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# Form 990-PF

EXTENDED TO NOVEMBER 15, 2016
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Department of the Treasury Internal Revenue Service.

▶ Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf

For	calendar year 2015 or tax year beginning		, and ending				
	me of foundation •			A Employer identification	number		
_5	SAM SHINE FOUNDATION, INC.		<del>-</del>	35-1961730			
	mber and street (or P O box number if mail is not delivered to street ad	dress)	Room/suite	B Telephone number	1 1		
	PO BOX 1407	otal anda		812-945-23			
	ty or town, state or province, country, and ZIP or foreign po IEW ALBANY, IN 47151–1407	SIAI CUUB		C If exemption application is pe	nding, check here		
	Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here		
	Final return	Amended return		Foreign organizations mee check here and attach cor	eting the 85% test,		
	Address change	Name change					
_ H_	Check type of organization: X Section 501(c)(3) exe	impi private roundation Other taxable private founda	ation	E If private foundation stat under section 507(b)(1)(			
l F	air market value of all assets at end of year J Accountin		Accrual	F If the foundation is in a 6	•		
(f	from Part II, col. (c), line 16)	er (specify)		under section 507(b)(1)			
	\$ 19,363,733. (Part I, colun				(4) -		
[P:	Aralysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)		
	1 Contributions, gifts, grants, etc., received	4,000,000.		N/A	* * *		
	2 Check If the foundation is not required to attach Sch B Interest on savings and temporary as investments	\$ ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	3 cash investments 4 Dividends and interest from securities	74,707.	74,707.		STATEMENT 1		
	5a Gross rents				,		
	) Net rental income or (loss)	10.600	, , ,				
9	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 002 6/11	19,608.	- 13 - 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	FOR	EIVED 1		
	b Gross sales price for all 1,092,641. The control of the control		19,608.	KEU	18		
	Net short-term capital gain	· · · · · · · · · · · · · · · · · · ·	23,000.	12	1 8 2016		
2016	9 Income modifications	·	g.	152 NOA	RS RS		
25	Gross sales less returns and allowances	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ш			
87	b Less Cost of goods sold	· · · · · · · · · · · · · · · · · · ·		OGL	EIY. W.		
	c Gross profit or (loss)	19,322.	0.		STATEMENT 2		
N0V	12 Total. Add lines 1 through 11	4,113,637.	94,315.				
$\Omega^{-}$	13 Compensation of officers, directors, trustees, etc	0.	0.		0.		
ANNED	14 Other employee salaries and wages						
Z,	15 Pension plans, employee benefits	· <del></del>					
2C	16a Legal fees						
SC/	b Accounting fees c Other professional fees						
		· · · · · · · · · · · · · · · · · · ·					
į	18 Taxes STMT 3	22,000.	0.		0.		
Administration	19 Depreciation and depletion	11,378.	0.		· ·		
: <u>}</u>	20 Occupancy	105	0.		0.		
		195.			U •		
7 0 0		120,554.	0.		_0.		
,	24 Total operating and administrative						
Ì	expenses. Add lines 13 through 23	154,127.	0.		0.		
•	25 Continuutions, girts, grants paid	7,293,199.	3) ( (3)		7,293,199.		
	26 Total expenses and disbursements.  Add lines 24 and 25	7,447,326.	0.		7,293,199.		
	27 Subtract line 26 from line 12:	7,447,520.		7, 7,	1,233,230		
	Excess of revenue over expenses and disbursements	<3,333,689.>			the field		
	b Net investment income (if negative, enter -0-)	339	94,315.	7 1/2 1	3		
	c Adjusted net income (if negative, enter -0-)			N/A	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

1	lotal net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	22,691,183.
2	Enter amount from Part I, line 27a	2	<3,333,689.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	19,357,494.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	19,357,494.

SAM SHINE FOUNDATION, INC.

