

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

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

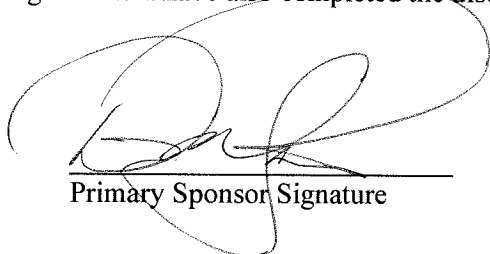
**Executive Summary of Request**

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?                     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is this applicant a faith based organization?             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Does this application include funding for sub-grantee(s)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

25  
District #

  
\_\_\_\_\_  
Primary Sponsor Signature

\$ 3,500<sup>00</sup>      8/6/17  
Amount                      Date

**Primary Sponsor Disclosure**

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

**Approved by:**

\_\_\_\_\_  
Appropriations Committee Chairman

\_\_\_\_\_  
Date

Final Appropriations Amount: \_\_\_\_\_



**Applicant/Program:**

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

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

**Council Member Signature and Amount**

|             |                             |                             |
|-------------|-----------------------------|-----------------------------|
| District 1  | _____                       | \$ _____                    |
| District 2  | <i>Barbara Shanklin</i>     | \$ <i>250.<sup>00</sup></i> |
| District 3  | <i>Marye Doolittle</i>      | \$ <i>250<sup>00</sup></i>  |
| District 4  | <i>Barbara Gordon Smith</i> | \$ <i>200 -</i>             |
| District 5  | _____                       | \$ _____                    |
| District 6  | <i>Paul O'Leary</i>         | \$ <i>250.<sup>00</sup></i> |
| District 7  | _____                       | \$ _____                    |
| District 8  | _____                       | \$ _____                    |
| District 9  | _____                       | \$ _____                    |
| District 10 | <i>Cam P. Marshall</i>      | \$ <i>500.<sup>00</sup></i> |
| District 11 | _____                       | \$ _____                    |
| District 12 | <i>Rick Blumel</i>          | \$ <i>2000</i>              |
| District 13 | <i>Vicki Aubrey Welch</i>   | \$ <i>1,000 -</i>           |
| District 14 | <i>Cindi Gouley</i>         | \$ <i>2500 -</i>            |
| District 15 | <i>Therese Zutter</i>       | \$ <i>1500 -</i>            |

**Applicant/Program:**

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

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26  \_\_\_\_\_ \$ 1000 =

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** Shirley's Way, Inc.

**Program Name and Request Amount** Shirley's Way Financial Assistance Program - \$50,000

**Yes/No/NA**

|  |                                  |
|--|----------------------------------|
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?  | <input type="text" value="Yes"/> |
| Is the funding proposed by Council Member(s) less than or equal to the request amount?   | <input type="text" value="Yes"/> |
| Is the proposed public purpose of the program viable and well-documented?  | <input type="text" value="Yes"/> |
| Will all of the funding go to programs specific to Louisville/Jefferson County?  | <input type="text" value="Yes"/> |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?  | <input type="text" value="Yes"/> |
| Has prior Metro Funds committed/granted been disclosed?  | <input type="text" value="N/A"/> |
| Is the application properly signed and dated by authorized signatory?  | <input type="text" value="Yes"/> |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?  | <input type="text" value="Yes"/> |
| If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?   | <input type="text" value="N/A"/> |
| Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul> | <input type="text" value="Yes"/> |
| Is the current Fiscal Year Budget included?  | <input type="text" value="Yes"/> |
| Is the entity's board member list (with term length/term limits) included?   | <input type="text" value="Yes"/> |
| Is recommended funding less than 33% of total agency operating budget?   | <input type="text" value="Yes"/> |
| Does the application budget reflect only the revenue and expenses of the project/program?  | <input type="text" value="Yes"/> |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?   | <input type="text" value="N/A"/> |
| Is the most recent annual audit (if required by organization) included?  | <input type="text" value="N/A"/> |
| Is a copy of Signed Lease (if rent costs are requested) included?  | <input type="text" value="N/A"/> |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?   | <input type="text" value="N/A"/> |
| Are the Articles of Incorporation of the Agency included?  | <input type="text" value="Yes"/> |
| Is the IRS Form W-9 included?  | <input type="text" value="Yes"/> |
| Is the IRS Form 990 included?  | <input type="text" value="Yes"/> |
| Are the evaluation forms (if program participants are given evaluation forms) included?  | <input type="text" value="N/A"/> |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?  | <input type="text" value="N/A"/> |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?   | <input type="text" value="N/A"/> |

Prepared by:

Date:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 - APPLICANT INFORMATION   |                  |   |                               |
|---|------------------|---|-------------------------------|
| <b>Legal Name of Applicant Organization:</b>  |                  | Shirley's Way Inc.  |                               |
| <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>  |                  |   |                               |
| <b>Main Office Street &amp; Mailing Address:</b> PO Box 58098 Louisville KY 40268   |                  |   |                               |
| <b>Website:</b> www.ShirleysWay.com   |                  |   |                               |
| <b>Applicant Contact:</b>   | Mike Mulrooney   | <b>Title:</b>   | Founder / CEO                 |
| <b>Phone:</b>   | 502-819-7619     | <b>Email:</b>   | ChiefCancerHater@gmail.com    |
| <b>Financial Contact:</b>   | Anne-Marie Hogan | <b>Title:</b>   | Treasurer                     |
| <b>Phone:</b>   | 502-681-7629     | <b>Email:</b>   | annemarie.hogan.cpa@gmail.com |
| <b>Organization's Representative who attended NDF Training:</b> Mike Mulrooney  |                  |   |                               |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED  |                  |   |                               |
| <b>Program Facility Location(s):</b>  | Louisville Area  |   |                               |
| <b>Council District(s):</b>   | ALL              | <b>Zip Code(s):</b>   | 40272                         |
| SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION   |                  |   |                               |
| <b>PROGRAM/PROJECT NAME:</b> Shirley's Way Financial Assistance Program   |                  |   |                               |
| <b>Total Request: (\$)</b>  | 50,000           | <b>Total Metro Award (this program) in previous year: (\$)</b>  | 21,333                        |
| <b>Purpose of Request (check all that apply):</b>   |                  |   |                               |
| <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)   |                  |   |                               |
| <b>The Following are Required Attachments:</b>  |                  |   |                               |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter<br><input checked="" type="checkbox"/> Current year projected budget<br><input checked="" type="checkbox"/> Current financial statement<br><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H<br><input checked="" type="checkbox"/> Articles of Incorporation (current & signed)<br>Cost estimates from proposed vendor if request is for capital expense |                  | <input type="checkbox"/> Signed lease if rent costs are being requested<br><input checked="" type="checkbox"/> IRS Form W9<br><input type="checkbox"/> Evaluation forms if used in the proposed program<br><input type="checkbox"/> Annual audit (if required by organization)<br><input type="checkbox"/> Faith Based Organization Certification Form, if applicable |                               |
| <b>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.</b>   |                  |   |                               |
| <b>Source:</b>  |                  | <b>Amount: (\$)</b>   |                               |
| <b>Source:</b>  |                  | <b>Amount: (\$)</b>   |                               |
| <b>Source:</b>  |                  | <b>Amount: (\$)</b>   |                               |
| Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |   |                               |
| Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |   |                               |

