

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

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

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

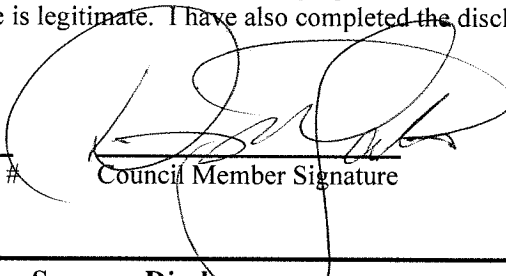
Does this application include funding for sub-grantee(s)?

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 #



Council Member Signature

3,000

Amount

8/9/16

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

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

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.

<u>14</u> District #	<u>Cindi Fowler</u> Council Member Signature	<u>\$2500-</u> Amount	<u>Aug 11, 2016</u> Date
<u>26</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$500-</u> Amount	<u>8-11-16</u> Date
<u>4</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$1,000.00</u> Amount	<u>8-11-16</u> Date
<u>2</u> District #	<u>Barbara Skoullin</u> Council Member Signature	<u>\$500.00</u> Amount	<u>8-11-16</u> Date
<u>13</u> District #	<u>Vicki Aubrey Welch</u> Council Member Signature	<u>\$1,000⁰⁰</u> Amount	<u>8-11-16</u> Date
<u>10</u> District #	<u>Eva P. Malinda</u> Council Member Signature	<u>250⁰⁰</u> Amount	<u>8-11-2016</u> Date
<u>24</u> District #	<u>Madonna Good</u> Council Member Signature	<u>1000⁰⁰</u> Amount	<u>8-11-2016</u> Date

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: Shirley's Way Inc.

Program Name and Request Amount: Shirley's Way Financial Assistance Program - \$30,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> 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="checkbox"/> 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="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> 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="checkbox"/> N/A

Prepared by:



Date: 8/8/2016



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.kv.gov/business/records)</i>			
Main Office Street & Mailing Address: PO Box 58098, Louisville KY 40268			
Website: www.Shirleysway.com			
Applicant Contact:	Mike Mulrooney	Title:	Founder / CEO
Phone:	502-819-7619	Email:	ShirleysWay2013@gmail.com
Financial Contact:	Anne-Marie Hogan	Title:	Treasurer
Phone:	502-681-7629	Email:	annemarie.hogan.cpa@gmail.com
Organization's Representative who attended NDF Training: Mike Mulrooney			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville Area		
Council District(s):	All	Zip Code(s):	40272
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Shirley's Way Financial assistance			
Total Request: (\$)	30,000	Total Metro Award (this program) in previous year: (\$)	16,750
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"/> List of Board of Directors (include term & term limits) <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 <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
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:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
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 type="checkbox"/> No			

Applicant's Initials *JM*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Shirley's Way is a community of support volunteers, friends and family. We are, People Helping People. With your help, Shirley's Way can give money to a local family who is struggling with finances during cancer treatment.

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 throughout the year.

Mike Mulrooney, son of Shirley Mulrooney, began Shirley's Way after her death, in 2013, to give back to those fighting the fight against cancer. When his mom died, Mike promised her that he would do something different in the world and keep her memory alive. So he started Shirley's Way by printing "Cancer Sucks" t-shirts and selling them online. He took the money he raised selling t-shirts and applied for 501c3 status for Shirley's Way. His life mission has turned into "People Helping People" and he believes that folks should always offer a helping hand to someone in need, because it is the right and moral thing to do.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - 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.):

1. We have given back to patients in need almost \$100,000 since we started in 2013. In 2013 we started with a assistances to family for \$8K, 2014 we were able to assist with 24K and in 2015 \$36K. For 2016 our goal is to provide assistance of \$60K and have currently given away \$32,000 in 2016. We want to continue this as people are in such dire need while fighting for their life. Most cancer patients cannot work because they are too ill from the cancer drugs. Many lose their jobs in this process and often lose their homes, cannot buy food and many times have their utilities cutoff.

