Return of Organization Exempt From Income Tax

Form	99	20	Poturr	of Organization Exemp	t From Inco	mo Tay		OM	IB No. 1545-0047			
Form	33	50		•					2018			
), 527, or 4947(a)(1) of the Internal Rev			tions)					
Departi	ment of	the Treasury		ter social security numbers on this fo	-	-			en to Public			
		ue Service		ww.irs.gov/Form990 for instructions					nspection			
-												
	nеск if a ddress c		Doing business as	поп'я норе				Employe	r identification no.			
	ame cha	-		x if mail is not delivered to street address)		Room/suite		Telephon				
Ξ.	itial retu	·	PO Box 1477			recom/suite			23-4424			
E		rn/terminated		country, and ZIP or foreign postal code				Gross rec				
AI	mended	return	Wheat Ridge, Co	0 80034-1477				\$	87,712			
A	pplicatio	n pending	F Name and address of principa	officer: Doug Howell		H(a) Is this a group	return for s	ubordinates?	Yes X No			
			Same as C above	2		H(b) Are all subo	rdinates ir	ncluded?	Yes No			
I Ta	ax-exem	npt status: X	501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or	527	If "No," a	attach a li	st. (see ins	tructions)			
JW	ebsite:	=., =				H(c) Group exe	mption nu	imber 🕨				
		-		ociation 🗌 Other 🕨	L Year of formation:	1984 M State	of legal d	lomicile:	CO			
Par	T	Summar										
	1	-	ibe the organization's miss	on or most significant activities: <u>To</u>	provide shel	ter and car	e for	unwe	d			
e		mothers.										
and												
Activities & Governance		Charle this he										
go				discontinued its operations or disposed								
~	3		0 0	3 , ()	••••••		3		8			
ies	4			s of the governing body (Part VI, line 1b	,		4		8			
livit	5			a calendar year 2018 (Part V, line 2a)			5		0			
Act	6		r of volunteers (estimate if	•,			6					
				Part VIII, column (C), line 12			7a		0			
	b	Net unrelate	d business taxable income	from Form 990-T, line 38	•••••••••		7b		0			
		Oracleibardiana			-	Prior Year		Cu	rrent Year			
ð			s and grants (Part VIII, line	,	t t	53	,645		55,538			
Revenue	9	0	· · ·	2g)					0			
eve	10			A), lines 3, 4, and 7d)	F				0			
R	11			ues 5, 6d, 8c, 9c, 10c, and 11e)	T T		,840		32,174			
	12			must equal Part VIII, column (A), line 12)		86	,485		87,712			
	13		1 (X, column (A), lines 1-3)	+				0			
	14		•	K, column (A), line 4)	t t t t t t t t t t t t t t t t t t t				0			
ŝ				e benefits (Part IX, column (A), lines 5-10	·				0			
nse			0 (column (A), line 11e)	-				0			
Expenses			sing expenses (Part IX, co									
ш	17	•		nes 11a-11d, 11f-24e)	- F		,465		122,631			
	18	•	,	equal Part IX, column (A), line 25)			,465		122,631			
	19	Revenue les	s expenses. Subtract line	18 from line 12		5	,020		(34,919)			
Net Assets or Fund Balances		-			ŀ	Beginning of Current		En	nd of Year			
sset	20				H		,866		446,425			
et A: Ind E	21				-	383	<u>,</u> 731		371,672			
	22			line 21 from line 20		110	,135		74,753			
Par			re Block									
				rn, including accompanying schedules and statemen cer) is based on all information of which preparer ha		knowledge and belief, if	IS					
Sigr			Howell				Data	08-08	3-2019			
-		, s	e of officer				Date					
Here	•		Howell, Chairman									
		,	print name and title	l	Data							
D -'		Print/Type pre		Preparer's signature	Date	Check 🔀						
Paic		Lynn M		Lynn M Rich	08-08-2019	self-employe	ed	P0064	3471			
	barer			and Accounting LLC		Firm's EIN						
Use	Only	Firm's address		olcott Ct		Phone no.						
			Denver C			3)3-88	7-047				
					<u></u>				Yes No			
For P	aperw	vork Reduction	on Act Notice, see the se	parate instructions.				F	orm 990 (2018)			

Form	n 990 (2018) Shannon's Hope	74-2350273	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 [No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu 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 \$ 120,626 including grants of \$) (Revenue	\$)
	Provide housing costs, utilities, repairs attributed to operating a shelter		,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40		Φ)
4~1	Other program convises (Describe in Schedule Q.)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 120,626	/	
EEA		Forn	n 990 (2018)

Form	990 (2018) Shannon's Hope 74-2350	273	P	age 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					
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37				
-	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,	-		v				
6	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		х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 25				
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-						
	complete Schedule D, Part III	8		х				
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							
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted							
	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,							
	VII, VIII, IX, or X as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"							
	complete Schedule D, Part VI	11a	Х					
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more							
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X				
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	11-		v				
Ы	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X				
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х				
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110						
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х				
12a								
	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		X				
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		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		77				
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X				
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		х				
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		х				
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				
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	_		X				
	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				