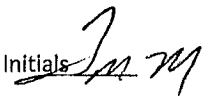
## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

Watching someone battle Cancer is horrible as the person's body is tortured during treatments. The stress of worrying about losing your home or deciding whether to buy food or prescriptions is additional stress a patient does not need. The combination of Cancer and these additional worries are not a good combination for a cancer patient.

Shirley's Way is becoming a well known organization in our community and people are starting to rely on our services. We raise money to help those fighting cancer financially. We help pay rent, mortgage, food, medicine, utilities etc.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

| Board Member  | Term End Date  |
|---|----------------|
| Founder / President - Mike Mulrooney                      |                |
| Wes Faust   | July 2018      |
| Anne-Marie Hogan - CPA                                    |                |
| Mindy Aschbacher  | July 2019      |
| Mary Lou Rippy  | July 2019      |
| Joe Ragazzo   | October 2017   |
| Robin Thompson  | October 2018   |
| Charlie Hall  | Completed term |
| Terry Hall  | July 2020      |
| Judy Huebner  | July 2020      |
| **** We currently have no paid employees or board members |                |
|   |                |
|   |                |
|   |                |
|   |                |
|   |                |

**Describe the Board term limit policy:**  
 All board members are allowed to run for a second consecutive term of 3 years.

| Three Highest Paid Staff Names | Annual Salary |
|--------------------------------|---------------|
| We do not have a paid staff    |               |
|                                |               |
|                                |               |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

We have given away over \$206,000 since we started in 2013. \$92,000 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.

2016 our goal was to give away at least \$5,000 a month, our goal in 2017 is to give away \$7,500 a month. That would be \$90,000 in 2017.

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

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

Breakdown of money spent since Fall 2013. These are the largest categories of money spent

1. House payments / Rent - \$74,061.87
2. Utility bills - \$41,444.13
3. Food - \$17,959.69
4. Prescription / co-pays/Household - \$38,437.03
5. Furnace repairs / Funeral Expenses etc. - \$21,617.60



## 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:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
- The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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 \$200,000 to people in our community since 2013

Breakdown of money spent since Fall 2013. These are the largest categories of money spent

1. House payments / Rent - \$74,061.87
2. Utility bills - \$41,444.13
3. Food - \$17,959.69
4. Prescription / co-pays/Household - \$38,437.03
5. Furnace repairs / Funeral Expenses etc. - \$21,617.60

**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.

Christi's Cafe  
Timmy Car Wash  
Creative Concepts Salon  
RiverWalk Grill  
Rubbie's Bar and Grill  
Alliance Roofing  
We Nailed It  
Bud's Tavern

River City Bank held a Small / One Time Fundraiser for us  
Mortenson's Dental has sponsored and held a one time fundraiser  
American Mortgage - Has sponsored events for us  
Robin Thompson / KY Farm Bureau Office - Sponsored events  
Desales High School  
Holy Cross High School  
Notre Dame Academy  
Thomas Jefferson Elementary  
JP Pirtle Real Estate

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

| Program/Project Expenses   | Column 1             | Column 2        | Column (1+2)=3 |
|--|----------------------|-----------------|----------------|
|  | Proposed Metro Funds | Non-Metro Funds | Total Funds    |
| <b>A: Personnel Costs Including Benefits</b>                             | 0                    | 53,825          | 53,825         |
| <b>B: Rent/Utilities</b>   | 0                    | 6,000           | 6,000          |
| <b>C: Office Supplies</b>  | 0                    | 3,000           | 3,000          |
| <b>D: Telephone</b>  | 0                    | 0               | 0              |
| <b>E: In-town Travel</b>   | 0                    | 3,500           | 3,500          |
| <b>F: Client Assistance (See Detailed List on Page 8)</b>                | 50,000               | 37,000          | 87,000         |
| <b>G: Professional Service Contracts</b>                                 | 0                    | 6,000           | 6,000          |
| <b>H: Program Materials</b>  | 0                    | 30,000          | 30,000         |
| <b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b> | 0                    | 0               | 0              |
| <b>J: Machinery &amp; Equipment</b>                                      | 0                    | 0               | 0              |
| <b>K: Capital Project</b>  | 0                    | 0               | 0              |
| <b>L: Other Expenses (See Detailed List on Page 8)</b>                   | 0                    | 5,500           | 5,500          |
| <b>*TOTAL PROGRAM/PROJECT FUNDS</b>                                      | 50,000               | 144,825         | 194,825        |
| <b>% of Program Budget</b>   | 25 %                 | 75 %            | 100%           |

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

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

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

\*\*Must equal or exceed total in column 2.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

| Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7<br>(circle one and use multiple sheets if necessary) | Column 1             | Column 2        | Column (1 + 2)=3 |
|---|----------------------|-----------------|------------------|
|   | Proposed Metro Funds | Non-Metro Funds | Total Funds      |
| Program expense - Cancer Patient support  | 50,000               | 40,000          |                  |
| Utility Bills   |                      |                 |                  |
| Mortgage Payments   |                      |                 |                  |
| Rent  |                      |                 |                  |
| Food  |                      |                 |                  |
| Other   |                      |                 |                  |
| *** We pay the bills of cancer patients. We pay what comes in when we have the money. <input checked="" type="checkbox"/>                         |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
|   |                      |                 |                  |
| <b>Total</b>  | 50,000               | 40,000          |                  |

Applicant's Initials *Jim 7/01*

**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).

| <b>Donor*/Type of Contribution</b>  | <b>Value of Contribution</b> | <b>Method of Valuation</b>   |
|---|------------------------------|--|
| 220 volunteers in 2016 cumulative for all events  | 26,400                       | \$15 per hr at 8 hours for events  |
| Volunteer planning hours for events   | 75,000                       | \$15 per hous X many days and 3  |
|   |                              |  |
|   |                              |  |
| <i>Total Value of In-Kind<br/>(to match Program Budget Line Item.<br/>Volunteer Contribution &amp; Other In Kind)</i> | 101,400                      | Hours are calculated for hours at an event 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:** Jany 2017

**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 2017  
We anticipate donations to exceed \$120,000 this in 2017..

