Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public

Jnder section 501(c), 527, 0	or 4947(a)(1) of the Internal	Revenue Code (except private f	oundations)
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► Do not enter social security numbers on this form as it may be made public.

		the Treasury				-	numbers on th		•	-			Open to Public
		ue Service				ut Form 990	and its instruc				90.		Inspection
		2015 calend						07-01 , 20 1	5, and er	nding			30 , 20 16
		applicable:			Shannon's	в Норе							Employer identification no.
_	Address	•	Doing busi							1			74-2350273
_	Name ch	•			P.O. box if mail is	not delivered to	street address)			Room/su	ite		Telephone number
	Initial retu			ox 1477								((303)423-4424
	Final retu	rn/terminated			rovince, country,	-	n postal code						77,717
	Amendeo	l return			, CO 800	34-1477						G	Gross receipts \$
	Applicatio	on pending			orincipal officer:	Doug H	owell			H(a)	Is this a gro subordinate	up returr	n for 🗖 🗖
				as C a			1						
			501(c)(3)	501(c) (() 🖣 (in	sert no.)	4947(a)(1) or	527			Are all subc If "No,	" attach a	a list. (see instructions)
	Website:		_		_					H(c)	Group exen	nption nu	ımber` 🕨
		-	Corporation	Trust	Association	Other ►		L Year of fo	rmation: 1	984	M State	of legal c	domicile: CO
Pa	rt I	Summar	•										
	1	Briefly descr	-	anization's	mission or n	nost significar	nt activities:	To provide	e shelt	ter an	d care	e for	unwed
e		mothers.	-										
anc													
Activities & Governance													
Š	2			-			erations or dispo	osed of more th	nan 25% o	of its net	assets.		
ۍ مې	3	Number of v	-					•••••			H	3	3
es	4			-			ody (Part VI, lin				••••	4	3
viti	5				•	•	(Part V, line 2a	a)			[5	0
Acti	6	Total numbe	r of voluntee	ers (estima	ate if necess	ary)						6	3
	7a	Total unrelat	ted business	s revenue	from Part VI	I, column (C)	, line 12					7a	0
	b	Net unrelate	d business	taxable in	come from F	orm 990-T, lir	ne 34					7b	0
										Pr	ior Year		Current Year
	8	Contributions	s and grants	s (Part VII	I, line 1h) .						58	,137	69,908
anu	9	Program ser	rvice revenu	ie (Part VI	III, line 2g) .								0
Revenue	10	Investment in	ncome (Part	t VIII, colu	ımn (A), lines	3, 4, and 7d)					49	,781	0
Re	11	Other revenue	ue (Part VIII	, column ((A), lines 5, 6	d, 8c, 9c, 10c	, and 11e) .		[10	,205	7,809
	12	Total revenu	ie - add lines	s 8 throug	h 11 (must eo	qual Part VIII,	column (A), lin	e 12)	[118	,123	77,717
	13	Grants and s	similar amou	unts paid (Part IX, colu	mn (A), lines	1-3)						0
	14	Benefits paid	d to or for m	embers (F	Part IX, colum	nn (A), line 4)			[0
	15	Salaries, oth	ner compens	ation, emp	oloyee benefi	ts (Part IX, co	olumn (A), lines	5-10)	[0
ses	16a	Professional	I fundraising	fees (Pa	rt IX, column	(A), line 11e)			[0
Expenses	b	Total fundrai	ising expense	ses (Part I	IX, column (D), line 25) 🕨	•		0				
Ă	17										80	,310	76,423
	18						in (A), line 25)					,310	76,423
	19											,813	1,294
2	3									Beginning	of Current	Year	End of Year
ets	20	Total assets	(Part X, line	ə16)					[564	,997	529,085
Net Assets or	21	Total liabilitie	es (Part X, li	ine 26)					[,764	440,715
N S	22											,233	88,370
Pa	rt II	Signatu	re Block										
Unde	r penaltie	s of perjury, I decl	lare that I have	examined thi			schedules and state			owledge ar	nd belief, it is	3	
true,	correct, a	nd complete. Decl	laration of prepa	arer (other th	an officer) is bas	ed on all informat	tion of which prepare	er has any knowlede	ge.				
		Doug	Howell										
Sig	n		re of officer									Date	
He		Doug	Howell	Dreg	ident/Tre	agurar							
	-		print name and			abur er							
		· · ·	eparer's name		Prenara	r's signature		Date			Check X	if PT	 ГIN
Pai	d	Lynn M				M Rich		05-11-	-2017		self-employe		P00643471
	epare			Piah	Tax and		ng LLC	h2-11-	201/	Firm's El		u	1000131/1
	e Only												
03	2 Oni		13 F		S Wolcot					Phone no		13-00	2-0472
				Denve	er CO 802	400				1	30	00-08	37-0473