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Pa	rt IV Checklist of Required Schedules (continued)			1
			Yes	No
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		Х
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		Х
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		
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		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		v
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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?	25b		Х
26	If "Yes," complete Schedule L, Part I	250		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	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,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L. Part IV	28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	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	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	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		Х
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	X	
Par				
	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	1		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1-	v	
FFA	reportable gaming (gambling) winnings to prize winners?	1c	990 (2018)

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1
			Yes	No
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 return 2a	0		
b		2b		
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 over,			37
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
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)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			~~~
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ua	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).			
a	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?			Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
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				Х
f				Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ	uired? 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?	9 b		
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a		12a		
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.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	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 13b Enter the amount of reserves on hand 13c			
C 14a	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a b		14a 14b		Δ
ь 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15	excess parachute payment(s) during the year	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			- 23
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			Х
	If "Yes," complete Form 4720, Schedule O.			
	· · · · · · · · · · · · · · · · · · ·			

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Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be	low, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	ee instruction	S.		
	Check if Schedule O contains a response or note to any line in this Part VI				.Х
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 1a	8			
	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 1b	8			
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		_		
		• • • • • •	3		X
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 70	Did the organization have members or stockholders?	••••	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		70		Х
h	one or more members of the governing body?	• • • • • •	7a		Λ
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	••••	10		Δ
Ũ	the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
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,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	orm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
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 cor	flicts?	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		
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?	••••	14		Х
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?		150		v
a h	The organization's CEO, Executive Director, or top management official		15a		X
b		••••	15b		Х
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
īJd	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	•••••	Tou		21
	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 (1024 or 1024-A 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 ☑ Upon request □ Other (<i>explain in Schedule O</i>)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy, 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				

Form 990 (20	18) Shannon's Hope	74-2350273 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hi	ghest Compensated Employees, 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	this table for all persons required to be listed. Report compensation for the calendar year end	ing with or within 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			current				
					C)					
(A)	(B)	(do r	not ch		sition	han one		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box, offic	unles er an	ss per d a dii	s person is both an a director/trustee)			Reportable compensation from the	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	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Doug_Howell	10.00									
Chairman		Х		X					0 0	0
(2) Leslie Pottebaum	40.00									
Vice President		Х		X					0 0	0
(3) Lois Philman	10.00									
Secretary/Newsletter		Х		Х					0 0	0
(4) Richard Lunnon	1.00									
Vice Chairman		Х		X					0 0	0
(5) Andy Litteral	1.00									
Director		Х							0 0	0
(6) Gary Tucker	1.00									
Director		Х							0 0	0
(7) Heather Smith	1.00									
Director		Х							0 0	0
(8) Scott Piper	1.00									
Director		Х							0 0	0
(9)										
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>										

organization's tax year.

	90 (2018) Shannon's Hope									74-2350	273	<u> </u>	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Con	npen	sated Employee	s (continued)			
					(C	;)							
	(A)	(B)	(1		Posi				(D)	(E)		(F)	
	Name and title	Average					ian one both an		Reportable	Reportable	E	stimated	
		hours per					trustee)		compensation	compensation from	a	mount of	
		week (list any	<u>د</u> 2	Ē	0	Ā	_ 9 <u>∓</u>	. 7	from the	related organizations	cor	other npensatic	a
		hours for related	divid	stitui	Officer	€y er	nplo	-orme	organization	(W-2/1099-MISC)		from the	211
		organizations	Individual trustee or director	Institutional trustee		Key employee	yee		(W-2/1099-MISC)			ganizatio	
		below dotted line)	rust	l tru		yee	mpe					nd related ganizatior	
			ee	stee			Highest compensated employee					janizatioi	13
											<u> </u>		
(15)													
											<u> </u>		
(16)													
(17)													
(18)		L											
(19)													
(20)													
(21)													
<u> </u>													
(22)													
<u><u> </u></u>													
(23)											+		
(23)													
(24)													
(24)													
(05)											+		
(25)													
	• • • • • •												
1b	Sub-total						•••	•			<u> </u>		
C	Total from continuation sheets to Part VII, Section		•••								<u> </u>		
d									C	0			0
2	Total number of individuals (including but not limited	d to those list	ed abo	ve) v	who	rec	eived	more	e than \$100,000 of				
	reportable compensation from the organization									0			
												Yes	No
3	Did the organization list any former officer, directo		-		-		-						
	employee on line 1a? If "Yes," complete Schedule										3		Х
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensatio	on ar	nd o	ther	comp	ensa	tion from the				
	organization and related organizations greater that	n \$150,000?	If "Yes	s," cc	omp	lete	Scheo	dule	J for such				
	individual										4		Х
5	Did any person listed on line 1a receive or accrue c	ompensation	from a	ny ur	nrela	ated	orgar	nizati	on or individual				
	for services rendered to the organization? If "Yes,"	" complete So	chedule	e J fo	or si	ıch	persol	n .			5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensate	ed independer	nt contr	racto	ors th	nat r	eceive	ed m	ore than \$100,000	of			
	compensation from the organization. Report compe												
	year.			•			0		0				
	(A)								(B)			(C)	
	Name and business address								Description of	services		pensatior	h
	Maille and pushess 2001655										COIN	penadil0	
										1			