Our goal in 2016 is to give away \$5,000 a month. That would be \$60,000 in 2016 and would be almost double the amount we gave away in 2015.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

1. Rent / House payments, LG&E, Water bills, food, prescriptions and any other immediate need a cancer patient may have.

2016 Year to date breakdown

1. House payments / Rent - \$9012.43
2. Utility bills - \$8,048.30
3. Food - \$2,750
4. Prescription / co-pays - \$2913.14
5. Other Household Expenses, Funeral Expense, Home Repair, Etc. - \$901.72
6. Car \$600
7. Rent 5,727.09
8. Cobra Insurance Monthly Premium - \$1288.40 (this was a single patient)



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 a 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:

Effective October 24, 2013, reimbursements should not be made 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.

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.



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:

Here are a few examples:

Our program benefits directly affect the citizens in KY fighting cancer. Here are a couple of examples.

We have provided over \$30,000 to people in our community with 59 transactions in 2016. This is for period January 2016-July 31, 2016

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 have several several local restaurants and businesses now carrying our shirts to help spread awareness.

Christi's Cafe
Timmy Car Wash
Creative Concepts Salon
River Walk Grill
Rubble's Bar and Grill

We engage local businesses in the concept of "People helping People" with workplace fund raisers and sponsorships which include:

River City Bank
Mortenson's Dental
American Mortgage
Robin Thompson / KY Farm Bureau Office
Fraternal Order of Eagles
Gallery 7
Scott Wright Mechanical

We provide education opportunities at schools and engage student's to provide service to the community to select Shirley's Way as their service project partner. The schools include:

DeSales High School
Holy Cross High School
Notre Dame Academy
St. Paul
St. Andrew Academy
TJ Middle School



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 - 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	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	2,000	2,000
D: Telephone	0	0	0
E: In-town Travel	0	500	500
F: Client Assistance (Attach Detailed List)	30,000	30,000	60,000
G: Professional Service Contracts	0	4,100	4,100
H: Program Materials	0	30,000	30,000
I: Community Events & Festivals (Attach Detail List)	0	0	0
J: Machinery & Equipment	0	0	0
K: Capital Project	0	0	0
L: Other Expenses (Attach Detail List)	0	2,500	2,500
*TOTAL PROGRAM/PROJECT FUNDS	30,000	69,100	99,100
% of Program Budget	30 %	70 %	100%

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

Other State, Federal or Local Government	0
United Way	0
Private Contributions (do not include individual donor names)	59,000
Fees Collected from Program Participants	0
Other (please specify)	48,000 Fundraising
Total Revenue for Columns 2 Expenses **	107,000

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

Donor ^s /Type of Contribution	Value of Contribution	Method of Valuation
200 Volunteers total in 2015 cumulative for all events, bands, workers etc.	24,000	\$15 per hr at 8 hours for the events
Volunteers planning hours for events	60,000	\$15 per hr x many days and 30 hours of planning for all events
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	84,000	Hours are calculated for hours at an events and hours 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. 2016**

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 anticipate an increase in donations and money raised from events in 2016
We anticipate donations to exceed \$100,000 this in 2016.

Applicant's Initials *[Signature]*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 - 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 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.
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 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.

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 7 - 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:		Date:	8-2-16
Legal Signatory: (please print):	F. M. MULROONEY JR.	Title:	Founder / CEO
Phone:	502-819-7619	Extension:	
Email:	ShirleysWay2013@gmail.com		

Applicant's Initials

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

NARP
0871051
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
3/25/2016 5:22:56 PM
Fee receipt: \$15.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

Annual Report
Online Filing

ARP

Company: SHIRLEY'S WAY, INC.
Company ID: 0871051
State of origin: Kentucky
Formation date: 10/31/2013 12:00:00 AM
Date filed: 3/25/2016 5:22:56 PM
Fee: \$15.00