Denver CO 80236	303-887-0473
May the IRS discuss this return with the preparer shown above? (see instructions)	 X Yes

No

Forn	n 990 (2015) Shannon's Hope	74-2350273	B Page 2
Pa	IT III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	• • • • • • • • •	
1	Briefly describe the organization's mission:		
	To provide shelter and care for unwed mothers.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	x No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	x No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 75,398 including grants of \$) (Revenue	\$2	7,809)
	Provide housing costs, utilities, repairs attributed to operating a shelter		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 75,398)	
EEA		Fo	m 990 (2015)

Form	990 (2015) Shannon's Hope 74-23502	73	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		v
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	114	- 25	<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
EEA		Form	990 (2015)

Form **990** (2015)

	990 (2015) Shannon's Hope 74-23502	73	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		37	
	disqualified persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		37
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200		v
a ⊾	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	206		Х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		
51		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			- 22
52	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
EEA			990 (ž	2015)

Form	990 (2015) Shannon's Hope 74-23	50273	F	Page 5	
Par	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	1c	Х		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	o			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
ти	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
		4a		х	
h		••• 4d			
b	If "Yes," enter the name of the foreign country:	-			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
_	(FBAR).	_		37	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> C			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:	-			
a	Gross income from members or shareholders				
	Gross income from other sources (Do not net amounts due or paid to other sources				
b					
40-	against amounts due or received from them.)	40-			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			- 23
74	one or more members of the governing body?	7a		х
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10		7
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		Λ
0	the year by the following:			
•		80	x	
a h		8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	on		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0		v
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Jeu	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the exercise time level shorters have been as officience?	40-	Yes	No V
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10		37
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Doug Howell (303)423-4424, PO Box 1477, Wheat Ridge, CO 80034-1477			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or v tax year.	vithin the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

🔀 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			50113			Sune					
(A)	(B)	(C) Position						(D)		(E)	(F)
Name and Title	Average hours per week (list any hours for	(do not check mo box, unless pers officer and a dire			(do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)		(W-2/1099-MISC)	from the organization and related organizations
(1) Doug Howell President/Treasurer	10.00	x		Х					0	0	0
	40.00	_ A		Δ					U	0	0
(2) Leslie Pottebaum Vice President	40.00	x		X					0	0	0
	10.00	- 23		- 22					J	0	0
(3) Lois Philman Secretary/Newsletter	<u> </u>	x		x					0	0	0
(4)				- 23					J	0	
(5)											
<u>(6)</u>											
[7]											
<u>(8)</u>											
<u>(9)</u>											
(10)											
(11)											
<u>(12)</u>											
(13)											
(14)											
											Earres 000 (001 E)

	90 (2015) Shannon's Hope									74-235	0273	F	Page 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	/ees,a	Ind H	ligh	est	Comp	ensa	ated Employees (continued)			
(A) Name and title			(C) (B) Position (do not check more than one box, unless person is both an hours per week (list any (D)									(F) stimated mount of other	
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	or	npensati from the ganization nd relate ganizatio	e on ed
(15)													
(4.0)													
(17)													
(18)													
<u>(</u> 19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total		· · ·			•••	· · ·	► ►					
d								►	(0		0
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those list	ed abo	ove)	who	rec	eived	more	e than \$100,000 of		D		
2		an transfera da										Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J			-		-					3		X
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than	ortable comp	ensati										
	individual			•••			••••	•••	••••••		4		X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes,"	•		-			-		on or individual		5		X
	on B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization. Report compen- year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	n
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d ab	ove) v	who	1				