<u> </u>	nd Losses for Tax on In		income	(h) Un	w acquired			
(a) List and descri 2-story brick war	be the kınd(s) of property sold (e.g ehouse; or common stock, 200 shs	., real estate, s. MLC Co.)		P - F	w acquired Purchase Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a WESTERN UNION	,			J-1	P	04/0	4/13	06/22/15
b BEST BUY					P	10/2	7/11	12/04/15
c INTERNATIONAL P	APER	_			P	03/3	1/14	02/17/15
d								
_e				<u></u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss s (f) minus	(g)
a 549,383.			530,67					18,706.
b 75,423.			74,52					899.
c 467,835.	<u> </u>	<u> </u>	467,83	2.				
d				_	<del></del>			
Complete only for exects about	a gara in column (b) and guined by	the foundation	on 12/21/60			(I) Cours (C	\al /b\ aa.a	
Complete only for assets snowing	gain in column (h) and owned by			$\dashv$		(I) Gains (C ol. (k), but i		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any	İ			(from col.	
		-	(),,,			_		18,706.
a b		<del> </del>				-		899.
C	<del></del> -							3.
d		· · · · · ·						
e						_		
	∫ If gain, also ente	r ın Part I, line	7	1				
2 Capital gain net income or (net cap	oital loss) { If gain, also ente If (loss), enter -0	)- ın Part İ, lıne	7	プレ	2			19,608.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) ar	nd (6):						
If gain, also enter in Part I, line 8,							37/3	
If (loss), enter -0- in Part I, line 8  Part V   Qualification Ur	nder Section 4940(e) for	Doduood	Toy on Not	J L	3   tmont Inc	NO MO	N/A	<u> </u>
L								
(For optional use by domestic private	foundations subject to the section	494U(a) tax on	net investment in	come.)				
If section 4940(d)(2) applies, leave th	is part blank.							
Was the foundation liable for the secti	on 4942 tay on the distributable an	nount of any ve	ar in the hase ner	nod?				Yes X No
If "Yes," the foundation does not quali		, ,						
	ach column for each year; see the I			ntries.				
(a) Base period years	(b)			(c)			Distri	(d) ibution ratio
Calendar year (or tax year beginnin			Net value of no				(col. (b) di	vided by col. (c))
2014		3,790.			278,12			.159784
2013		3,300.			427,90			.026072
2012		7,137.	_		<u>463,06</u>			.032218
2011	2	9,350.			636,60			.046104
2010		8,220.			531,65	6.	Ī	.015461
								.279639
2 Total of line 1, column (d)		l 0 b 5		af		2		. 213033
3 Average distribution ratio for the 5		on line 2 by 5,	or by the number	or years	5			.055928
the foundation has been in existen	ce ir iess triari 5 years					3		.033320
4 Enter the net value of noncharitable	a-usa assate for 2015 from Part V	lina 5				4		2,300,050.
4 Enter the her value of horicharitable	e-use assets for 2015 from Fait A,	ille 5				-		2730070301
5 Multiply line 4 by line 3						5		128,637.
3 Widisply line 4 by line 3						•		
6 Enter 1% of net investment incom-	e (1% of Part Lline 27h)					6		943.
Enter 170 of het investment meent	0 (170 011 art 1, 11110 27 0)							
7 Add lines 5 and 6						7		129,580.
						<u> </u>		
8 Enter qualifying distributions from	Part XII, line 4					8		7,293,199.
	line 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	ng a 1%	tax rate.			