Principal Office

3801 CRESTRIDGE DRIVE
LOUISVILLE, KY 40272

Registered Agent Name/Address

FREDERICK M. MULROONEY
3801 CRESTRIDGE DRIVE
LOUISVILLE, KY 40272

Current Officers

Chairman Frederick M Mulrooney 3801 Crestridge Drive Louisville KY 40272

Directors

Director Jennifer L Mulrooney 3801 Crestridge Drive Louisville KY 40272
Director Wes Faust 261 Shadowlawn Dr Louisville KY 40229
Director Mary Lou Rippy 4823 Dixie Highway Louisville KY 40216
Director Robin Allen Thompson 10518 Watterson Trail Louisville KY 40299

Signatures

Signature Frederick M Mulrooney
Title CEO / President / Founder

Do not use the browser's back, forward, refresh, home, or stop buttons to navigate through this program. Always use the buttons provided on the forms to proceed through the annual report process.

0871051 - SHIRLEY'S WAY, INC.

Your annual report has been filed successfully.

[Click here](#) to view the filing created for this annual report.

You can print this page to use as your verification that the annual report has been filed, and as a receipt for your payment.

Company ID:	0871051.09.99999
Annual Report Date:	3/25/2016
Principal Office:	3801 CRESTRIDGE DRIVE LOUISVILLE, KY 40272
Registered Agent:	FREDERICK M. MULROONEY 3801 CRESTRIDGE DRIVE LOUISVILLE, KY 40272
EPay Transaction ID:	14764024
SOS Accounting ID:	4075907.5489520
Filing Fee:	\$15.00
Signature:	Frederick M Mulrooney
Title:	CEO / President / Founder

Current Officers

Office	Name and Address
---------------	-------------------------

Chairman	Frederick M Mulrooney, 3801 Crestridge Drive Louisville KY 40272
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Directors

Name and Address

Jennifer L Mulrooney, 3801 Crestridge Drive Louisville KY 40272
Wes Faust, 261 Shadowlawn Dr Louisville KY 40229
Mary Lou Rippy, 4823 Dixie Highway Louisville KY 40216
Robin Allen Thompson, 10518 Watterson Trail Louisville KY 40299

[View entity](#)

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 "Tamara Kippenda". The signature is written in a cursive style with a large, prominent initial 'T'.

Director, Exempt Organizations

**Shirley's Way
Budget 2016**

		Budget FY2016
Revenue		
Donations	\$	55,000.00
Contributed Services		4,000.00
Net Fundraising - Miscellaneous		3,000.00
Net Fundraising - Runs and 5K		7,500.00
Net Fundraising - Golf Scramble		7,500.00
Net Fundraising - Fair Revenue		5,000.00
Net Fundraising - BANDaid		25,000.00
Net Fundraising - Snow Cones		-
Total Net Fundraising		48,000.00
Grants		30,000.00
Total Revenue	\$	133,000.00
Expenditures		
Donations to Families with Cancer	\$	60,000.00
% of Donations to Families to Revenue		45%
Advertising/Promotional/Program Awareness		30,000.00
% of Program Awareness to Revenue		23%
Insurance		2,000.00
Legal, Regulatory & Professional Fees		4,100.00
Supplies Expense		2,000.00
Travel & Business Meals		500.00
Dues, Subscriptions and Fees		500.00
Miscellaneous		-
Total Administrative Expense		9,100.00
% of Admin Expense to Revenue		7%
Total Expenditures	\$	99,100.00
Change in Net Assets	\$	33,900.00