2	Total number of independent contractors (including but not limited to those listed above) who						
	received more than \$100,000 of compensation from the organization						

Form 99	90 (20	18) Shannon'	s Hope				74-23502	73 Page 9
Part	VIII	Statement of Revenu	Ie					
		Check if Schedule O contain	is a response or r	ote to any line in th	nis 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
N N	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	c	Fundraising events	1c					
Gift	d	Related organizations	1d					
ns, Simi	e	3 · · · (· · · · ·						
utio	f							
l Ott		and similar amounts not includ		55,538	_			
Con and	g							
	h	Total. Add lines 1a-1f		<u></u> ▶	55,538			
ø				Business Code				
Program Service Revenue	2a							
Rev	b							
rvice	C							
n Se	d							
grar	e f	All other program service rever						
Pro		Total. Add lines 2a-2f						
				•••••				
	3	Investment income (including diand other similar amounts) .		Þ				
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents	.,		1			
		Less: rental expenses	•		1			
	c	Rental income or (loss)	32,17	4	1			
	d	Net rental income or (loss) .			32,174	32,174		
		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)		<u></u>				
Other Revenue	8a	Gross income from fundraising events (not including \$						
Rev		of contributions reported on line	e 1c).					
her		See Part IV, line 18	a					
ð	b	Less: direct expenses	b					
		Net income or (loss) from fundr	-	· · · · · · •				
	9a	Gross income from gaming act						
		See Part IV, line 19			_			
		Less: direct expenses						
	C	Net income or (loss) from gami	ng activities	· · · · · · •				
		Gross sales of inventory, less returns and allowances						
		Less: cost of goods sold		-				
	C	Net income or (loss) from sales	of inventory					
		Miscellaneous Revenue		Business Code				
					+			
	b				+ +			
	с с	All other revenue			+ +			
		All other revenue			+			
		Total revenue. See instructions			87,712	20 184	0	
	114	I GLAI I EVENUE. GEE INSUUCIONS	,	🖊	0/,/14	32,174	, U	1 (

	990 (2018) Shannon's Hope			74-2350	273 Page 10
Pa	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other organ	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX		•••••	
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	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,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	-				
0	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):				
a					
b	Legal				
С	Accounting	1,271		1,271	
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	364	364		
13	Office expenses	2,005	1,271	734	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		2,834	2,834		
21	Payments to affiliates	•			
22	Depreciation, depletion, and amortization	27,723	27,723		
23		10,616	10,616		
24	Other expenses. Itemize expenses not covered				
	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.)				
а	Contract labor	54,904	54,904		
a h	Utilities	10,285	-		
0	Building Repairs	6,980	10,285		
ט ה	_	-	-		
d	Telephone	4,640	4,640		
e	All other expenses	1,009	1,009		
25 26	Total functional expenses. Add lines 1 through 24e .	122,631	120,626	2,005	0
20	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)				

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Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	34,134	1	14,416
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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	
<i>(</i> 0	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 831,677			
	b	Less: accumulated depreciation	459,732	10c	432,009
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	493,866	16	446,425
	17	Accounts payable and accrued expenses	-	17	-
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors,			
litie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	297,265	22	297,265
	23	Secured mortgages and notes payable to unrelated third parties	86,466	23	74,407
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		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	383,731	26	371,672
		Organizations that follow SFAS 117 (ASC 958), check here 🛛 🕨 🗌 and			
s		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
ар	29	Permanently restricted net assets		29	
ЦП		Organizations that do not follow SFAS 117 (ASC 958), check here 🛛 🕨 🕅 and			
Net Assets or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let /	32	Retained earnings, endowment, accumulated income, or other funds	110,135	32	74,753
2	33	Total net assets or fund balances	110,135	33	74,753
	34	Total liabilities and net assets/fund balances	493,866	34	446,425
					E

EEA

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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		87,	712
2	Total expenses (must equal Part IX, column (A), line 25)	2		122,	631
3	Revenue less expenses. Subtract line 2 from line 1	3		(34,	919)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		110,	135
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		(463)
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		74,	753
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Other	_			
	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				
	the Single Audit Act and OMB Circular A-133?		3a		Х
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			Form	990 (2018)

