciation	1,375
Changes in assets and liabilities:	
Increase in promotional materials	(7,500)
Increase in grants receivable	(9,167)
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>29,998</u>
CASH FLOW FROM INVESTING ACTIVITIES	
Purchase of equipment	<u>(9,096)</u>
NET CASH USED IN INVESTING ACTIVITIES	<u>(9,096)</u>
INCREASE IN CASH AND CASH EQUIVALENTS	<u>20,902</u>
Cash and cash equivalents at beginning of period	<u>18,347</u>
CASH AND CASH EQUIVALENTS AT END OF PERIOD	<u><u>\$39,249</u></u>

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

SHIRLEY'S WAY, INC.

December 31, 2016

NOTE A--NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities: Shirley's Way, Inc. (the "Organization") is a not-for-profit corporation and is classified as a publically supported organization by the Internal Revenue Service. The Organization's purpose is to be an extension of the household income and help local families as they battle the financial side of cancer.

The Organization provides financial assistance in the form of payments for rent, mortgage, food, medicine, utilities and other basic needs for cancer patients. Since beginning in 2013, financial assistance of over \$160,000 has been provided.

Basis of Accounting: The Organization follows accounting principles generally accepted in the United States of America. The financial statements are presented on an accrual basis.

Financial Statement Presentation: The Organization presents its financial statements in conformance with the disclosure and display requirements of the Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*. ASC Topic 958 establishes standards for external financial reporting by nonprofit organizations. It requires that information regarding financial position and activities be reported in three classes of net assets based on the existence or absence of externally donor-imposed restrictions: unrestricted, temporarily restricted, and permanently restricted. Unrestricted net assets consist of contributions without donor-imposed restrictions. Temporarily restricted contributions whose restrictions are met in the same reporting period are shown as unrestricted contributions. The Organization has no permanently restricted net assets.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents: For purposes of reporting the statement of cash flows, the Organization considers all highly liquid instruments available for current use with an initial maturity of three months or less to be cash equivalents.

Promises to Give: Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

NOTES TO FINANCIAL STATEMENTS

SHIRLEY'S WAY, INC.

December 31, 2016

NOTE A--NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--CONTINUED

Property and Equipment: Purchased property and equipment is capitalized at cost. Property and equipment are depreciated using the straight-line method over estimated useful lives ranging from three to ten years.

In-kind Contributions: The Organization receives donated services from unpaid volunteers who assist in community programs and fundraisers. Donated services from unpaid volunteers which do not meet the criteria for recognition under ASC No. 958, *Not for Profit Entities*, are not recorded. The statement of activities reflects accounting expense totaling \$3,855 as a result of in-kind contributions.

Income Taxes: The Organization is a not-for-profit organization that is exempt from federal income taxes under Section 501 (c)(3) of the Internal Revenue Code. The Organization is classified by the Internal Revenue Service as other than a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions.

The Organization's Forms 990 EZ, *Return of Organization Exempt from Income Tax*, for the years ending 2014, 2015 and 2016 are subject to examination by the IRS, generally for three years after they were filed.

Function Allocation of Expenses: The costs of providing the various programs and supporting services have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefitted. Although the methods of allocation used are considered appropriate, other methods could be used that would produce a different amount.

Advertising Costs: Advertising is expensed as incurred. Advertising expenses for the year ended December 31, 2016 were \$6,887.

NOTE B--GRANT RECEIVABLE

Grant receivable consists of amounts due from a government agency, based on the terms of the related grant agreement. The grant receivable at December 31, 2016 was \$9,167 and is due to paid within the next fiscal year. Management believes the receivable to be fully collectible.

NOTES TO FINANCIAL STATEMENTS

SHIRLEY'S WAY, INC.

December 31, 2016

NOTE C--PROPERTY AND EQUIPMENT

Property and equipment for December 31, 2016 are summarized as follows:

Equipment	\$9,096
Less accumulated depreciation	<u>(1,375)</u>
	<u>\$7,721</u>

Depreciation expense was \$1,375 for the year ended December 31, 2016.

NOTE D--TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets were restricted for the following purposes at December 31, 2016:

Designated cancer patient financial assistance	\$14,640
General cancer patient financial assistance	<u>9,167</u>
Total temporarily restricted net assets	<u>\$23,807</u>

The Organization entered into a fiscal sponsorship agreement on August 15, 2016. Funds donated and raised were designated for one recipient. The Organization provides administrative support on behalf of the designated recipient in exchange for an administrative fee which is recognized as unrestricted income.

Contributions received	\$17,988
Fundraising revenue, net	17,192
Less financial assistance disbursed	(17,094)
Less administrative fees	<u>(3,446)</u>
Temporarily restricted designated cancer patient financial assistance	<u>\$14,640</u>

NOTES TO FINANCIAL STATEMENTS

SHIRLEY'S WAY, INC.

December 31, 2016

NOTE E--FUNDRAISING EVENTS

Gross revenues and direct event expenses related to the following fundraising events during the year ended December 31, 2016 were as follows:

	<u>Revenue</u>	<u>Expenses</u>	<u>Net Revenue</u>
BANDaid	\$ 31,953	\$(11,229)	\$20,724
Golf Scramble	14,018	(2,400)	11,618
KevFest	21,015	(3,823)	17,192
Mountain Bike Race	2,563	(1,006)	1,557
Runs and 5k	19,721	(3,049)	16,672
Snow Cone	946	(3,411)	(2,465)
State Fair	10,538	(4,401)	6,137
Total:	<u>\$100,754</u>	<u>\$(29,319)</u>	<u>\$71,435</u>

NOTE F--DATE OF MANAGEMENT'S REVIEW

The Organization has evaluated subsequent events through October 2, 2017, the date which the financial statements were available to be issued.