**Shirley's Way
Statement of Activity**

	FY2013	FY2014	FY2015	As of 06/30 FY2016	Budget FY2016
Revenue					
Donations	\$ 18,154.53	\$ 28,256.83	\$ 44,975.29	\$ 14,003.82	\$ 55,000.00
Contributed Services	-	-	-	1,717.47	4,000.00
Net Fundraising - Miscellaneous	3,183.56	2,746.28	2,144.45	2,710.00	3,000.00
Net Fundraising - Runs and 5K	3,602.67	2,913.01	6,039.29	832.30	7,500.00
Net Fundraising - Golf Scramble	-	3,035.00	6,126.30	3,553.00	7,500.00
Net Fundraising - Fair Revenue	-	1,501.00	4,365.22	(6,246.90)	5,000.00
Net Fundraising - BANDaid	-	3,710.00	24,107.04	21,304.74	25,000.00
Net Fundraising - Snow Cones	-	-	-	(10,507.32)	-
Total Net Fundraising	6,786.23	13,905.29	42,782.30	11,645.82	48,000.00
Grants	-	-	-	18,250.00	30,000.00
Total Revenue	\$ 24,940.76	\$ 42,162.12	\$ 87,757.59	\$ 45,617.11	\$133,000.00
Expenditures					
Donations to Families with Cancer	\$ 7,967.03	\$ 24,651.59	\$ 36,388.60	\$ 26,903.79	\$ 60,000.00
% of Donations to Families to Revenue	32%	58%	41%	59%	45%
Advertising/Promotional/Program Awareness	9,051.18	15,180.55	35,706.22	10,053.96	30,000.00
% of Program Awareness to Revenue	36%	36%	41%	22%	23%
Insurance	-	-	-	1,981.08	2,000.00
Legal, Regulatory & Professional Fees	2,540.97	2,512.72	82.69	2,092.87	4,100.00
Supplies Expense	-	18.95	1,918.36	1,172.88	2,000.00
Travel & Business Meals	42.94	53.15	173.75	198.86	500.00
Dues, Subscriptions and Fees	-	-	300.06	423.99	500.00
Miscellaneous	8.94	(83.68)	(0.63)	151.49	-
Total Administrative Expense	2,592.85	2,501.14	2,474.23	6,021.17	9,100.00
% of Admin Expense to Revenue	10%	6%	3%	13%	7%
Total Expenditures	\$ 19,611.06	\$ 42,333.28	\$ 74,569.05	\$ 42,978.92	\$ 99,100.00
Change in Net Assets	\$ 5,329.70	\$ (171.16)	\$ 13,188.54	\$ 2,638.19	\$ 33,900.00

1. President / Founder - Mike Mulrooney
2. VP - Wes Faust – July 2018
3. Treasurer - Anne-Marie Hogan – December 2018
4. Marketing - Mindy Aschbacher - July 2017
5. Marketing - Mary Lou Rippy – July 2017
6. Donations - Joe Ragazzo – October 2017
7. Events - Robin Thompson – October 2018
8. Donations - Charlie Hall – March 2017

Shirley's Way
Statement of Financial Position

ASSETS	FY2013	FY2014	FY2015	As of 06/30 FY2016
Current Assets				
Cash/Checking Accounts	\$ 5,329.70	\$ 3,751.92	\$ 18,347.08	\$ 19,985.35
Other Account Receivable	0.00	1,406.62	0.00	0.00
Loans to Others	0.00	0.00	0.00	1,000.00
TOTAL ASSETS	\$ 5,329.70	\$ 5,158.54	\$ 18,347.08	\$ 20,985.35
LIABILITIES				
Liabilities	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
NET ASSETS				
Unrestricted Net Assets - Beginning	\$ 0.00	\$ 5,329.70	\$ 5,158.54	\$ 18,347.08
Change in Unrestricted Net Assets	5,329.70	(171.16)	13,188.54	2,638.19
Unrestricted Net Assets - Ending	\$ 5,329.70	\$ 5,158.54	\$ 18,347.08	\$ 20,985.27
TOTAL LIABILITIES AND NET ASSETS	5,329.70	5,158.54	18,347.08	20,985.27

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning _____, 2015, 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) Room/suite
3801 Crestridge Drive