	1990-PF (2015) SAM SHINE FOUNDATION, INC. 35-1961 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	730 struct	Pag tions)	<u>je 4</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		943	3.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>).</u>
_	Add lines 1 and 2		943	<u>3.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		943	
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		74.	•
	Credits/Payments:	,		٠,
	2015 estimated tax payments and 2014 overpayment credited to 2015			
	Exempt foreign organizations - tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  6c 1,966.			
	Tax paid with approach of the Commons, and the many		•	- 1
	Education with modeling of the country with model		.,966	5.
	Total credits and payments. Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		23	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
-	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	,000	) <b>.</b>
	Enter the amount of line 10 to be: Credited to 2016 estimated tax			).
	irt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	. ,	Yes N	
	any political campaign?	1a		<u>X_</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.	$\vdash$		
	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		- 4	
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			^_
	managers. ► \$0.		· .	 X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-+	
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	3	<del>-                                     </del>	X
4.	bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> on the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	of "Yes," has it filed a tax return on <b>Form 990-</b> T for this year?	4b		
5	The state of the s	5		X
•	If "Yes," attach the statement required by General Instruction T.		,	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1 1	5 14	
Ū	By language in the governing instrument, or			٠,
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	*		
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		•	*/.
	IN If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	[ , ]	, .	1
D		8b	X	
0	of each state as required by General Instruction G? If "No," attach explanation  Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		 	
3	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
10	Fo		)-PF (2	015)

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Ра	irt VII-A Statements Regarding Activities (continued)										
			Yes	No							
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of										
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_							
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?										
	If "Yes," attach statement (see instructions)	12		<u>X</u>							
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X								
	Website address ► N/A		201								
14	14 The books are in care of ▶ PHILLIP D. BEAMAN Telephone no. ▶ (812)94										
	Located at ►PO BOX 1407, NEW ALBANY, IN ZIP+4 ►47	151	-14	<u>07</u>							
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>,</b> →	· []							
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A								
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No							
	securities, or other financial account in a foreign country?	16		X							
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the										
_	foreign country		<b>'</b> ,'								
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		<del></del>								
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	, ۴,	Yes	No							
1a	During the year did the foundation (either directly or indirectly):	^ .	1								
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No										
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	٠,									
	a disqualified person?			,,							
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	4									
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		i	i							
	(5) Transfer any income or assets to a disqualified person (or make any of either available	4									
	for the benefit or use of a disqualified person)?		,								
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	^									
	if the foundation agreed to make a grant to or to employ the official for a period after		'								
	termination of government service, if terminating within 90 days.)	4.1									
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>									
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		—							
	Organizations relying on a current notice regarding disaster assistance check here										
C	EDID the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	<u> </u>									
	before the first day of the tax year beginning in 2015?	1c		X							
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	· . 1									
	defined in section 4942(j)(3) or 4942(j)(5)):	, ,									
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning										
	before 2015?	( ^									
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	1	<b>'</b> ,								
D	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		r 5	, e							
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.)  N/A			ا ا							
		2b									
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	- ,									
۸-	Delth for delta half and the a COV death and and a the angle of court many										
за	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		*								
	during the year?  Yes X No	^	~ ^								
D	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after		٠,	/							
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	1.5									
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	0.									
	The state of the desired in the real real real real real real real rea	3b	-	X							
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		) A							
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u> </u>	ļ	X							
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	L .								

Forth 990-PF (2015) SAM SHINE FOUNDATION, INC	•		<u>35-19617</u>	<u> 30</u>	Page 6
Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be R	equired (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	İ	
(2) Influence the outcome of any specific public election (see section 4955); or		ctly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	)	Ye	s X No		,
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		Ye	s X No	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i	n Regulations			
section 53,4945 or in a current notice regarding disaster assistance (see instruc			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check he	ere			-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		1	
expenditure responsibility for the grant?		I/A 🔲 Ye	s 🔲 No		,
If "Yes," attach the statement required by Regulations section 53 4945-	·5(d)		ŀ		[
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to p					٠.,
a personal benefit contract?		Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					,
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		1
b if "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their c		1,,0	[ (d) Contabutana ta	1 .	\F
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	aè	e) Expense count, other
(a) Name and address	to position	(If not paid, enter0-)	compensation	a	llowances
			١ .		•
SEE STATEMENT 6		0.	0.		0.
				-	
		-			
				1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE."			
2 Compensation of the inglicat paid employees (other dial those mo	(b) Title, and average		(d) Contributions to employee benefit plans	(4	e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	ac	count, other allowances
NONE	devoted to position	<del> </del>	Compensation	+	211044411003
NONE					
		<del> </del>	-	+	
	1			1	
		1		1	
	1				
	<u> </u>				
Total number of other employees paid over \$50,000			<b>•</b>		_0