►

received	more than \$1	10,000 of comm	pensation from the o	ragnization

Form 99	90 (20	(15) Shannon'	s Hope				74-23502	73 Page 9
Part	VIII	Statement of Revenu	е					
		Check if Schedule O contain	s a response or	note to any line in th	is Part VIII			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaigns	1a					
, Grants mounts	b							
Ū ₽ŭ	c	Fundraising events	1c					
ar /	d	Related organizations	1d		_			
Contributions, Gifts, and Other Similar A	е	Government grants (contribution	ons) 1e					
ion sr S	f	All other contributions, gifts, gr	ants,					
put		and similar amounts not includ			_			
d	g							
<u> </u>	h	Total. Add lines 1a-1f		••••••••••••••••••••••••••••••••••••••	69,908		<u> </u>	
¢				Business Code				
Program Service Revenue	2a							
Rev	b							
rvice	C							
n Se	d							
grar	e							
Pro		All other program service reven Total. Add lines 2a-2f						
	3	Investment income (including di and other similar amounts)						
	4	Income from investment of tax-e						
	5	Royalties						
		[(i) Real	(ii) Personal				
	6a	Gross rents	.,	.,	-			
		Less: rental expenses			-			
	c	Rental income or (loss)	7,80	9				
	d	Net rental income or (loss) .			7,809	7,809		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-			
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)			-			
	d	Net gain or (loss)						
anı	8a	Gross income from fundraising						
Other Revenue		events (not including \$						
Å		of contributions reported on line						
the		See Part IV, line 18			_			
0		Less: direct expenses			-			
		Net income or (loss) from fundr	-					
	9a	Gross income from gaming acti						
	_ h	See Part IV, line 19			-			
		Less: direct expenses Net income or (loss) from gamin			-			
			ig activities .					
	10a	Gross sales of inventory, less returns and allowances	3					
	h	Less: cost of goods sold			-			
		Net income or (loss) from sales						
		Miscellaneous Revenue	er intentory .	Business Code				
	11a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d .						
	12	Total revenue. See instructions			77,717	7,809	0) (

Form 990 (2015)

Part IX

5) Shannon's Hope Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to an				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ũ	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	748		748	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17					
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		8,607	8,330	277	
21	Payments to affiliates	0,007	0,550	<u> </u>	
22	Depreciation, depletion, and amortization	27,723	27,723		
22		2,839	2,839		
23 24	Other expenses. Itemize expenses not covered	2,039	2,039		
24					
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
-	(A) amount, list line 24e expenses on Schedule O.)	16.045	10.04-		
a	Contract labor	16,941	16,941		
b	Utilities	8,547	8,547		
C	Building repairs	3,561	3,561		
d	Telephone	4,992	4,992		
е	All other expenses	2,465	2,465		
25	Total functional expenses. Add lines 1 through 24e .	76,423	75 , 398	1,025	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	22,141	1	13,907
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	(45)	4	
	5	Loans and other receivables from current and former officers, directors,	()		
	-	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		-	
	-	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		5	
	IVa	other basis. Complete Part VI of Schedule D 10a 831,677			
	b	Less: accumulated depreciation	542,901	10c	515,178
	11	Investments - publicly traded securities	542,901	11	515,178
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	564,997	16	529,085
	17	Accounts payable and accrued expenses	390	17	529,085
	18	Grants payable	590	18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	20	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
<i>(</i> 0	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	~~	trustees, key employees, highest compensated employees, and			
lide		disqualified persons. Complete Part II of Schedule L	232,814	22	234,004
Ë	23	Secured mortgages and notes payable to unrelated third parties	274,560	23	206,711
	23	Unsecured notes and loans payable to unrelated third parties	2/4,500	23	200,/11
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	507,764	26	440,715
	20	Organizations that follow SFAS 117 (ASC 958), check here	507,704	20	440,715
		complete lines 27 through 29, and lines 33 and 34.			
čě	27			27	
alan	28	Temporarily restricted net assets		28	
ä	29	Permanently restricted net assets		29	
un		Organizations that do not follow SFAS 117 (ASC 958), check here FX and			
ш		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds	57,233	32	88,370
ž	33	Total net assets or fund balances	57,233	33	88,370
	34	Total liabilities and net assets/fund balances	564,997	34	529,085
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Shannon's Hope

Form 990 (2015)

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Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		77,7	717
2	Total expenses (must equal Part IX, column (A), line 25)	2		76,4	423
3	Revenue less expenses. Subtract line 2 from line 1	3		1,2	294
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		57,2	233
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		29,8	843
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		88,3	370
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			•••	<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
-	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				37
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			⊦orm	990 (2	2015)

(Form 990 or 990-EZ)

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.

Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number Shannon's Hope 74-2350273 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). a (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

2015

		non's Hope				74-235027	
Pa	rt II Support Schedule for Org						
	(Complete only if you chec						/ under
	Part III. If the organization	fails to qualify	under the tests	s listed below, p	please complete	e Part III.)	
	tion A. Public Support	1	1	1		1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	I	1			1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2015 (line 6, e						%
15	Public support percentage from 2014 Scheo						%
16a	33 1/3% support test - 2015. If the organiz						—
_	box and stop here. The organization qualifi				• • • • • • • • • •		▶ ∐
b	33 1/3% support test - 2014. If the organiz						
	check this box and stop here. The organization	•		•			· · · · ► 📋
1/a	10%-facts-and-circumstances test - 2015	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "factor organization		-				
h	•						••••
b	10%-facts-and-circumstances test - 2014 15 is 10% or more, and if the organization r	0		-			
	Explain in Part VI how the organization me				-	cly	
	supported organization			-		-	
18	Private foundation. If the organization did						· · · · F 📋
	instructions						▶□
EEA							990 or 990-EZ) 2015
						•	•

Sche		non's Hope				74-2350273	Page 3
Pa	art III Support Schedule for Org						
	(Complete only if you chec						art II.
	If the organization fails to o	ualify under the	tests listed be	low, please co	mplete Part II.		
	ction A. Public Support	[]					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72,027	73,882	75,422	58,137	69,908	349,376
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	72,027	73,882	75,422	58 , 137	69,908	349,376
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>							349,376
	ction B. Total Support	(-) 0014	(1) 0010	(-) 0010	(1) 001 ((-) 0015	(0) T = 1 = 1
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	72,027	73,882	75,422	58,137	69,908	349,376
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,597	6,262	4,767	10,205	7,809	31,640
						.,	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,597	6,262	4,767	10,205	7,809	31,640
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	74,624	80,144	80,189	68,342	77,717	381,016
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2015 (line 8, cd	.,	())			15	91.70 %
<u>16</u>	Public support percentage from 2014 Schedu ction D. Computation of Investme					16	93.11 %
	•			mn (f))		17	8.00 %
17 18	Investment income percentage for 2015 (line Investment income percentage from 2014 Sc	.,	•	mn (f))		17 18	8.00 % 6.89 %
							0.09 70
	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	organization qualifi	es as a publicly su	pported organizat	ion	🕨 🛛
b	33 1/3% support tests - 2014. If the organiz line 18 is not more than 33 1/3%, check this l	box and stop here.	The organization q	ualifies as a publicl	y supported organ		► 🔲
20	Private foundation. If the organization did n	ot check a box on lir	ne 14, 19a, or 19b,	check this box and	see instructions		▶ 📋

Part		50273	r	age 4
	(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete only if you checked a box in line 11 of Part I.	ete Sectio	ns A	
	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part			
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and comple			
Sect	ion A. All Supporting Organizations		,	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte	b		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe	er		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(3)		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	́ 3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo			
-	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7'			
Ŭ	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	Ŭ		
ou	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	54		
5	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	JD		
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section	90		
iva	• •			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10-		
L.	supporting organizations)? If "Yes," answer 10b below.	10a	l I	
a	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4.01		
	determine whether the organization had excess business holdings.)	10b	'	

Schedule A (Form 990 or 990-EZ) 2015

	ule A (Form 990 or 990-EZ) 2015 Shannon's Hope 74-235	0273	F	Page 5
Pa	rt IV Supporting Organizations (continued)			
11	Healtha argonization accorded a gift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V			
	tion B. Type I Supporting Organizations	I		1
			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		
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	-		
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		
Sec	tion C. Type II Supporting Organizations			1
			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		
Sec	tion D. All Type III Supporting Organizations			
000			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 prio	r 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	e		
	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 ho	w		
	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			
5	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		
Sec	tion 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 instruc	tions)):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b		, .		
C 2		entity (see in		· · ·
2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
a	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	30		
h	trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	3a		
IJ	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Page 5