Public Charity Status and Public Support

				Public Charity Status and Public Support					OMB No. 1545-0047
SCHEDULE A					01(c)(3) organization or a s				2018
•	(Form 990 or 990-EZ) Department of the Treasury ► Attach to Form 990 or Form 990-EZ.					Open to Public			
Internal Revenue Service Form990 for instructions and the latest information.					Inspection				
Name	of the	e organization						Employer identifica	tion number
Sha	nno	n's Hope						74-235027	
	rt I				ganizations must c			.) See instruction	S.
The	orga				s 1 through 12, check on	-			
1	Ц	A church, con	vention of churches, or	r association of chu	urches described in sect	ion 170(b)	(1)(A)(i).		
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 of	or 990-EZ)	.)		
3	Ц	A hospital or a	cooperative hospital s	service organizatio	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical res	earch organization ope	erated in conjunctio	n with a hospital describ	ed in sect	ion 170(b))(1)(A)(iii). Enter the	
	_	•	e, city, and state:						
5		-		-	university owned or operation	ated by a g	governmen	tal unit described in	
		•)(1)(A)(iv). (Complete						
6			•	•	init described in section				
7		-			t of its support from a gov	vernmental	unit or from	m the general public	
_			ection 170(b)(1)(A)(vi		,				
8		-	rust described in sect i						
9		•	•		ion 170(b)(1)(A)(ix) ope		•	-	ge
			r a non-land-grant colle	ege of agriculture (s	see instructions). Enter th	e name, ci	ty, and stat	e of the college or	
10	Х	university:	n that normally reasing	a: (1) mars than 20	1/20/ of its support from	o oontributi		archin face and great	
10	Δ	-			3 1/3% of its support from subject to certain exception				
					siness taxable income (l				
					section 509(a)(2). (Com		,	IOIII DUSIIIESSES	
11			-		test for public safety. Se				
12		•	•	•	the benefit of, to perform				is.
		•	•	•	ped in section 509(a)(1)			• • •	
				-	ne type of supporting org				
	а		•		rised, or controlled by its				•
					appoint or elect a majo		•		
			•		IV, Sections A and B.	,			
	b	`	, ,	•	ontrolled in connection w	ith its supp	orted orga	anization(s), by having	I
				•	on vested in the same pe		-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			on(s). You must com		•			0 11	
	с	Type III fu	inctionally integrated	I. A supporting org	anization operated in co	nnection w	ith, and fu	nctionally integrated v	/ith,
		its suppor	ted organization(s) (se	e instructions). Yo	u must complete Part I	V, Section	ns A, D, ar	nd E.	
	d	Type III n	on-functionally integ	rated. A supporting	g organization operated	in connecti	ion with its	supported organizati	on(s)
		that is not	functionally integrated.	The organization g	generally must satisfy a d	istribution I	requiremer	nt and an attentiveness	
		requireme	nt (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this	box if the organization	received a written	determination from the II	RS that it is	a Type I, ⁻	Type II, Type III	
		functional	y integrated, or Type II	I non-functionally in	ntegrated supporting org	anization.			
	f								••••
	g	Provide the fo	lowing information abo	ut the supported or	ganization(s).	1			
	(i	i) Name of supported	lorganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amount of
	(described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions)								
						Yes	No		
(A)									
(B)									
(C)									
(0)									
(D)									

(E)

		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 test	s listed below,	please complet	e Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
Sec	tion B. Total Support		-	1	1	1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su	pport Percen	itage				
14	Public support percentage for 2018 (line 6, e						%
15	Public support percentage from 2017 Schee						%
16a	33 1/3% support test - 2018. If the organized						_
	box and stop here. The organization quali						▶ ∐
b	33 1/3% support test - 2017. If the organi						
	this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test - 201	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		-	•			
Ŀ	organization						•••• □
b	10%-facts-and-circumstances test - 201	-					
	15 is 10% or more, and if the organization Explain in Part VI how the organization meet					ichy	
	supported organization			-		-	
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	6b, 17a, or 17b, che	eck this box and se	e	_
EEA						Schedule A (Fo	rm 990 or 990-EZ) 2018

		non's Hope				74-2350273	Page 3	
Pa	rt III Support Schedule for Org	ganizations De	scribed in Sec	tion 509(a)(2)	1			
	(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 q	ualify under the	tests listed be	low, please co	mplete Part II.)			
Sec	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	58,137	69,908	82,244	53,645	55,538	319,472	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	-					<u> </u>	
	furnished in any activity that is related to the organization's tax-exempt purpose	10,205	7,809	9,856	32,840	32,174	92,884	
3	Gross receipts from activities that are not an	107203	,,,	57050	527010	527171	527001	
	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	68,342	77,717	92,100	86,485	87,712	412,356	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
	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 line 6.)						412,356	
	ction B. Total Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9	Amounts from line 6	68,342	77,717	92,100	86,485	87,712	412,356	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	68,342	77,717	92,100	86,485	87,712	412,356	
	First five years. If the Form 990 is for the or organization, check this box and stop here							
Sec	ction C. Computation of Public Su							
15	Public support percentage for 2018 (line 8, co	•	() ,			15 :	100.00 %	
16	Public support percentage from 2017 Schedu					16	100.00 %	
Sec	ction D. Computation of Investme							
17	Investment income percentage for 2018 (line		•	())	-	17	0.00 %	
18	Investment income percentage from 2017 S	chedule A, Part III,	line 1.7		•••••	18	0.00 %	
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box						► 🛛	
	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	licly supported org	anization		
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19l	b, check this box a	and see instruction	s	▶□	

	le A (Form 990 or 990-EZ) 2018 Shannon's Hope 74-2: t IV Supporting Organizations	350273	Pag
- ai	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, comp	lete Sectio	ns A
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part		
		•	5
oct	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete ion A. All Supporting Organizations	te Part V.)	
CUL			Yes N
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 supported	d	
	organization was described in section 509(a)(1) or (2).	2	
22	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ		
Ja	(b) and (c) below.	3a	
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar		
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	u l	
		26	
	organization made the determination.	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		
	"Yes," and if you checked 12a or 12b 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	d	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		
	purposes.	4c	
Ба	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	n;	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	on 🛛	
	was accomplished (such as by amendment to the organizing document).	5a	
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	
5	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		
-	(as 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	
3	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7		
-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
Эa	Was the organization controlled directly or indirectly at any time during the tax year by one or more	U	
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations describe	4	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
h		Ja	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	04	
_	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		
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
Ua	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)? If "Yes," answer 10b below.	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		
	determine whether the organization had excess business holdings.)	10b	