City or town, state or province, country, and ZIP or foreign postal code
Louisville, KY 40272

D Employer identification number
XXXXXXXXXX

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 ▶ \$ **118,846**

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																												44,975	
	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 \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																													73,871	
c	Less: direct expenses from gaming and fundraising events																													31,088	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													42,783	
7a	Gross sales of inventory, less returns and allowances																													0	
b	Less: cost of goods sold																													0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													0	
8	Other revenue (describe in Schedule O)																													0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																													87,758	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																												36,389	
	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																													0
	14	Occupancy, rent, utilities, and maintenance																													0
	15	Printing, publications, postage, and shipping																													0
	16	Other expenses (describe in Schedule O)																													38,181
17	Total expenses. Add lines 10 through 16 ▶																													74,570	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												13,188	
	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)																													5,159
	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 ▶																													18,347

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

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
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)
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)?
45b 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)

	Yes	No
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	✓

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

	Yes	No
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 C, Part II	47	✓
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
Not Applicable				

f Total number of other employees paid over \$100,000 ▶ 0

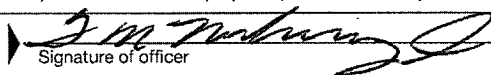
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

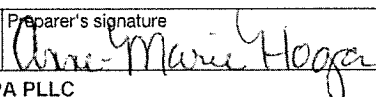
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Not Applicable		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

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 6-7-16
	Frederick M. Mulrooney, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Anne-Marie Hogan	Preparer's signature 	Date 6-7-16	Check <input checked="" type="checkbox"/> if self-employed	PTIN [REDACTED]
	Firm's name ▶ Anne-Marie Hogan, CPA PLLC	Firm's EIN ▶ [REDACTED]			
	Firm's address ▶ 5311 Datura Lane Louisville, KY 40258	Phone no. 502-681-7629			
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Shirley's Way, Inc.

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 11, 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1–9 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)						
(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	18,155	28,257	44,975	91,387
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	0	18,155	28,257	44,975	91,387
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.						91,387

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	0	0	18,155	28,257	44,975	91,387
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	0	6,786	13,905	42,782	63,474
11 Total support. Add lines 7 through 10						154,861
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 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2015

Name of the organization

Shirley's Way, Inc.

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[x] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[x] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Shirley's Way, Inc.

Employer identification number
99-1021977

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Fraternal Order of Eagles 3501 College Drive Jeffersontown, KY 40299	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Shirley's Way, Inc.

99-1234567

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization Shirley's Way, Inc.	Employer identification number ██████████
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----

**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, lines 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

2015

Open to Public Inspection

Name of the organization

Shirley's Way, Inc.

Employer identification number

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 ten 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						
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.

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		
		Concert (event type)	Fair (event type)	4 (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	28,457	13,680	31,733	73,871	
	2	Less: Contributions	0	0	0	0	
	3	Gross income (line 1 minus line 2)	28,457	13,680	31,733	73,871	
Direct Expenses	4	Cash prizes	0	0	570	570	
	5	Noncash prizes	0	0	0	0	
	6	Rent/facility costs	0	0	3,574	3,574	
	7	Food and beverages	0	0	0	0	
	8	Entertainment	0	0	0	0	
	9	Other direct expenses	4,350	9,315	13,279	26,944	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶					31,088
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶					42,783

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	0	0	
Direct Expenses	2	Cash prizes	0	0	0	0	
	3	Noncash prizes	0	0	0	0	
	4	Rent/facility costs	0	0	0	0	
	5	Other direct expenses	0	0	0	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) ▶					0
	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: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 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 ▶

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

OMB No. 1545-0047

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

2015

**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

Employer identification number

Shirley's Way, Inc.

Part I, Line 10 \$36,389 Grants to Clients - payments made to or for cancer patients for various financial obligations that include but not limited to rent, utilities, food, medicine, car payment, house payment, medical bills and other sundry living expenses.