Schedule A (Form 990 or 990-EZ) 2015

Int V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or other expenses (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 extino B - Minimum Asset Amount 1 Average monthly value of securities 1a Average monthly value of securities 1a Average monthly usue of securities 1c I Total (ad lines 1a, 1b, and 1c) 1d Poisount claimed for blockage or other actors (explain in detail in Part VI): 3 Action Indetedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, enst deemed held for exempt use assets (subtract line 4 from line 3) 5 Multiply line 5 by	Nov. 20, 1970. See i	(B) Current Year (optional)
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Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8		
Minimum Asset Amount (add line 7 to line 6) 8		
ction C - Distributable Amount		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A) 1		
Enter 85% of line 1 2		
Minimum asset amount for prior year (from Section B, line 8, Column A) 3		
Enter greater of line 2 or line 3 4		
Income tax imposed in prior year 5		
Distributable Amount. Subtract line 5 from line 4, unless subject to		
mergency temporary reduction (see instructions) 6		

Schedule A (Form 990 or 990-EZ) 2015

_	ule A (Form 990 or 990-EZ) 2015 Shannon's Hope "t V Type III Non-Functionally Integrated 509(a)(3		74-235	0273 Page
	tion D - Distributions	bupporting organiz		Current Year
1	Amounts paid to supported organizations to accomplish exen	nnt nurnoses		Current Teal
	Amounts paid to supported organizations to accomplish exempt	· · · ·		
2	organizations, in excess of income from activity	purposes of supported		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets	s of supported organizati	10115	
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is response	ivo	
0	(provide details in Part VI). See instructions.	e organization is respons	ave	
	u ,			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(::)	(:::)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
a				
a b				
	Excess from 2013			
	Evenes from 2014			
	Exerce from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (For	m 990 or 990-EZ) 2015 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHE	DULE D
(Form	990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

204	5
20	J

Depart	ment of the Treasury		Attach to Fo	orm 9	90.				Open to Public
	I Revenue Service	Information about Schedule D	(Form 990) and its	s ins	tructions is at www.irs	.gov/fo	rm99	0.	Inspection
	of the organization						•	•	cation number
Sha	annon's Ho							<u>4-235</u>	0273
Par		tions Maintaining Donor Advis				counts	5.		
	Complete	if the organization answered "Ye	es" on Form 990,	Par	t IV, line 6.				
			(a) Dor	nor ad	vised funds		(b)	Funds and	other accounts
1		nd of year							
2		of contributions to (during year) .							
3		of grants from (during year)							
4		t end of year							
5	-	on inform all donors and donor advisor	-						
	-	inization's property, subject to the orga		-			•••		Yes N
6	-	on inform all grantees, donors, and dor		-	-				
	-	purposes and not for the benefit of the							n., n.,
D		issible private benefit?	••••				••		🗌 Yes 🗌 N
Par		vation Easements.		_	(N / F				
		e if the organization answered "Y			•				
1	<u> </u>	servation easements held by the orga	•	hata					
		of land for public use (e.g., recreation	or education)	Н	Preservation of a histor	•	•		rea
	Protection of r				Preservation of a certif	ried histo	oric si	tructure	
•	Preservation of				at the star is the form of .				
2		through 2d if the organization held a c	qualified conservation	on co	intribution in the form of a	a conse	rvatic		ha Find of the Toy Voor
-		ast day of the tax year.				- F	20	Held at t	he End of the Tax Year
a h							2a 2b		
b	-	ricted by conservation easements vation easements on a certified histori			a)	-	20 20		
c d		vation easements included in (c) acqu		`	,	••••	20		
u							2d		
3		vation easements modified, transferre				L		luring the	
5	tax year ►		a, released, exiling			Jigaiize			
4		where property subject to conservatio	n easement is locat	her	•				
5		tion have a written policy regarding th			spection handling of				
Ŭ	•	orcement of the conservation easeme	•	-					🗌 Yes 🗌 N
6		r hours devoted to monitoring, inspecti							
Ū			rig, narialing of viol	adon	o, and officially concert	ation of	acom		g the your
7	Amount of expense	 es incurred in monitoring, inspecting, I	nandling of violation	ns. ar	nd enforcing conservatio	n easer	nents	durina the	e vear
-	▶\$,				<u>-</u>	,
8		vation easement reported on line 2(d)	above satisfy the r	eauir	ements of section 170(h	n)(4)(B)((i)		
	and section 170(h)		-						Yes 🛛 N
9	In Part XIII, descril	be how the organization reports conse						d	
	balance sheet, and	I include, if applicable, the text of the f	potnote to the organ	nizati	on's financial statements	s that de	escrib	es the	
		ounting for conservation easements.							
Par	rt III Organi	izations Maintaining Collect	ions of Art, Hi	stor	rical Treasures, or	[·] Othe	r Sir	milar A	ssets.
	Comple	te if the organization answered ""	Yes" on Form 990	0, Pa	art IV, line 8.				
1a	If the organization	elected, as permitted under SFAS 11	6 (ASC 958), not to	repo	ort in its revenue stateme	ent and	balan	ice sheet	
	works of art, histor	ical treasures, or other similar assets	held for public exhi	bitior	n, education, or research	in furth	eranc	e of	
	public service, pro	vide, in Part XIII, the text of the footno	te to its financial st	atem	ents that describes these	e items.			
b	If the organization	elected, as permitted under SFAS 11	6 (ASC 958), to rep	oort ir	n its revenue statement a	and bala	ance s	sheet	
	works of art, histor	ical treasures, or other similar assets	held for public exhi	bitior	n, education, or research	in furth	eranc	e of	
	public service, pro	vide the following amounts relating to	these items:						
		ded on Form 990, Part VIII, line 1							
		ed in Form 990, Part X							
2	If the organization	received or held works of art, historica	al treasures, or othe	er sin	nilar assets for financial	gain, pr	ovide	the	
	following amounts	required to be reported under SFAS	116 (ASC 958) rela	ating	to these items:				
а	Revenue included	on Form 990, Part VIII, line 1					•••	►\$	