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

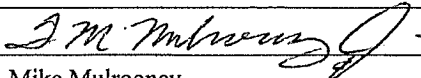
#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

|   |   |                   |               |
|---|---|-------------------|---------------|
| <b>Signature of Legal Signatory:</b>    |  | <b>Date:</b>      | 8-2-2017      |
| <b>Legal Signatory: (please print):</b> | Mike Mulrooney  | <b>Title:</b>     | Founder / CEO |
| <b>Phone:</b>                           | 502-819-7619  | <b>Extension:</b> |               |
| <b>Email:</b>                           | ChiefCancerHater@gmail.com  |                   |               |

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

**Organization Number** 0871051  
**Name** SHIRLEY'S WAY, INC.  
**Profit or Non-Profit** N - Non-profit  
**Company Type** KCO - Kentucky Corporation  
**Status** A - Active  
**Standing** G - Good  
**State** KY  
**File Date** 10/31/2013  
**Organization Date** 10/31/2013  
**Last Annual Report** 4/28/2017  
**Principal Office** 3801 CRESTRIDGE DRIVE  
 LOUISVILLE, KY 40272  
**Registered Agent** FREDERICK M. MULROONEY  
 3801 CRESTRIDGE DRIVE  
 LOUISVILLE, KY 40272

**Current Officers**

**Chairman** [Frederick M Mulrooney](#)  
**Director** [Jennifer L Mulrooney](#)  
**Director** [Wes Faust](#)  
**Director** [Mary Lou Rippy](#)  
**Director** [Robin Allen Thompson](#)

**Individuals / Entities listed at time of formation**

**Director** [FREDERICK M MULROONEY](#)  
**Director** [LYNN REED](#)  
**Director** [KATHLEEN NAVERT](#)  
**Incorporator** [FREDERICK M MULROONEY](#)

**Images available online**

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

|   |            |         |                      |                     |
|---|------------|---------|----------------------|---------------------|
| <a href="#">Certificate of Assumed Name</a> | 5/23/2017  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>               | 4/28/2017  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Amendment</a>                   | 10/10/2016 | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Annual Report</a>               | 3/25/2016  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>               | 5/7/2015   | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Annual Report</a>               | 7/29/2014  | 1 page  | <a href="#">PDF</a>  |                     |
| <a href="#">Amendment</a>                   | 1/14/2014  | 2 pages | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Certificate of Assumed Name</a> | 1/14/2014  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |
| <a href="#">Certificate of Assumed Name</a> | 11/6/2013  | 1 page  | <a href="#">tiff</a> | <a href="#">PDF</a> |

[Articles of Incorporation](#)

10/31/2013

5 pages

[tiff](#)[PDF](#)**Assumed Names**[GOHAFFERS](#)

Active

[SHIRLEY'S LITTLE ANGELS](#)

Active

[CANCER IS STUDID](#)

Active

**Activity History**

| Filing                               | File Date                 | Effective Date           | Org. Referenced                         |
|--------------------------------------|---------------------------|--------------------------|---|
| Added assumed name                   | 5/23/2017<br>8:28:36 AM   | 5/23/2017                | <a href="#">GOHAFFERS</a>               |
| Annual report                        | 4/28/2017<br>9:55:35 AM   | 4/28/2017<br>9:55:35 AM  |   |
| Amendment - Miscellaneous amendments | 10/10/2016<br>10:46:52 AM | 10/10/2016               |   |
| Annual report                        | 3/25/2016<br>5:22:56 PM   | 3/25/2016<br>5:22:56 PM  |   |
| Annual report                        | 5/7/2015<br>11:09:18 AM   | 5/7/2015<br>11:09:18 AM  |   |
| Annual report                        | 7/29/2014<br>10:51:12 PM  | 7/29/2014<br>10:51:12 PM |   |
| Added assumed name                   | 1/14/2014<br>9:34:45 AM   | 1/14/2014                | <a href="#">SHIRLEY'S LITTLE ANGELS</a> |
| Amendment - Miscellaneous amendments | 1/14/2014<br>9:33:38 AM   | 1/14/2014                |   |
| Added assumed name                   | 11/6/2013<br>1:20:39 PM   | 11/6/2013                | <a href="#">CANCER IS STUDID</a>        |
| Add                                  | 10/31/2013<br>11:40:52 AM | 10/31/2013               |   |

**Microfilmed Images**



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:

██████████

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](http://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, sweeping initial 'T'.

Director, Exempt Organizations

Shirley's Way  
Statement of Activity

|   | FY2013           | FY2014           | FY2015           | As of 09/30<br>Unrestricted<br>FY2016 | Budget<br>FY2016  | Budget<br>FY2017  |  | As of 09/30<br>Restricted<br>FY2016 |
|---|------------------|------------------|------------------|---------------------------------------|-------------------|-------------------|--|-------------------------------------|
| Revenue                                   |                  |                  |                  |                                       |                   |                   |  |                                     |
| Donations                                 | 18,154.53        | 28,256.83        | 44,975.29        | 21,163.74                             | 55,000.00         | 80,000.00         | Cabo<br>Donation<br>+30K, +20K<br>AMH CPA<br>services still<br>provide for | 35,401.06                           |
| Contributed Services                      | -                | -                | -                | 3,092.47                              | 4,000.00          | 4,000.00          |  | -                                   |
| Net Fundraising - Miscellaneous           | 3,183.56         | 2,746.28         | 2,144.45         | 2,697.18                              | 3,000.00          | 3,000.00          |  | -                                   |
| Net Fundraising - Runs and 5K             | 3,602.67         | 2,913.01         | 6,039.29         | 10,655.98                             | 7,500.00          | 15,000.00         | increase   | -                                   |
| Net Fundraising - Golf Scramble           | -                | 3,035.00         | 6,126.30         | 11,618.00                             | 7,500.00          | 15,000.00         | increase   | -                                   |
| Net Fundraising - Fair Revenue            | -                | 1,501.00         | 4,365.22         | 6,136.89                              | 5,000.00          | 7,000.00          |  | -                                   |
| Net Fundraising - BANDaid                 | -                | 3,710.00         | 24,107.04        | 20,723.79                             | 25,000.00         | 20,000.00         |  | -                                   |
| Net Fundraising - Snow Cones              | -                | -                | -                | (1,465.37)                            | -                 | 8,000.00          | Need to<br>increase or   | -                                   |
| <b>Total Net Fundraising</b>              | <b>24,940.76</b> | <b>42,162.12</b> | <b>87,757.59</b> | <b>74,622.68</b>                      | <b>107,000.00</b> | <b>152,000.00</b> |  | <b>-</b>                            |
| Fiscal Sponsorship Fees                   |                  |                  |                  | 3,000.65                              | -                 | -                 |  |                                     |
| Grants                                    | -                | -                | -                | 20,750.00                             | 30,000.00         | 50,000.00         | +20K in<br>additional  | -                                   |
| <b>Total Revenue</b>                      | <b>24,940.76</b> | <b>42,162.12</b> | <b>87,757.59</b> | <b>98,373.33</b>                      | <b>137,000.00</b> | <b>202,000.00</b> |  | <b>35,401.06</b>                    |
| Expenditures                              |                  |                  |                  |                                       |                   |                   |  |                                     |
| Donations to Families with Cancer         | 7,967.03         | 24,651.59        | 36,388.60        | 53,109.75                             | 60,000.00         | 87,000.00         |  | 12,375.82                           |
| % of Donations to Families to Revenue     | 32%              | 58%              | 41%              | 54%                                   | 44%               | 43%               |  | 0.35                                |
| Advertising/Promotional/Program Awareness | 9,051.18         | 15,180.55        | 35,706.22        | 21,627.15                             | 30,000.00         | 30,000.00         |  | -                                   |