Part I, Line 16 Other Expense \$38,181

Advertising and Promotional Merchandise \$35,706

Regulatory and Tax Expense \$83

Supplies Expense \$1,918

Travel and Business Meals \$174

Dues and Subscriptions \$225

Bank and Merchant Fees \$75

Part II, Line 24 Other Assets Beginning Balance \$1,407

Other receivable related to fraudulent transaction in bank account. At beginning of 2015, the transactions were pending reimbursement from the bank. In 2015, the fraudulent transactions were refunded by the bank.

Shirley's Way
GENERAL LEDGER
January - December 2015

DATE	TRANSACTION TYPE	NUM	ADJ	NAME	MEMO/DESCRIPTION	SPLIT	AMOUNT	BALANCE
810XX Fundraising Expense								
81201 Fundraising Expense Misc								
04/12/2015	Expenditure	109	No	Debbie Linning Michals	NCAA Bracket Payout	10100 Checking - Shirley's Way	170.00	170.00
04/16/2015	Expenditure		No	Staples	Flyers for Chow Wagon Event	10100 Checking - Shirley's Way	200.82	370.82
04/16/2015	Expenditure		No	Cash	NCAA Payouts	10100 Checking - Shirley's Way	400.00	770.82
04/20/2015	Expenditure	1096	No	Fifth Third Bank	Chow Wagon Bracelets, Amazon	10100 Checking - Shirley's Way	1,715.20	2,486.02
05/01/2015	Expenditure	1099	No	Fifth Third Bank	Chow Wagon and Doo Woop	10100 Checking - Shirley's Way	532.53	3,018.55
05/07/2015	Expenditure		No	Cash	Officers for ChoWagon	10100 Checking - Shirley's Way	500.00	3,518.55
11/24/2015	Check	1008	No	Void		10101 Checking - Randy's BANDaid	0.00	3,518.55
Total for 81201 Fundraising Expense Misc							\$3,518.55	
81211 Runs and 5K Expense								
07/27/2015	Expenditure		No	Kentucky Farm Bureau	Insurance policy for 5k	10100 Checking - Shirley's Way	265.00	265.00
07/28/2015	Expenditure	1140	No	Sew Easy Embroidery	5k flyers	10100 Checking - Shirley's Way	111.30	376.30
08/04/2015	Expenditure	1142	No	Metro Parks	5k lea	10100 Checking - Shirley's Way	233.75	610.05
09/08/2015	Expenditure	1159	No	Sew Easy Embroidery	5k banner, golf shirts	10100 Checking - Shirley's Way	409.48	1,019.53
09/10/2015	Expenditure	1161	No	A+ Signs and Printing	Tshirts for upcoming events	10100 Checking - Shirley's Way	1,430.00	2,449.53
09/17/2015	Expenditure	1163	No	A+ Signs and Printing	Shirts for 5k and Cancer Sucks 50/50 split	10100 Checking - Shirley's Way	3,419.50	5,869.03
09/18/2015	Expenditure	1167	No	Sew Easy Embroidery	5k signs	10100 Checking - Shirley's Way	53.00	5,922.03
Total for 81211 Runs and 5K Expense							\$5,922.03	
81221 Golf Scramble Fundraising Expense								
04/14/2015	Expenditure	1095	No	A+ Signs and Printing	Tshirts for upcoming events	10100 Checking - Shirley's Way	1,495.00	1,495.00
04/23/2015	Expenditure	1098	No	Sew Easy Embroidery	Golf Sponsor signs and trailer	10100 Checking - Shirley's Way	601.26	2,096.26