Form 990-PF (2015) SAM SHINE FOUNDATION, INC.	35-1	9617 <u>30 Page 7</u>
Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	anagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE	, II	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor	mation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A		
2		
3		<u> </u>
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 ar	ıd 2.	Amount
1 N/A		
	<u> </u>	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b></b>	0.

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	s see instructions )
-			
١.	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	40	1 247 493
a	<b>5 ,</b>	1a	1,247,493. 1,087,583.
b	, , , , , , , , , , , , , , , , , , , ,	1b	1,001,303.
C		1c	2,335,076.
d		_1d	2,333,070.
е	Reduction claimed for blockage or other factors reported on lines 1a and  1c (attach detailed explanation)  1e 0 •	٠,	
_	,		0
2	Acquisition indebtedness applicable to line 1 assets	2	2,335,076.
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	35,026.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	_5	2,300,050.
6	Minimum investment return. Enter 5% of line 5	6	115,003.
<u></u>	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here   and do not complete this part.)	d certaır	n 
1	Minimum investment return from Part X, line 6	_1	115,003.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)	j <sup>1</sup>	
C	Add lines 2a and 2b	2c	943.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	114,060.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	114,060.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	114,060.
F	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-	
a	_	1a	7,293,199.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	7,293,199.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		.,
•	income. Enter 1% of Part I, line 27b	5	943.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,292,256.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q		
	4940(e) reduction of tax in those years.		

Form **990-PF** (2015)

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d</b> ) 2015
1 Distributable amount for 2015 from Part XI,				114 060
line 7				114,060.
2 Undistributed income, if any, as of the end of 2015		_		
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
Excess distributions carryover, if any, to 2015:				
a From 2010				
<del></del>				
<b>b</b> From 2011				
c From 2012		ļ		
d From 2013 e From 2014 366, 474.				
U1101112011	366,474.			
f Total of lines 3a through e  4 Qualifying distributions for 2015 from				,
Part XII, line 4: ►\$ 7,293,199.				
			0.	
a Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.	,		
(Election required - see instructions)				114,060.
d Applied to 2015 distributable amount	7,179,139.			
e Remaining amount distributed out of corpus	0.			0.
Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:		!		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,545,613.			
b Prior years' undistributed income. Subtract				~
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line			0.	
4a from line 2a. Taxable amount - see instr.	<u></u>		- 0.	
f Undistributed income for 2015. Subtract				i.
lines 4d and 5 from line 1. This amount must			ļ	0.
be distributed in 2016		<u> </u>	<del></del>	<del> </del>
7 Amounts treated as distributions out of		ļ		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	<u> </u>		
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				,
Subtract lines 7 and 8 from line 6a	7,545,613.		<del> </del>	-
10 Analysis of line 9:		(		1
a Excess from 2011	,			ł
b Excess from 2012		[		[
c Excess from 2013	]			
d Excess from 2014 366, 474.				1
e Excess from 2015 7,179,139.	<u> </u>			5 990-PE (2015)