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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		
	tion B. Type I Supporting Organizations			
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
	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		
Sec	tion 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		
Sec	tion 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		
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 in	struc	tions)
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.		,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	 The organization is upported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	tions)
2	Activities Test. Answer (a) and (b) below.	000 ///	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	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	20		
h	that these activities constituted substantially all of its activities.	2a		
a	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	0		
_	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			
	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		
EEA	Schedule A (For	m 990 o	r 990-EZ	2) 2018

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 Schedule A (Form 990 or 990-EZ) 2018
 Shannon's Hope

 Part IV
 Supporting Organizations (continued)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 🗌 Check here if the organization satisfied the Integral Part Test as a qualifying			,
instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	, integra	ted Type III supporting	a organization (see

Schedule A (Form 990 or 990-EZ) 2018

	ule A (Form 990 or 990-EZ) 2018 Shannon's Hope rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	74-235 zations (continued)	60273 Page 7
See	ction D - Distributions	/ 11 0 0		Current Year
1	Amounts paid to supported organizations to accomplish exer	npt 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 purpose	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in Part VI). See instructions.	C I		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to underdistributions of phot years			
	••			
<u></u>	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
EEA			Schod	ule A (Form 990 or 990-EZ) 2018
			Julieu	

Schedule A (Form 990 or 990-EZ) 2018 Page 3						
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.)					