05/09/2015	Expenditure	1101	No	Kentucky Housing	Glow Scramble	10100 Checking - Shirley's Way	1,000.00	3,096.26
05/11/2015	Expenditure	1102	No	Sun Valley Golf Course		10100 Checking - Shirley's Way	2,560.00	5,656.26
10/14/2015	Expenditure	1174	No	Cash	opening cash for Golf Scramble	10100 Checking - Shirley's Way	600.00	6,256.26
10/15/2015	Expenditure	1175	No	Mike Mulrooney	Reimburse for Sam's Club Expense	10100 Checking - Shirley's Way	292.62	6,548.88
10/15/2015	Expenditure	1178	No	Nevel Masde	Golf Scramble	10100 Checking - Shirley's Way	780.00	7,328.88
11/25/2015	Expenditure	1193	No	Sew Easy Embroidery	Golf Shirts	10100 Checking - Shirley's Way	653.82	7,982.70
Total for 81221 Golf Scramble Fundraising Expense							\$7,982.70	
81231 Fair Fundraising Expense								
07/24/2015	Expenditure	1136	No	A+ Signs and Printing	Fair Tshirts	10100 Checking - Shirley's Way	1,300.00	1,300.00
08/05/2015	Expenditure	1144	No	Sew Easy Embroidery	Hats for Fair	10100 Checking - Shirley's Way	119.78	1,419.78
08/15/2015	Expenditure	1147	No	Kentucky State Fair	Fair Booth Tickets	10100 Checking - Shirley's Way	275.00	1,694.78
08/15/2015	Expenditure	1148	No	Kentucky State Fair	Fair Booth Tickets	10100 Checking - Shirley's Way	82.50	1,777.28
08/20/2015	Check	1006	No	Kentucky State Fair	Tickets for booth workers	10101 Checking - Randy's BANDaid	110.00	1,887.28
08/28/2015	Expenditure	1152	No	A+ Signs and Printing	Fair Tshirts	10100 Checking - Shirley's Way	6,307.00	8,194.28
08/27/2015	Expenditure	1153	No	A+ Signs and Printing	Fair Tshirts	10100 Checking - Shirley's Way	923.00	9,117.28
09/01/2015	Expenditure	1155	No	Sew Easy Embroidery	Hats for Fair	10100 Checking - Shirley's Way	197.75	9,315.03
Total for 81231 Fair Fundraising Expense							\$9,315.03	
81241 BANDaid Expense								
05/21/2015	Expenditure	1111	No	Sew Easy Embroidery	Hats for BANDaid	10100 Checking - Shirley's Way	258.32	258.32
05/27/2015	Expenditure	1112	No	A+ Signs and Printing	BANDaid shirts	10100 Checking - Shirley's Way	1,427.50	1,685.82
06/04/2015	Expenditure	1118	No	Sew Easy Embroidery	Hats for BANDaid	10100 Checking - Shirley's Way	392.76	2,078.58
06/18/2015	Expenditure	1126	No	Sew Easy Embroidery	Hats for BANDaid	10100 Checking - Shirley's Way	359.76	2,438.34
07/02/2015	Check	1003	No	Wes Faust		10101 Checking - Randy's BANDaid	348.32	2,786.66
08/02/2015	Check	1004	No	New Albany Production House		10101 Checking - Randy's BANDaid	1,163.30	3,949.96
12/27/2015	Expenditure	1202	No	Sew Easy Embroidery	Randy Up Shirts	10100 Checking - Shirley's Way	400.00	4,349.96
Total for 81241 BANDaid Expense							\$4,349.96	
Total for 810XX Fundraising Expense							\$31,088.27	