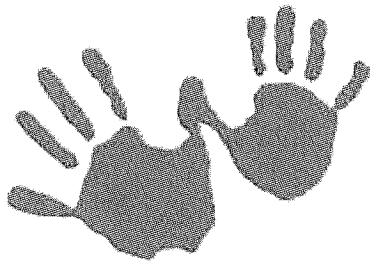
|                                       |           |           |           |           |           |            |                                       |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|------------|---------------------------------------|
| % of Program Awareness to Revenue     | 36%       | 36%       | 41%       | 22%       | 22%       | 15%        | -                                     |
| Insurance                             | -         | -         | -         | 2,339.13  | 2,000.00  | 2,500.00   | -                                     |
| Salaries                              | -         | -         | -         | -         | -         | 50,000.00  | Director of<br>Donation<br>associated |
| Payroll Taxes                         | -         | -         | -         | -         | -         | 3,825.00   | payroll<br>office on                  |
| Rent                                  | -         | -         | -         | -         | -         | 6,000.00   | Dixie<br>AMH<br>donated               |
| Legal, Regulatory & Professional Fees | 2,540.97  | 2,512.72  | 82.69     | 3,541.94  | 4,100.00  | 6,000.00   | services                              |
| Supplies Expense                      | -         | 18.95     | 1,918.36  | 2,493.11  | 2,000.00  | 3,000.00   | -                                     |
| Travel & Business Meals               | 42.94     | 53.15     | 173.75    | 251.57    | 500.00    | 3,500.00   | -                                     |
| Dues, Subscriptions and Fees          | -         | -         | 300.06    | 649.74    | 500.00    | 1,000.00   | 3,000.65                              |
| Miscellaneous                         | 8.94      | (83.68)   | (0.63)    | 151.49    | -         | 500.00     | -                                     |
| Total Administrative Expense          | 2,592.85  | 2,501.14  | 2,474.23  | 9,426.98  | 9,100.00  | 76,325.00  | 3,000.65                              |
| % of Admin Expense to Revenue         | 10%       | 6%        | 3%        | 10%       | 7%        | 38%        | 0.08                                  |
| Depreciation Expense                  | -         | -         | -         | 882.28    | -         | 1,500.00   | -                                     |
| Total Expenditures                    | 19,611.06 | 42,333.28 | 74,569.05 | 84,163.88 | 99,100.00 | 193,325.00 | 15,376.47                             |
| Change in Net Assets                  | 5,329.70  | (171.16)  | 13,188.54 | 14,209.45 | 37,900.00 | 8,675.00   | 20,024.59                             |

Note A: Fundraising Project currently in progress, all revenue has not been received

Shirley's Way  
Statement of Financial Position

|                | FY2013 | FY2014 | FY2015 | As of 09/30<br>FY2016 |
|----------------|--------|--------|--------|-----------------------|
| ASSETS         |        |        |        |                       |
| Current Assets |        |        |        |                       |

|   |                 |                 |                  |                  |
|---|-----------------|-----------------|------------------|------------------|
| Cash/Checking Accounts                  | 5,329.70        | 3,751.92        | 18,347.08        | 42,485.17        |
| Other Account Receivable                | -               | 1,406.62        | -                | -                |
| Net Fixed Assets                        | -               | -               | -                | 8,213.67         |
| Loans to Others                         | -               | -               | -                | 1,000.00         |
| <b>TOTAL ASSETS</b>                     | <b>5,329.70</b> | <b>5,158.54</b> | <b>18,347.08</b> | <b>51,698.84</b> |
| <b>LIABILITIES</b>                      |                 |                 |                  |                  |
| Liabilities                             | -               | -               | -                | -                |
| <b>NET ASSETS</b>                       |                 |                 |                  |                  |
| Unrestricted Net Assets - Beginning     | -               | 5,329.70        | 5,158.54         | 18,347.08        |
| Change in Unrestricted Net Assets       | 5,329.70        | (171.16)        | 13,188.54        | 13,327.17        |
| Unrestricted Net Assets - Ending        | 5,329.70        | 5,158.54        | 18,347.08        | 31,674.25        |
| Restricted Net Assets - Beginning       | -               | -               | -                | -                |
| Change in Restricted Net Assets         | -               | -               | -                | 20,024.59        |
| Restricted Net Assets - Ending          | -               | -               | -                | 20,024.59        |
| <b>TOTAL LIABILITIES AND NET ASSETS</b> | <b>5,329.70</b> | <b>5,158.54</b> | <b>18,347.08</b> | <b>51,698.84</b> |



**SHIRLEY'S WAY**

# **Financial Statements**

**(Unaudited)**

## **Twelve Months Ending**

## **December 31, 2016**

Prepared by Anne-Marie Hogan CPA PLLC

**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.

### **Shirley's Story**

Shirley Mulrooney passed away from liver cancer March 5th 2013 at 9:32am. The liver cancer had spread to her lymph nodes, bones and brain. The bone cancer became so painful that the weight of a sheet across her legs was unbearable. She was the sweetest and kindest person you could ever meet. She now rests in St. Paul cemetery in Louisville KY, cancer free.