(Form 990) Complete if the organization answered "ves" on Form 990, Part IV, line 5, 39, 19, 16, 11, 15, 11, 11, 11, 11, 11, 11, 11, 11	SCHEDULE D (Form 990)		Supplem	OMB No. 1545-0047		
Part N, line 6, 7, 8, 9, 10, 11, 11, 11, 11, 11, 11, 11, 11, 11						2018
Team Terminal Points The second and the latest information. Implementation Implementation Implementation Implementation Terminal Points			Part IV, line 6, 7, 8	9, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2010
Name of the arguments Complexity informations manifer Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 900, Part IV, line 6. (b) Funds and the securits 1 Total number at end of year	Depart	ment of the Treasury	Attach to Form 990.			Open to Public
Sharmon't S. Hope 74-2350273 Part I. Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Pantaworkship			► Go to www.irs.gov/Fo	orm990 for instructions and the latest informat		•
Part II Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered 'Yes' on Form 390, Part IV, line 6. Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Complete If the organization Inform all denois and denor advisors in writing that part that can be used only for during the part to the organization inform all grantees, donois, and denor advisors in writing that part that can be used only for during the purpose conferring imperimisable purposes and for the benefit of the donor of advisors in writing that part that can be used only for during the purpose conferring imperimisable purposes and for the benefit of the donor of advisors in writing that part that can be used only for during the purpose conferring imperimisable purposes and for the benefit of the donor of advisors in writing that part that can be used only for during the organization (during that can be used only for during the purpose conferring imperimisable purposes and for the benefit of the donor of advisors in writing that part that can be used only for during the organization (during that can be purpose conferring imperiments be purpose conferring imperiments be purpose conferring imperiments be purpose and that during the during that that apply Purpose(0) conservation casements to the during of during that purpose conferring imperiments be purpose and that apply advisor on a maximum of the during the during the during at that apply advisor and the purpose conferring imperiments and the purpose conferring imperim	-	-				•
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (e) Drive website hets. (f) Trade web of contributions to (during year) 2 Aggregate value of organization in all coros and coror advices in writing that the assets held in donor advices of the organization in all coros and coror advices in writing that the assets held in donor advices of the organization in an all coros and coror advices in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor of donor or donor or advices or tray other purpose conferring ingrantization inswered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation essements benefit? Yes No Complete if the organization in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advices or tray other purpose conferring ingrantschering maxime benefit? Yes No Proprise(s) of conservation essements. Complete if the organization inswered "Yes" on Form 990, Part IV, line 7. Yes No Prosection of natural habitation Preservation of a cartified historic structure Preservation of a cartified historic structure Prosection of conservation essements 2a 2a 2a I tal aureage restricted by conservation essements 2a 2a 2a Number of conservation essements in oxitice habitic structure included in (0) acquired after 7/2008, and tori a 2a 2a 2a 2a				d Funds or Other Similar Funds or Accou		4-2350273
In Total number at end of year (a) Dorarabituations (b) Four advices holds (b) Four advices holds 2 Aggregate value of contributions to (during year) (c) Dorarabituations (c) Dorarabituations 3 Aggregate value at end of year (c) Dorarabituations (c) Dorarabituations 5 Did the organization inform all donors and donor advices in writing that the assets held in donor adviced (c) Dorarabituations 6 Did the organization inform all grantes, donors, and donor advices in writing that grant funds can be used any for charitable puppease and not for the benefit of the donor of one advices in writing that grant funds can be used any for charitable puppease ansemens held by the organization in advices on a dvices on a dvice or for any other purpose conferring impermisable private benefit? (c) No 7 Puppes(c) organization answered "Yes" on Form 990, Part IV, Line 7. (c) Puppes(c) organization assements held by the organization (held at the start on the parabitual (held at the start on the start on the parabitual (held at the start on the start on the parabitual (held at the start on the start on the tax year the vaganization held a qualified conservation conservation casements included in (a) (c) Decensition assements included in (c) aquited after 725506, and not on a (c) Decensition assements inclu	ra				11.5.	
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3 Aggregate value of grants from (during year)	1	Total number at er	nd of year			·
4 Aggregate value at and of year	2	Aggregate value o	f contributions to (during year)			
5 Did the organization inform all denors and denor advisors in writing that the assets held in door advised funds are the organization's property, subject to the organization's acculate legal control? Image: State S	3	Aggregate value o	f grants from (during year)			
tunds are the organization's property, subject to the organization's exclusive legal control? Image: control is a control in the benefit of the doro or donor advisor, or for any other purpose contering impermissible private benefit? Image: contering impermissible private benefit: contering impermissible private benefit: contering impermissible private benefit: contering impermissible private based content on a based contering impermissible private based contering impermission of a bisorical based content on a bisorical based contering impermission of a contering impermission of a contering impermission on a content on a bisorical based			•			
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring intermissible private benefit? Yes No Part IV Conservation Easements. Urgence(s) of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of and for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of organization answered "Yes" on contribution in the form of a conservation easement on the last day of the tax year. Total annehe of conservation easements Number of conservation easements in a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed with the National Register Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed water property subject to conservation easements in located + Staff and volumeer house devided to monitoring, inspection, handling of violations, and enforcing conservation easements during the year + A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year + S Boos the conservation easements in bids? Complete in the organization here as written policy regarding the periodic monitoring inspection, handling of violations, and enforcing conservation easements during the year + S Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year + S Moos each conservation easements in bids? Note of conservation	5	-		-		
orderring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Image: Conservation Easements Med by the organization (check all that apply). Protection of natural habitat Preservation of land for public use (e.g., recreation or education) Preservation of a conservation easements Med by the organization (check all that apply). Protection of natural habitat Preservation of the tax year Held at the End of the Tax Year 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in a conflict the tax year Za 5 Total aumber of conservation easements Za Za 4 Number of conservation easements included in (c) acquired after 725/06, and not on a historic structure lised in the National Register Zd 4 Number of states where property subject to conservation easements included in (c) acquired after 725/06, and not on a historic structure lised in the National Register Zd 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in kidd? No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 Does each	~	•		-	•••	Yes 📋 No