570 Cash Payout

Facility

Facility

Facility

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 support such charitable, religious, educational and benevolent purposes as may be determined from time to time by the Corporation, including, without limitation, alleviation of poverty, payment of medical and educational expenses, expansion of affordable housing, and feeding the hungry and malnourished;
- (b) To support such local and national efforts to alleviate poverty and support financially needy individuals to attend primary, secondary, undergraduate, graduate, professional and trade schools;
- (c) To fund grants and award-making programs in support of the Corporation's purposes;
- (d) To fund grants and make awards which sponsor programs of charitable, non-profit organizations which increase affordable housing and provide financial assistance to the needy;

(e) To help the poor and needy to overcome poverty by cash contributions to such programs which provide gifts of clothes, food, toys and books to children of need in the United States and abroad; and

(f) To assist less fortunate by development of grant and scholarship programs which make cash payments to financially needy individuals.

6. Non-Profit Organization. The Corporation shall be irrevocably dedicated to and operated exclusively for, non-profit 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:

DIRECTOR

ADDRESS

Frederick M. Mulrooney

3801 Crestridge Drive
Louisville, Kentucky 40272

LYON REED

4917 PARAMOUNT DR.
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)

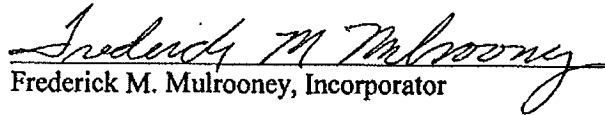
of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

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 3/ day of October, 2013.

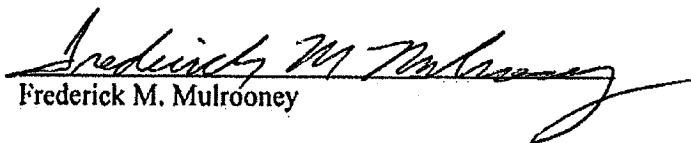

Frederick M. Mulrooney, Incorporator

This Document Prepared by:

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

**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

Conflict of Interest Policy

Article I **Purpose**

The purpose of the conflict of interest policy is to protect Shirley's Way, Inc. ("Shirley's Way") interest when the Corporation is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer, director, or committee member of Shirley's Way or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit religious and charitable organizations.

Article II **Definitions**

1. Interested Person

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which Shirley's Way has a transaction or arrangement,
- b. A compensation arrangement with Shirley's Way or with any entity or individual with which Shirley's Way has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which Shirley's Way is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Article III
Procedures

1. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors, and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest

a. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he or she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

b. The chairperson of the governing board or committee may, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

c. After exercising due diligence, the governing board or committee shall determine whether Shirley's Way can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in Shirley's Way best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

- a. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article IV **Records of Proceedings**

The minutes of the governing board and all committees with board delegated powers shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article V **Compensation**

- a. A voting member of the governing board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- c. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Article VI
Annual Statements

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

- a. Has received a copy of the conflicts of interest policy,
- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Article VII
Periodic Reviews

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

Article VIII
Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

Adopted by the Board of Directors of Shirley's Way,
Inc. on October 31, 2013

Signed by:


Frederick M. Mulrooney, Chairman

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____		<input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>1</u> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 3801 Crestridge Drive		Requester's name and address (optional)
	6 City, state, and ZIP code Louisville, KY 40272		
	7 List account number(s) here (optional)		

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>7-21-16</u>
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irv9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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	3/25/2016
Principal Office	3801 CRESTRIDGE DRIVE LOUISVILLE, KY 40272
Registered Agent	FREDERICK M. MULROONEY 3801 CRESTRIDGE DRIVE LOUISVILLE, KY 40272

Current Officers

Chairman	<u>Frederick M Mulrooney</u>
Director	<u>Jennifer L Mulrooney</u>
Director	<u>Wes Faust</u>
Director	<u>Mary Lou Rippy</u>
Director	<u>Robin Allen Thompson</u>

Individuals / Entities listed at time of formation

Director	<u>FREDERICK M MULROONEY</u>
Director	<u>LYNN REED</u>
Director	<u>KATHLEEN NAVERT</u>
Incorporator	<u>FREDERICK M MULROONEY</u>

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.

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

Assumed Names

SHIRLEY'S LITTLE ANGELS
CANCER IS STUDID

Active
 Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
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	<u>SHIRLEY'S LITTLE ANGELS</u>
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	<u>CANCER IS STUDID</u>
Add	10/31/2013 11:40:52 AM	10/31/2013	

Microfilmed Images