Shirley grew up in a small home in Louisville KY and went to St. Paul Elementary school and PRP High School. She was loved by all and had many friends over her short life. She went to church every single Sunday that we can remember and felt guilty if she skipped a day. If someone was sick, she was always there to cook a meal or run to the store to pick up groceries or medicine for the person in need. She was a giving, yet simple person who never really cared about material things. She had a soft heart for kids and loved when the grand kids would come to visit. They referred to her as Memaw. When she died the funeral director said he had never seen so many people attend a funeral service for someone unknown in the public eye. Mom was unknown to the general public but her soft heart touched so many people in the area.

**<http://www.shirleysway.com>**

**Shirley's Way**  
**Statement of Activity**

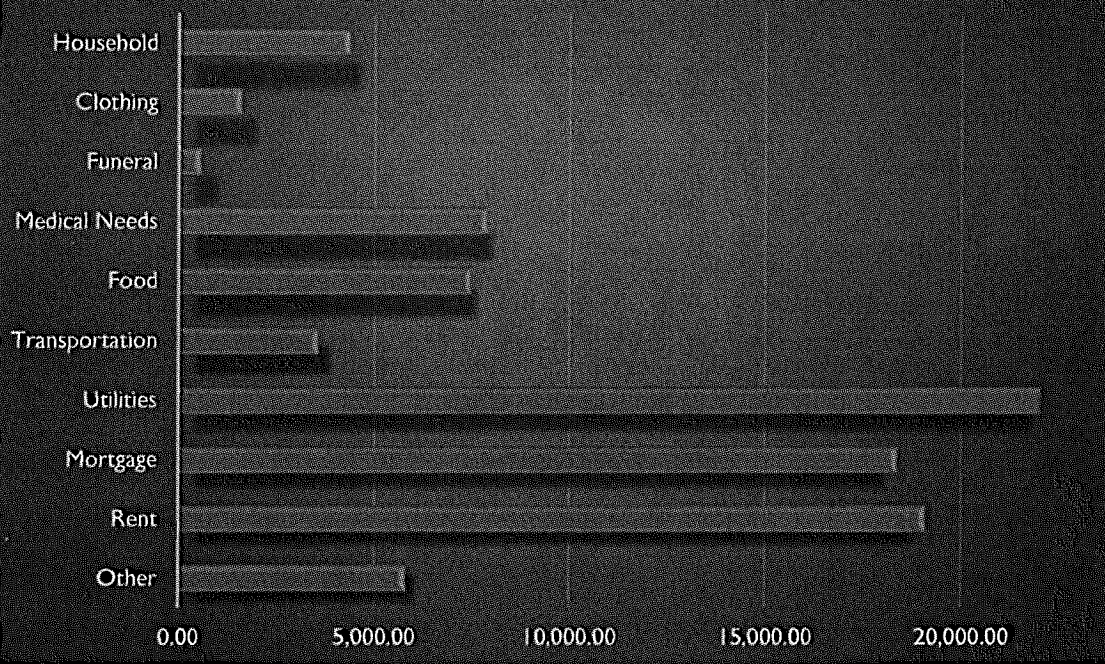
|   |                    |                    |                    | As of 12/31          | Budget               | As of 12/31         |
|---|--------------------|--------------------|--------------------|----------------------|----------------------|---------------------|
|   |                    |                    |                    | Unrestricted         |                      | Restricted          |
|   | FY2013             | FY2014             | FY2015             | FY2016               | FY2016               | FY2016              |
| <b>Revenue</b>                            |                    |                    |                    |                      |                      |                     |
| Donations                                 | \$18,154.53        | \$28,256.83        | \$44,975.29        | \$ 36,325.14         | \$ 55,000.00         | \$ 39,002.79        |
| Contributed Services                      | -                  | -                  | -                  | 3,854.97             | 4,000.00             | -                   |
| Net Fundraising - Miscellaneous           | 3,183.56           | 2,746.28           | 2,144.45           | 2,031.84             | 3,000.00             | (3,823.01)          |
| Net Fundraising - Runs and 5K             | 3,602.67           | 2,913.01           | 6,039.29           | 16,672.20            | 7,500.00             | -                   |
| Net Fundraising - Golf Scramble           | -                  | 3,035.00           | 6,126.30           | 11,618.00            | 7,500.00             | -                   |
| Net Fundraising - Fair Revenue            | -                  | 1,501.00           | 4,365.22           | 6,136.89             | 5,000.00             | -                   |
| Net Fundraising - BANDaid                 | -                  | 3,710.00           | 24,107.04          | 20,723.79            | 25,000.00            | -                   |
| Net Fundraising - Mountain Bike           | -                  | -                  | -                  | 1,556.96             | -                    | -                   |
| Net Fundraising - Snow Cones              | -                  | -                  | -                  | (1,465.37)           | -                    | -                   |
| <b>Total Net Fundraising</b>              | <b>6,786.23</b>    | <b>13,905.29</b>   | <b>42,782.30</b>   | <b>57,274.31</b>     | <b>48,000.00</b>     | <b>(3,823.01)</b>   |
| Fiscal Sponsorship Fees                   |                    |                    |                    | 3,445.63             |                      |                     |
| Grants                                    | -                  | -                  | -                  | 25,333.00            | 30,000.00            | -                   |
| <b>Total Revenue</b>                      | <b>\$24,940.76</b> | <b>\$42,162.12</b> | <b>\$87,757.59</b> | <b>\$ 126,233.05</b> | <b>\$ 133,000.00</b> | <b>\$ 35,179.78</b> |
| <b>Expenditures</b>                       |                    |                    |                    |                      |                      |                     |
| Donations to Families with Cancer         | \$ 7,967.03        | \$24,651.59        | \$36,388.60        | \$ 74,029.46         | \$ 60,000.00         | \$ 17,093.74        |
| % of Donations to Families to Revenue     | 32%                | 58%                | 41%                | 59%                  | 45%                  | 49%                 |
| Advertising/Promotional/Program Awareness | 9,051.18           | 15,180.55          | 35,706.22          | 24,732.65            | 30,000.00            | -                   |
| % of Program Awareness to Revenue         | 36%                | 36%                | 41%                | 20%                  | 23%                  | 0%                  |
| Insurance                                 | -                  | -                  | -                  | 2,339.13             | 2,000.00             | -                   |
| Legal, Regulatory & Professional Fees     | 2,540.97           | 2,512.72           | 82.69              | 4,312.44             | 4,100.00             | -                   |
| Supplies Expense                          | -                  | 18.95              | 1,918.36           | 2,843.43             | 2,000.00             | -                   |
| Travel & Business Meals                   | 42.94              | 53.15              | 173.75             | 512.89               | 500.00               | -                   |
| Dues, Subscriptions and Fees              | -                  | -                  | 300.06             | 954.60               | 500.00               | 3,445.63            |
| Miscellaneous                             | 8.94               | (83.68)            | (0.63)             | 151.49               | -                    | -                   |
| <b>Total Administrative Expense</b>       | <b>2,592.85</b>    | <b>2,501.14</b>    | <b>2,474.23</b>    | <b>11,113.98</b>     | <b>9,100.00</b>      | <b>3,445.63</b>     |
| % of Admin Expense to Revenue             | 10%                | 6%                 | 3%                 | 9%                   | 7%                   | 10%                 |
| Depreciation Expense                      | -                  | -                  | -                  | 1,374.67             | -                    | -                   |
| <b>Total Expenditures</b>                 | <b>\$19,611.06</b> | <b>\$42,333.28</b> | <b>\$74,569.05</b> | <b>\$ 111,250.76</b> | <b>\$ 99,100.00</b>  | <b>\$ 20,539.37</b> |
| <b>Change in Net Assets</b>               | <b>\$ 5,329.70</b> | <b>\$ (171.16)</b> | <b>\$13,188.54</b> | <b>\$ 14,982.29</b>  | <b>\$ 33,900.00</b>  | <b>\$ 14,640.41</b> |