conferring impermissible private benefit? Yes No Part III Conservation Easements Yes' on Form 990, Part IV, line 7. Purpose(6) of conservation assements held by the organization (check all that apply). Preservation of a historically important land area Protection of natural habitat Preservation of a conservation Preservation of a conservation complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation a conservation a Total number of conservation easements 2a	6	-	-			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a confident biasion structure Preservation of open space Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation assement on the last day of the tax year. Total number of conservation easements b Total number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure liculuum the National Register 2 Camplete lines and the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d 4 Number of states where property subject to conservation easement is located		•				Ves No
Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Propose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of a cortified historic structure Preservation of a cortified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year S Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year S Does seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) and section 170(h)(4)(B)(0) To and section 170(h)(4)(B)(0) To and section 170(h)(4)(B)(0) and section	Pa			<u> </u>		
Preservation of land for public use (e.g., recreation or education) Preservation of a nettral habitat Preservation of a certified historic structure Preservation of perspace Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic any year > 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > C Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements using the year > * 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements in the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue statement, and balance sheet works of art, historical treasures, or other similar assets held for public			e if the organization answered "Yes	s" on Form 990, Part IV, line 7.		
Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a trucky 2d if the organization held a qualified conservation contribution in the form of a conservation essement on the last day of the tax year. a Total number of conservation easements b Total accepted restricted by conservation easements b Total accepted restricted by conservation easements b Total accepted restricted by conservation easements on a certified historic structure included in (a) accepted restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is and enforcements on diffed, transferred, released, extinguished, or terminated by the organization during the tax year is and enforcement of the conservation easements is located is distart and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year is 3 C accepted in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year is 3 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) 9 In Part XIII, describe how the organization reports conservation easements in its revenue satements that describes the organization accounting exerces included to the footnote to its financial statements that describes the organization accounting asserts if Yes's on Form 990, Part IV, line 8. 14 If the organization selected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	1	Purpose(s) of cons	ervation easements held by the organiz	zation (check all that apply).		
□ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation construction in the form of a conservation easements in the form of a conservation easements in the last day of the tax year. a Total acreage restricted by conservation easements included in (a) 2a b Total acreage restricted by conservation easements included in (a) 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year * 2d 4 Number of states where property subject to conservation easements is holds? Yes No 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year * 5 Yes No 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements are yes in Ported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f) Yes No 9 In Part XIII, describe how the org		Preservation of	f land for public use (e.g., recreation or	education) Preservation of a historical	y impor	tant land area
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easement on the last day of the tax year. Total number of conservation easements Total acceage restricted by conservation easements Za						
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historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year					20	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	u				2d	
tax year	3		•			during the
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$,		J
violations, and enforcement of the conservation easements it holds?	4	Number of states v	where property subject to conservation	easement is located		
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 \$	6	Staff and volunteer	hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conservation	n easen	nents during the year
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 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organizations accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X 	7		es incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation ea	sement	s during the year
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b Assets included in Form 990, Part X		-		-		
	а	Revenue included	on Form 990, Part VIII, line 1			▶\$
For Panarwork Paduction Act Nation and the Instructions for Form 000						▶\$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sched	lule D (Form 990) 2018 Shannon's Hope						74-23502	273	Page 2
Ра	rt III Organizations Maintaining C	Collections of	Art, Histor	ical Tre	easures, c	or Othe	er Similar Asse	ets (con	tinued)
3	Using the organization's acquisition, accession,	and other records	, check any of	the followi	ing that are a	significa	ant use of its		
	collection items (check all that apply):								
а	Public exhibition	d 🗌 L	oan or exchan	ge progra	ms				
b	Scholarly research		Other	5 . 0					
С	Preservation for future generations								
4	Provide a description of the organization's college	ctions and explain	how they furth	er the ora	anization's e	xempt pi	upose in Part		
-	XIII.			or the org		nompt p			
5	During the year, did the organization solicit or re	ceive donations o	f art historical t	reasures	or other sim	ilar			
Ũ	assets to be sold to raise funds rather than to b								es 🗌 No
Pa	rt IV Escrow and Custodial Arrang		art of the organ	120110113		• • •		• 🗆 •	
Iu	Complete if the organization ar		on Form 90	0 Part	IV line 9	or ren	orted an amour	nt on Fo	rm
	990, Part X, line 21.		on ronn oc	<i>i</i> 0, i ait	rv, mic o,	oricp			
10	Is the organization an agent, trustee, custodian of	ar other intermedic	ny for contribut	iona or ot	har agasta n	^ t			
1a			-						es 🗌 No
				• • • •	••••	••••	•••••	· 🗆 T	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII an	a complete the foll	lowing table:				A		
							Amo	ount	
C	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Form					•		LY	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Cl	heck here if the ex	planation has t	een prov	ided on Part	XIII .			
Ра	rt V Endowment Funds.								
	Complete if the organization ar	nswered "Yes"	on Form 99	<u>90, Part</u>	IV, line 10).		-	
		(a) Current year	(b) Prior	year	(c) Two years	back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	year end balance	(line 1g, colum	ın (a)) hel	d as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possessi	on of the organiza	ition that are he	ld and ad	ministered fo	r the			
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on Schedul	e R?				3b	
4	Describe in Part XIII the intended uses of the or	rganization's endo	wment funds.						
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization ar		on Form 99	0. Part	IV, line 11	la. See	Form 990, Pa	rt X, line	e 10.
	Description of property	(a) Cost or			other basis		Accumulated	(d) Bool	
	····		stment)	• •	other)	• •	preciation	(1) = 50.	
1a	Land								
b	Buildings			c	331,677		399,668		32,009
c	Leasehold improvements			C					,
d									
e Tota	Other		art X column /	3) line 11					122 000
i Uld	\mathbf{u} . Aud littles ta uniough te. (Column (d) must eq	juai ruini 990, Pa	ατ Λ, συμππ (Ε	<i>וווו, ווו</i> שוווו, <i>ו</i> נ			· · · · · 🗖	4	132,009