	NE FOUNDATION				961730 Page 10
Part XIV   Private Operating Fo	oundations (see ins	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	2015, enter the date of t	he ruling	▶		·
<b>b</b> Check box to indicate whether the foundation		g foundation described		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1	
income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for			1		ļ
each year listed					
<b>b</b> 85% of line 2a					ļ
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of				ii	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.				ii	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		_			1
alternative test relied upon:  a "Assets" alternative test - enter;				10	
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					ı
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during th	ne year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	=	than 2% of the total conf	tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed m					<b>-,</b>
SAM M. SHINE					
b List any managers of the foundation who	own 10% or more of the	e stock of a corporation	(or an equally large port	on of the ownership of a p	partnership or
other entity) of which the foundation has			(		<b>F</b>
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pi	rograms:		
Check here X if the foundation or				not accept unsolicited rea	uests for funds. If
the foundation makes gifts, grants, etc. (					
a The name, address, and telephone numb	er or e-mail address of the	he person to whom appl	ications should be addre	ssed:	
, , , , , , , , , , , , , , , , , ,		,	<del>-</del>		
<b>b</b> The form in which applications should be	e submitted and informat	ion and materials they s	hould include:		
c Any submission deadlines:					<del></del>
<del></del>	<u></u>				
d Any restrictions or limitations on awards.	, such as by geographica	ıl areas, charıtable fıelds	, kınds of ınstitutions, or	other factors:	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year GENERAL 21ST CENTURY PARKS ÞС 471 W MAIN ST, STE 202 1,500. LOUISVILLE, KY 40202 GENERAL AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE NW SUITE 600 100. WASHINGTON, DC 20036 AMERICAN RIVERS GENERAL 1101 14TH ST NW #1400 WASHINGTON, DC 20005 100. GENERAL ASPCA PC 424 E 92ND ST 100. NEW YORK, NY 10128 GENERAL CONSERVATION LAW CENTER PC 116 S INDIANA AVE 10,000. BLOOMINGTON, IN 47408 SEE CONTINUATION SHEET(S) 7,293,199. ▶ 3a **b** Approved for future payment NONE **▶** 3b 0.

Total

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Form **990-PF** (2015)

523621 11-24-15

Part XVI-A **Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated.		Unrelate	ed business income		ded by section 512, 513, or 514	(e)		
•		(a) Business	(b) Amount	(C) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income		
1 Progran	n service revenue:	code	Amount	code	Aillouit	Tanction income		
a								
b								
c			<u> </u>					
d								
e								
f	<u> </u>			-	<u> </u>	<u> </u>		
-	and contracts from government agencies							
	rship dues and assessments					. " '		
	on savings and temporary cash							
investm				14	74 707			
-	ds and interest from securities			14	74,707.	.,		
	tal income or (loss) from real estate:	1 1	`	-	•	ਰ		
	t-financed property			-				
	debt-financed property							
	tal income or (loss) from personal							
propert								
	evestment income			-				
	(loss) from sales of assets other			18	19,608.			
than inv		ļ		10	19,000.			
	ome or (loss) from special events							
-	rofit or (loss) from sales of inventory							
11 Other re								
	DEPARTMENT OF		7,785.	01				
	RICULTURE MBER RECLAMATION		11,537.					
			11,337.	1 0 1		<u></u>		
d				<del>                                     </del>	<u></u>			
e	1 Add 1		19,322.	. ,	94,315.	0.		
	al. Add columns (b), (d), and (e)		19,322.	.t	13	113,637.		
	Add line 12, columns (b), (d), and (e)				10_	113,0376		
	sheet in line 13 instructions to verify calculations.)							
Part X	VI-B Relationship of Activities to	o the Acco	omplishment of Exe	empt	Purposes			
Line No.	Explain below how each activity for which inco	me is reported	ın column (e) of Part XVI-A	contrib	outed importantly to the accon	nplishment of		
112	the foundation's exempt purposes (other than			TC (	NOCANTE A DITONO	MO ACCTOM		
11A	THE ORGANIZATIN RECEIVE							
11A	THE ORGANIZATION WITH T							
<u>11A</u>	NATURAL STATE OF TRACTS	OF LAI	ND LOCATED II	N EI	ONDA AND INDI	MIN.		
					··· ·· ···			
					<del>_</del>			
		<del></del>						
						-		
			<del></del>		······································			
	-							
	-				<del> </del>			
					<del></del>			
					<del></del>	<del> </del>		