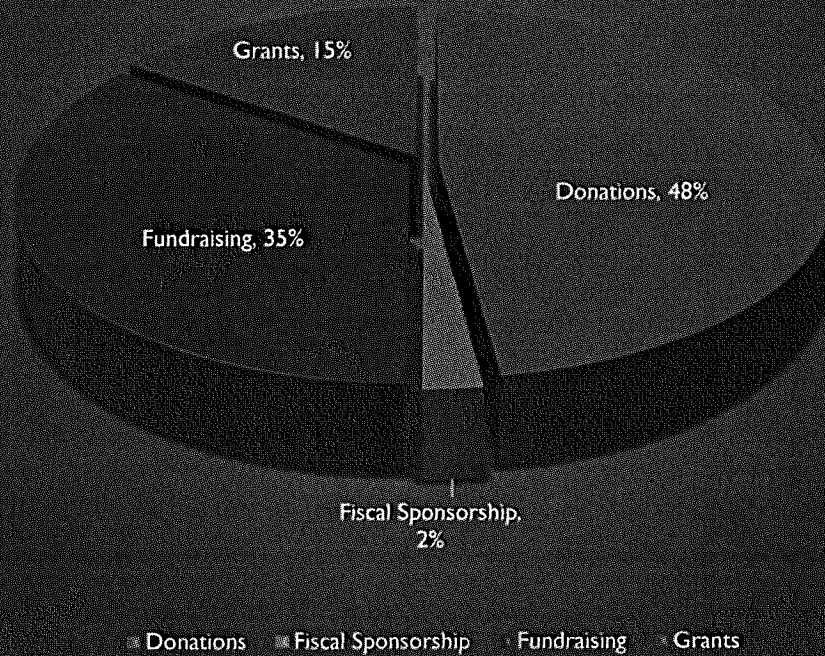
**Shirley's Way**  
**Statement of Financial Position**

|   | As of 12/31        |                    |                    |                     |
|---|--------------------|--------------------|--------------------|---------------------|
| ASSETS                                  | FY2013             | FY2014             | FY2015             | FY2016              |
| <b>Current Assets</b>                   |                    |                    |                    |                     |
| Cash/Checking Accounts                  | \$ 5,329.70        | \$ 3,751.92        | \$18,347.08        | \$ 39,248.50        |
| Other Account Receivable                | 0.00               | 1,406.62           | 0.00               | 0.00                |
| Net Fixed Assets                        | 0.00               | 0.00               | 0.00               | 7,721.28            |
| Loans Receivable                        | 0.00               | 0.00               | 0.00               | 1,000.00            |
| <b>TOTAL ASSETS</b>                     | <b>\$ 5,329.70</b> | <b>\$ 5,158.54</b> | <b>\$18,347.08</b> | <b>\$ 47,969.78</b> |
| <b>LIABILITIES</b>                      |                    |                    |                    |                     |
| Liabilities                             | \$ 0.00            | \$ 0.00            | \$ 0.00            | \$ 0.00             |
| <b>NET ASSETS</b>                       |                    |                    |                    |                     |
| 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          | 14,982.29           |
| Unrestricted Net Assets - Ending        | <b>\$ 5,329.70</b> | <b>\$ 5,158.54</b> | <b>\$18,347.08</b> | <b>\$ 33,329.37</b> |
| Restricted Net Assets - Beginning       | \$ 0.00            | \$ 0.00            | \$ 0.00            | \$ 0.00             |
| Change in Restricted Net Assets         | -                  | -                  | -                  | 14,640.41           |
| Restricted Net Assets - Ending          | <b>\$ 0.00</b>     | <b>\$ 0.00</b>     | <b>\$ 0.00</b>     | <b>\$ 14,640.41</b> |
| <b>TOTAL LIABILITIES AND NET ASSETS</b> | <b>\$ 5,329.70</b> | <b>\$ 5,158.54</b> | <b>\$18,347.08</b> | <b>\$ 47,969.78</b> |