Schedule D (Form 990) 2018

Schedule D (Form			74-23	50273	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11b. See Form 990	, Part X, lir	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year market	on:	
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answere	d "Yes" on Form 990 Pa	rt IV line 11c See Form 990	Part X lir	ne 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990	<u>, Part X, lir</u>	ne 15.
	(a) 🛙	escription		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 1	5.)			
Part X	Other Liabilities.				
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See For	m 990, Pa	rt X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal i	ncome taxes				
(2)			-		
(3)			-		
(4)			-		
(5)					
(6)					
(7)					
(8)					
(9)					
	must aqual Form 000 Part V. act (D) line 25 1		-		
	unust equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the te	xt of the footnote to the organize	ation's financial statements that report	te the	
	uncertain tax positions. In Fait Alli, provide the te		ations intancial statements that report	.5 (1)0	_

Sched	ule D (Form 990) 2018 Shannon's Hope	74-2350273	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er 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 2a		
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.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	I	
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.)		
С	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	Transa
(Form 990 or 990-EZ)	 Complete if the organization

actions With Interested Persons

ion answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service Name of the organization

2018 Open To Public Inspection

OMB No. 1545-0047

►	Go to www.irs.gov/Form990 for instructions and the latest inform	mation.
		Employer

Employer identification number

Shannon's Hope							74-2						
Part I Excess Benefit Complete if the											lino 1	٥h	
	organization a	(b) Relationship bet						990-6	=Z, Pa	an v,	line 4	(d) Corr	roctod?
1 (a) Name of disqualified person			rganization				(c) Description of	of transa	nsaction			Yes	No
(1)													
(2)													
(3)													
2 Enter the amount of tax inc	curred by the ord	anization manage	ers or di	squalified	persons c	uring the	vear						
under section 4958		-				-			▶ 9	6			
3 Enter the amount of tax, if	any, on line 2, at	oove, reimbursed	by the o	rganizati	on				▶ \$	5			
Part II Loans to and/o					-7 Dart \	/ line 00		Dent	1) / 15.			h a	
Complete if the organization rep							sa or Form 990,	Part	iv, iin	ie 26;	or it t	ne	
				•			<i></i>						
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or m the	(e) Ori principal :	-	(f) Balance due	(g) In d	default?		proved ard or	(i) Wr agreer	
		loan	organi	ization?						1	nittee?		
			То	From	1			Yes	No	Yes	No	Yes	No
	Vice	Operating											
(1) Leslie Pottebaum	President	Expenses	Х		6	50,305	55,695		X	Х			Х
	Vice	Life Ins											
(2) Leslie Pottebaum	President	Mtg	X		17	78,310	178,310		X	X			Х
	Vice	Payoff											
(3) Leslie Pottebaum	President	Mortgage	X		6	53,260	63,260		X	X			Х
(4)													
(5)													
						. ▶ \$	297,265						
		fiting Intereste			Dort IV/	line 07							
`		answered "Yes											
(a) Name of interested person		ship between interested and the organization	d (c)	Amount of	assistance	(d)	Type of assistance		(e) Purpos	se of ass	istance	
(1)													
(2)													
(3)													
(4)								-+					
<u>(5)</u>													
For Paperwork Reduction Act	Notice, see the	Instructions for	⊢orm 99	90 or 990	J-EZ.			S	Schedule	e L (For	m 990 o	r 990-EZ	2) 2018

EEA

Schedule L (Form 990 or 990-EZ) 2018 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)

Department of the Treasury Internal Revenue Service Name of the organization

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. ► Go to www.irs.gov/Form990 for the latest information. 2018 Open to Public

OMB No. 1545-0047

Inspection

Employer identification number 74-2350273

Shannon's Hope

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.

Form 4562	Depre (Includi
Department of the Treasury	Co to unuu iro a

eciation and Amortization

ng Information on Listed Property)

Attach to your tax return.

	Attachment of the Treasury Attachment of the Tre									
Name	Name(s) shown on return Business or activity to which this form relates									Identifying number
Sha	annon's Ho				FORM 99		- 1			74-2350273
Pa	rt I Election	n To Expens	e Certain Pro	perty Under	Section 17	'9				
	Note: If	you have any	listed property,	complete Part	V before you	comp	olete Part I.			
1	Maximum amount	(see instructions)						1	
2	Total cost of sectio	n 179 property	placed in service ((see instructions)					2	
3	3 Threshold cost of section 179 property before reduction in limitation (see instructions)									
4										
5	Dollar limitation for	tax year. Subtra	act line 4 from line	1. If zero or less	, enter -0 If m	arried f	filing			
	separately, see ins	tructions					<u></u>		5	
6		(a) Description of p	roperty	(1	b) Cost (business u	ise only)	(c) Elec	cted cost		
7	Listed property. En			••••		7				
8	Total elected cost								8	
9	Tentative deductio								9	
10	Carryover of disalle								10	
11	Business income li						ie 5. See instr	uctions	11	
12	Section 179 expen						• • • • • •		12	
13	Carryover of disalle					13				
	: Don't use Part II o		,			(D-				
1								istea pr	opert	y. See instructions.)
14	Special depreciation									
45	during the tax year.			•••••					14	
15	Property subject to	()(,						15	27 72
16 Po	Other depreciation		on (Don't incl						16	27,723
Ia		Depreciati			tion A	uuuu	JII5.)			
17	MACRS deduction	s for assets plac	red in service in ta						17	
18	If you are electing				-				.,	
	asset accounts, ch		•••••	-	-		-			
			Placed in Servi					al Depr	eciati	on System
	(a) Classification of p		(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	eciation ent use (d) Red	overy	(e) Convention	(f) Met		(g) Depreciation deduction
19a	3-year property									
b	5-year property		_							
С	7-year property		_							
d	10-year property									
е	15-year property		-							
f	20-year property									
g	25-year property				25 y			S/		
h	Residential rental				27.5		MM	S/		
	property				27.5		MM	S/		
i	Nonresidential real				39 y	rs.	MM	S/		
	property						MM	S/		
		- Assets Pla	ced in Service	During 2018	Tax Year Us	ng th	e Alternativ	· ·		ion System
<u>20a</u>	Class life							S/		
b	12-year				12 y			S/		
	30-year				<u>30 y</u>		MM	S/		
d	40-year				40 y	/rs.	MM	S/	L	
		ary (See inst	,						24	
21	LISIEG DIODERTV. Eľ	nter amount fron							21	1
22		to from line 12		7 lines 10 and	20 in column (c	1) 000	line 21 Enter	r		
22	Total. Add amount		lines 14 through 1						22	07 700
22 23		propriate lines o	lines 14 through 1 of your return. Part	tnerships and S o	corporations - s			r • • •	22	27,723

OMB No. 1545-0172

2018