Form 99			HINE FOUNDA			one an	d Palationsh		1961730	Pa	ige 13
1 41 (		Exempt Organ		13 10 ai	ila ilalisacti	oris ari	u Melationsi	nps with North	cilaritable		
<b>1</b> Did	the or	ganization directly or indi		he following	with any other or	nanization	described in secti	on 501(c) of		Yes	No
		other than section 501(c)		-				1011 00 1(0) 01		•	
		from the reporting founda				ar organic	41.01.0				
	Cash	in one tale reporting realist	tion to a nonona nasio (	onompt orgi	amedion oi.				1a(1)		Х
	Other	accate							1a(2)		Х
		sactions:							1.0(2)		
-		of assets to a noncharital	hla avamnt organization						1b(1)		x
		ases of assets from a noi							1b(1)		X
		l of facilities, equipment,		nization					1b(2)		X
٠,		oursement arrangements							1b(4)		X
٠,		or loan guarantees							1b(5)		X
		rmance of services or me	mharchin ar fundraicina	. colicitation	ne.				1b(5)		X
		facilities, equipment, ma							1c		X
		ver to any of the above is				hould alw	ave show the fair i	market value of the o		ets	
		s given by the reporting fo		•	, ,		-	=		,010,	
		) the value of the goods,			a 1000 than fan ma	NOT VALUE	in any transaction	or onaring arrangen			
(a)Line n	_ ·	(b) Amount involved			exempt organization	n	(d) Description	n of transfers, transaction	ns, and sharing arr	angemer	nts
<del>(-,</del>	+-	(-)	(-)	N/A			<u> </u>	·			
	+-	<del></del>									
	+-										
		·									
				-							
											-
2a Is	the four	dation directly or indirect	tly affiliated with, or rela	ted to, one	or more tax-exemp	t organiza	ations described				
ın :	section	501(c) of the Code (other	than section 501(c)(3)	) or in section	on 527 <b>?</b>				Yes	X	□No
b_lf"	Yes," co	emplete the following sch	edule.		· · · · · · · · · · · · · · · · · · ·						
		(a) Name of org	janization		(b) Type of organ	ization		(c) Description of re	lationship		
		N/A									
								-			
0:		penalties of perjury, I declare t <u>lief, it is b</u> ue, correct, and com							May the IRS return with th		
Sign Here	k '	16-V	CPA	•			<b>A</b>		shown below		
Here	<b>Ľ</b>	100		<i>.</i>		<u>طاه2</u>		l'OR	_ X Yes	; <u> </u>	_l No
	Sign	ature of officer of trustee			Date		Title	Chaok  uf I	PTIN		
		Print/Type preparer's na	_	reparer's si	gnature		Date	Check if self- employed	T I IIN		
Paid		PHILLIP D.	BEAMAN,	ジーク	- C	PA	11-15-204	acii ciiipioyeu	D0001E	107	
Prep	arer	CPA Firm's name ► MON	DOE CHIME C	CA	INC.	4	0000	Firm's EIN ► 3	P00815		
Use		rum s name PRON	ROE SHINE &	c CO-	- THC.			PITTI SEIN P 3	J-13130	50	

Firm's address ▶ PO BOX 1407

NEW ALBANY, IN 47151-1407

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	SAM SHINE FOUNDATION, INC. 35-1961730
Organization type (	
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	zation is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
General Rule	
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or rom any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 50 any one co	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from intributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, 990-EZ, line 1 Complete Parts I and II.
year, total o	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for tion of cruelty to children or animals. Complete Parts I, II, and III.
year, contri is checked purpose D	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ibutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., so not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively haritable, etc., contributions totaling \$5,000 or more during the year.
but it must answer	zation that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ot meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

|--|

35-1961730

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAM M SHINE P.O. BOX 1147 NEW ALBANY, IN 47151	\$ 4,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### SAM SHINE FOUNDATION, INC.