## Donations to Clients as of 12/31/2016



## Sources of Funding



## Board of Directors

**Mike Mulrooney** – President/Founder – *Brown Forman*

**Wes Faust** -Vice President - *Retriever Consulting, Inc.*

**Anne-Marie Hogan, CPA** – Treasurer –*Anne-Marie Hogan CPA PLLC*

**Mindy Aschbacher** – Co-Chair of Marketing - *Mortenson Family Dental*

**Mary Lou Rippy** - Co-Chair of Marketing - *Dixie Florist*

**Joe Ragazzo** – Co-Chair of Donations

**Charlie Hall** - Co-Chair of Donations – *Superior Environmental Solutions, Inc.*

**Robin Allen Thompson** – Chair of Events - *KY Farm Bureau*

### Memorial Directors

**Shirley Mulrooney** – Mom and Memaw

**Randy Napier** - US Army

## Finance Committee

**Mike Mulrooney** – President/Founder – *Brown Forman*

**Anne-Marie Hogan, CPA** – Treasurer –*Anne-Marie Hogan CPA PLLC*

**Todd Render** - *JP Pirtle Real Estate*

**Shane O'Keefe** - *We Care Kentucky Insurance*

**Wendy Barker** - *OB&E Rubber and Equipment*

**Frankie Story** - *American Mortgage Service*

*People Helping People*  
Corporate Partners

**502 Exteriors**  
(502) 963-2614

**Allied Cleaning Solutions**  
(502) 261-1600  
[www.alliedcleans.com](http://www.alliedcleans.com)

**American Mortgage - Frankie Story**  
(502) 810-3000  
[www.frankiestory.com](http://www.frankiestory.com)

**Bluegrass E-Cycle**  
(502) 681-7791  
[www.bluegrassecycle.com](http://www.bluegrassecycle.com)

**Body Rx**  
(502) 882-8680  
[www.bodyrxlouisville.com](http://www.bodyrxlouisville.com)

**Champions Gourmet Popcorn**  
(502) 504.5330  
[www.championsgp.com](http://www.championsgp.com)

**Christie Café**  
[www.chritiscafe.com](http://www.chritiscafe.com)

**Creative Concept's Salon**

**David Yates Attorney**  
(502) 882-5179  
[www.davidyateslaw.com](http://www.davidyateslaw.com)

**Diana Davis**  
(502) -551-9129  
[www.dianadavis.remax-kentucky.com](http://www.dianadavis.remax-kentucky.com)

**Dixie Florist**

**DJ Kramer & Kramer**

**Kentucky Farm Bureau - J-Town**

**Gallery Seven Photography**  
(502) 645-6604

**Gohaffers.com**

**Leanhart Plumbing**

**Maxwells PicPac**

**Mortenson Family Dental**  
(502) 244-9595  
[www.mortensonfamilydental.com](http://www.mortensonfamilydental.com)

**Mr PC of Louisville**  
(502) 819-7619

**Riverwalk Grill**

**Rubbie's**

**Taco Tico**

**Timmy's Auto Wash**  
(502) 933-4232  
[www.timmysautowash.com](http://www.timmysautowash.com)

**Valley Dairy Freeze**  
(502) 933-3429  
[www.valleydairyfreeze.weebly.com](http://www.valleydairyfreeze.weebly.com)

**Wright Mechanical Services**  
(502) 882-1672  
[www.wrightmechanical.com](http://www.wrightmechanical.com)

Community Outreach Partners

**DeSales High School**

**Holy Cross High School**

Senior Service Project

<http://www.whas11.com/news/local/community/louisville-mans-cancer-cause-goes-beyond-research/172778002>

**Notre Dame Academy**

**St. Paul School**

**St. Andrew Academy**

**Thomas Jefferson Middle School**

### Annual Fundraisers

**Glow Scramble – May 13, 2016**

**BandAid - June 5, 2016**

<http://www.whas11.com/entertainment/television/great-day-live/randys-band-aid-remembers-randy-napier-with-12-hours-of-music/230205568>

**Kentucky State Fair – August 18-28, 2016**

**Golf Scramble – September 10, 2016**

**Shirley's Way 5K Run/Walk – September 18, 2016**

**Shirley's Snow Cones - Summer Seasonal**

Visit 7280 Dixie Highway

### Needing Assistance

**Our mission at Shirley's Way is to be an extension of the household income and help local families as they battle the financial side of cancer.**

Shirley's Way hosts several events a year and the money raised goes back to cancer patients who are in need of financial assistance. The money helps pay:

We also receive donations of tickets to local events that we pass on to our patients. If you have access to tickets for sporting events, concerts, plays, etc., send them to us and we will put a smile on a cancer patients face for an evening.

If needing assistance, visit <http://www.shirleysway.com/applyforassistance.html> for application process. One of Shirley's Angels will contact you to determine how we can help your family.

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

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

- ▶ 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](http://www.irs.gov/form990).

OMB No. 1545-1150

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20

**B** Check if applicable:

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Address change          | <b>C</b> Name of organization<br>Shirley's Way, Inc. | <b>D</b> Employer identification number<br>██████████ |
| <input type="checkbox"/> Name change             |  |   |
| <input type="checkbox"/> Initial return          |  |   |
| <input type="checkbox"/> Final return/terminated |  |   |
| <input type="checkbox"/> Amended return          |  |   |
| <input type="checkbox"/> Application pending     |  |   |
| <b>E</b> Telephone number<br>502-819-7619        |  |   |
| <b>F</b> 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](http://www.shirleysway.com)

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

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

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

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

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

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? \_\_\_\_\_

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

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

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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

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



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

|     |   | Yes | No |
|-----|---|-----|----|
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .   |     | ✓  |
| 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)? . . . . .  |     | ✓  |
| b   | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .  |     |    |
| 35b |   |     |    |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .  |     | ✓  |
| 35c |   |     |    |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .   |     | ✓  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> <u>0</u>  |     |    |
| b   | Did the organization file Form 1120-POL for this year? . . . . .  |     | ✓  |
| 37b |   |     |    |
| 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? . . . . .  |     | ✓  |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>   |     |    |
| 38b |   |     |    |
| 39  | Section 501(c)(7) organizations. Enter:   |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>   |     |    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>  |     |    |
| 39a |   |     |    |
| 39b |   |     |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>   |     |    |
| b   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .   |     | ✓  |
| 40b |   |     |    |
| c   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>0</u>   |     |    |
| d   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0</u>   |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .  |     | ✓  |
| 40e |   |     |    |
| 41  | List the states with which a copy of this return is filed ▶ <u>Kentucky</u>   |     |    |
| 42a | The organization's books are in care of ▶ <u>Fredrick M. Mulrooney</u> Telephone no. ▶ <u>502-819-7619</u><br>Located at ▶ <u>3801 Crestridge Drive, Louisville, Kentucky</u> ZIP + 4 ▶ <u>40272</u>  |     |    |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | Yes | No |
| 42b |   |     | ✓  |
| c   | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____   |     | ✓  |
| 42c |   |     |    |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <u>0</u>  |     |    |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  |     | ✓  |
| 44a |   |     |    |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .   |     | ✓  |
| 44b |   |     |    |
| c   | Did the organization receive any payments for indoor tanning services during the year? . . . . .  |     | ✓  |
| 44c |   |     |    |
| d   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .   |     |    |
| 44d |   |     |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | ✓  |
| 45a |   |     |    |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .  |     | ✓  |
| 45b |   |     |    |

|    |  | Yes | No |
|----|--|-----|----|
| 46 | Did the 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 . . . . . ▶ \_\_\_\_\_

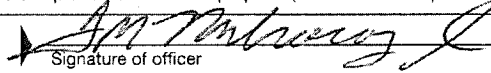
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (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 . . . . . ▶ \_\_\_\_\_

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 1-14-17 Date  
 Fredrick M. Mulrooney President  
 Type or print name and title

**Paid Preparer Use Only**

|   |                         |      |   |                    |
|---|-------------------------|------|---|--------------------|
| Print/Type preparer's name<br>Anne-Marie Hogan, CPA   | Preparer's signature    | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>[REDACTED] |
| Firm's name ▶ Anne-Marie Hogan, CPA PLLC              | Firm's EIN ▶ [REDACTED] |      | Phone no. 502-681-7629                          |                    |
| Firm's address ▶ 5311 Datura Lane Louisville KY 40258 |                         |      |   |                    |

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

Shirley's Way, Inc.