▶ \$

Sched	lule D (Form 990) 2015 Shannon's Hope					74-23502	273	Page 2
Pa	rt III Organizations Maintaining C	Collections of A	Art, Historical T	reasures, o	r Other	Similar Asse	ts (con	tinued)
3	Using the organization's acquisition, accession,	and other records, o	check any of the follo	owing that are a	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loa	an or exchange prog	grams				
b	Scholarly research		her	-				
с	Preservation for future generations							
4	Provide a description of the organization's college	ctions and explain h	ow they further the c	organization's ex	empt pur	oose in Part		
-	XIII.			- g				
5	During the year, did the organization solicit or re	eceive donations of a	art historical treasur	es or other simi	lar			
Ū	assets to be sold to raise funds rather than to b							es 🗌 No
Pa	rt IV Escrow and Custodial Arrange		t of the organization				· 🗆 ·	
	Complete if the organization ar		n Form 990 Pa	art IV line 9	or repor	ted an amoun	t on Fo	rm
	990, Part X, line 21.			are i v , iii io o,	or ropor			
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contributions or	other assets no	.t			
Ia		••••••••••••••••••••••••••••••••••••••					. 🗆 Y	es 🗌 No
h	If "Yes," explain the arrangement in Part XIII an						• 🗆 •	
b			wing table.			Amo	unt	
-	Beginning balance				10	AIIIO	uni	
C L	6 6							
d	Additions during the year							
e	3 1							
f	Ending balance							es 🗌 No
2a	Did the organization include an amount on Form				•			
b	If "Yes," explain the arrangement in Part XIII. Cl rt V Endowment Funds.	neck nere if the expi	anation has been pr	ovided on Part 2	<u>, , , , , , , , , , , , , , , , , , , </u>			••□
Га	Complete if the organization ar	owered "Vee" e	n Form 000 Do	ort IV/ line 10				
	Complete if the organization ar							
4-	De site i en eferere helenere	(a) Current year	(b) Prior year	(c) Two years	back (d	I) Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance	1						
2	Provide the estimated percentage of the current		ine 1g, column (a)) ł	held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment ► %							
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should e							
3a	Are there endowment funds not in the possessi	on of the organization	on that are held and	administered for	the		Г	
	organization by:							Yes No
	() S						3a(i)	
							3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations I	•				••••	3b	
4	Describe in Part XIII the intended uses of the or		ment funds.					
Pa	rt VI Land, Buildings, and Equipm				_			
	Complete if the organization ar	nswered "Yes" c	on Form 990, Pa	art IV, line 11	a. See F	-orm 990, Par	t X, line	10.
	Description of property	(a) Cost or ot	her basis (b) Cos	t or other basis	(c) Acc	cumulated	(d) Book	value
		(investr	nent)	(other)	depre	eciation		
1a	Land							
b	Buildings			831,677		316,499	5	15,178
С	Leasehold improvements							
d	Equipment							
e	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X	, column (B), line 10	ic.)			5	15,178