Employer identification number

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

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 0        | 18,155   | 28,257   | 44,975   | 107,962  | 199,349   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 0        | 18,155   | 28,257   | 44,975   | 107,962  | 199,349   |
| <b>5</b> 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         |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 199,349   |

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | % |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | % |
| <b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>   |           |   |
| <b>b 33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>  |           |   |
| <b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| <b>b</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                   |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .  | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . . .   | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>   |           |   |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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>   |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</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.  |    | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income  |          | (A) Prior Year | (B) Current Year (optional) |
|--|----------|----------------|-----------------------------|
| 1 Net short-term capital gain  | 1        |                |                             |
| 2 Recoveries of prior-year distributions   | 2        |                |                             |
| 3 Other gross income (see instructions)  | 3        |                |                             |
| 4 Add lines 1 through 3.   | 4        |                |                             |
| 5 Depreciation and depletion   | 5        |                |                             |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6        |                |                             |
| 7 Other expenses (see instructions)  | 7        |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).   | <b>8</b> |                |                             |
| 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        |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b> |                |                             |
| 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        |                |                             |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b> |                |                             |
| 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                         | <b>Total annual distributions.</b> 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 2016 from Section C, line 6   |              |
| 10                        | Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|---|-----------------------------|--|---|
| 1   | Distributable amount for 2016 from Section C, line 6  |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.   |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2016:  |                             |  |   |
| a   |   |                             |  |   |
| b   |   |                             |  |   |
| c   | From 2013 . . . . .   |                             |  |   |
| d   | From 2014 . . . . .   |                             |  |   |
| e   | From 2015 . . . . .   |                             |  |   |
| f   | <b>Total</b> of lines 3a through e  |                             |  |   |
| g   | Applied to underdistributions of prior years  |                             |  |   |
| h   | Applied to 2016 distributable amount  |                             |  |   |
| i   | Carryover from 2011 not applied (see instructions)  |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4   | Distributions for 2016 from Section D, line 7: \$   |                             |  |   |
| a   | Applied to underdistributions of prior years  |                             |  |   |
| b   | Applied to 2016 distributable amount  |                             |  |   |
| c   | Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6   | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7   | <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.   |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| a   |   |                             |  |   |
| b   | Excess from 2013 . . . . .  |                             |  |   |
| c   | Excess from 2014 . . . . .  |                             |  |   |
| d   | Excess from 2015 . . . . .  |                             |  |   |
| e   | Excess from 2016 . . . . .  |                             |  |   |



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

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

Name of the organization  
Shirley's Way, Inc.

Employer identification number  
[REDACTED]

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

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

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

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

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

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

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

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

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

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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
Shirley's Way, Inc.

Employer identification number

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

Miscellenaous Expense - \$5,806

Rent \$19,098

Mortgage \$18,381

Utilities \$22,266

Transportation \$3,576

Food \$7,479

Medical Needs \$7,910

Funeral Expense \$591

Clothing \$1,624

Household \$4,392

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

Advertising and Promotional Merchandise \$24,733

Insurance - Liability \$2,339

Regulatory and Tax Expense \$457

Supplies Expense \$2,843

Travel and Business Meals Expense \$513

Dues and Subscriptions \$4,400

Miscellaneous \$152

Depreciation \$1,375

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



## General Instructions

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

**Future developments.** For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to [www.irs.gov/form990](http://www.irs.gov/form990).

### Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

**Late return.** If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. **Don't use** this schedule to provide the late-filing statement.

**Amended return.** If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

**Group return.** If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Don't use** this schedule. See the Instructions for Form 990, *I. Group Return*.

**Form 990, Parts III, V, VI, VII, IX, XI, and XII.** Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments*.

- a. "Yes" response to line 2.
- b. "Yes" response to line 3.
- c. Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

- a. "No" response to line 3b.
- b. "Yes" or "No" response to line 13a.
- c. "No" response to line 14b.

3. Part VI, *Governance, Management, and Disclosure*.

- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee in line 1a.
- c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
- e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
- g. "Yes" response to line 12c.

h. Description of process for determining **compensation** in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or didn't make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

4. Part VII, *Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors*.

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, *Statement of Functional Expenses*, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, *Reconciliation of Net Assets*. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, *Financial Statements and Reporting*.

- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
- c. "No" response to line 3b.

**Form 990-EZ, Parts I, II, III, and V.** Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

1. Part I, *Revenue, Expenses, and Changes in Net Assets or Fund Balances*.

- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

- a. "Yes" response to line 33.
- b. "Yes" response to line 34.
- c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.
- d. "No" response to line 44d.

**Other.** Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



**Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.**



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

LYNN REED

4917 PARAMOUNT DR.  
LOUISVILLE KY 40258

KATHLEEN NAVERT

5108 HUNTERS POINT CIRCLE  
LOUISVILLE KY 40210

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)

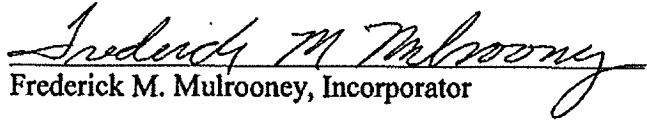
of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

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 31 day of October, 2013.

  
Frederick M. Mulrooney, Incorporator

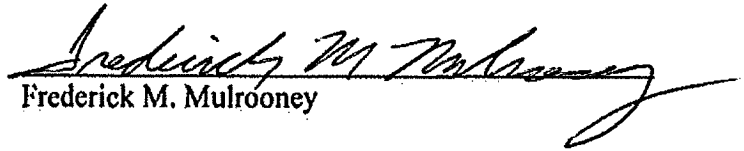
This Document Prepared by:

---

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:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**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.  
 Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) 1  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.)  
**3801 Crestridge Drive**

6 City, state, and ZIP code  
**Louisville, KY 40272**

7 List account number(s) here (optional)

Requester's name and address (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.

Social security number

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OR

Employer identification number

**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.

### 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 ▶ 7-21-16

### 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/fw9](http://www.irs.gov/fw9).

#### 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:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding, or
  3. 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
  4. 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.