EEA

Schedule D (Form 990) 2015

Schedule D (Forr		pe	74-2350	273 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answe	red "Yes" on Form 990, P	art IV, line 11b. See Form 990, I	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(4) = 1	(including name of security)		Cost or end-of-year market va	lue
	l derivatives	•		
	neld equity interests	•		
(3) Other		_		
(A)		_		
(B)		_		
(C)		-		
(D)		-		
(E)		-		
(F)		-		
(G)		-		
(H)		_		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
Fait VIII	Complete if the organization answe	rad "Vas" on Form 000 P	art IV line 11c See Form 000 I	Port V line 12
	Complete il the organization answe			
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
(1)			Cost or end-of-year market va	100
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets.			
	Complete if the organization answe	red "Yes" on Form 990 P	art IV, line 11d, See Form 990, I	Part X line 15
		a) Description		(b) Book value
(1)	(6	Description		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X	Other Liabilities.	,		
	Complete if the organization answe	red "Yes" on Form 990, P	art IV, line 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	l income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.)	•		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	e text of the footnote to the organized	zation's financial statements that reports	the
-	s liability for uncertain tax positions under FIN 48	-		

_____/

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Sched		74-2350273	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE L		Transactions With Intereste	With Interested Persons					
(Form 990 or 990-EZ)	 Complete if the 	organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b.						
Department of the Treasury Internal Revenue Service	 Information about 	► Attach to Form 990 or Form ut Schedule L (Form 990 or 990-EZ) and its ir		ww.irs.gov/form990.	Open To Inspectio			
Name of the organization				Employer identification nun	nber			
Shannon's Hope				74-2350273				
Part I Excess	Benefit Transacti	ons (section 501(c)(3), section 501(c)(4),	and 501(c)(29) o	rganizations only).				
Comple	te if the organizatio	n answered "Yes" on Form 990, Part IV, li	ne 25a or 25b, o	r Form 990-EZ, Part \	/, line 40b.			
1 (a) Name of disq	ualified person	(b) Relationship between disqualified person and organization	(c) De	escription of transaction	(d) (Ye			
(1)								
(2)								
(3)								

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ►

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Wi agreei	
			То	From			Yes	No	Yes	No	Yes	No
	Vice	Operating										
(1) Lesley Potterbaum	President	Expenses	Х		60,305	55,694		Х	Х			Х
	Vice	Life Ins										
(2) Lesley Potterbaum	President	Mtg	Х		178,310	178,310		X	Х			Х
(3)												
(4)												
(5)												
<u>Total</u>					▶ \$	234,004	:					
Part III Grants or Ass	istance Bene	fiting Intereste	d Pers	ons.								
Complete if the	e organization	answered "Yes	<u>on Fo</u>	rm 990,	Part IV, line 27.							
(a) Name of interested person	.,	ship between interested	(c)	Amount of	assistance (o	I) Type of assistance		(e) Purpos	se of ass	istance	
	person a	and the organization										
(1)												
(2)												

(5) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. EEA

Schedule L (Form 990 or 990-EZ) 2015

OMB No. 1545-0047 2015 **Open To Public** Inspection

> (d) Corrected? Yes No

\$

\$

(3)

(4)

Schedule L (Form 990 or 990-EZ) 2015 Shannon's Hope

Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (d) Description of transaction (e) Sharing of (c) Amount of interested person and the transaction organization's revenues? organization Yes No (1) (2) (3) (4) (5) Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Employer identification number

74-2350273

Name of the organization Shannon's Hope

Department of the Treasury

Internal Revenue Service

01. Form 990 governing body review (Part VI, line 11)

Officer reviews 990 and compares it to the financial statements prior to filing the tax

return.

02. Governing documents, etc, available to public (Part VI, line 19)

The organization will provide a copy of its governing and financial statements upon

request. Form 990 available upon request.