35-1961730

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				

lame of orga	anization	· · · · · · · · · · · · · · · · · · ·	Employer identification number						
SAM SH	INE FOUNDATION, INC.		35-1961730						
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious,	olumns (a) through (e) and the follo charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for						
(a) No.	Use duplicate copies of Part III if additiona								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gif	t						
	Topoforosio nomo oddroso so	d 71D . 4	Dalationahin of transferous to transferon						
	Transferee's name, address, an	0 ZIP + 4	Relationship of transferor to transferee						
(a) No.			· · ·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
}	<del></del>		·						
	L	(e) Transfer of gif	t						
	(c) Transier of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
	-	<del></del>							
		<del></del>							
		<del></del>							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(3)pood o. g		(c, z ccor.paor.c. non.g.non.c.						
_									
		(e) Transfer of gif	t						
	Transferee's name, address, an	d 7ID ± 4	Relationship of transferor to transferee						
	Transferee 3 flame, address, an	<u>u zir + + </u>	relationship of transfer of to transfer ee						
İ									
(a) No.	<u> </u>								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
 		(e) Transfer of gif	<u> </u>						
		(e) Italiaidi Oi gii	•						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
			<del></del>						

Part XV   Supplementary Information				
3 Grants and Contributions Paid During the Y			<del></del>	<del> </del>
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		ļ <u>.</u>
•				
COPE ENVIRONMENTAL CENTER		PC	GENERAL	
4910 SHOEMAKER RD				
CENTERVILLE, IN 47330				250,000.
DREAMCHASER HORSE RESCUE		PC PC	GENERAL	
6340 KINCHELOE DRIVE				
FALCON, MO 65470	_			100.
EARTH JUSTICE		PC	GENERAL	
50 CALIFORNIA ST STE 500				
SAN FRANCISCO, CA 94111				100.
ENVIRONMENTAL DEFENSE FUND		PC	GENERAL	
257 PARK AVE SOUTH				
NEW YORK, NY 10010				100.
FLORIDA WILDLIFE FEDERATION		PC	GENERAL	
PO BOX 6870				
TALLAHASSEE, FL 32314				1,000.
FRIENDS OF THE OHIO RIVER GREENWAY		PC	GENERAL	
315 SOUTHERN INDIANA AVE				
JEFFERSONVILLE, IN 47130				10,000.
FSEEE FOREST SVC EMPLOYEES		PC	GENERAL	
PO BOX 11615				
EUGENE, OR 97440				100.
GALAPAGOS CONSERVANCY		₽C	GENERAL	
11150 FAIRFAX BLVD #408				
FAIRFAX, VA 22030				100.
KEEPERS OF THE WILD		PC	GENERAL	
13441 AZ-66				
VALENTINE, AZ 86437	<u> </u>			100.
KY RESOURCES COUNCIL		PC	GENERAL	
PO BOX 1070				
FRANKFORT, KY 40602	L	<u> </u>		1,000.
Total from continuation sheets				7,281,399.

Part XV Supplementary Information		· · · · · · · · · · · · · · · · · · ·		<del>-</del>
3 Grants and Contributions Paid During the Ye				<del> </del>
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	-	
I TOUM HAUP		ng.	OFFICE AT	
LIGHT HAWK 304 MAIN ST		PC	GENERAL	
LANDER, WY 82520				100.
NATIONAL PARKS CONSERVATION		₽C	GENERAL	
777 6TH ST NW STE 700				
WASHINGTON, DC 20001	,			100.
NATIONAL TRUST FOR HISTORIC		PC	GENERAL	
PRESERVATION				
2600 VIRGINIA AVE NW STE 1100 WASHINGTON, DC 20037				100.
				100.
NOKUSE ED INC		PC	GENERAL	
13292 COUNTY HIGHWAY 3280 BRUCE, FL 32455				5,000,000.
DROCE, FE 32433				3,000,000.
OAK HERITAGE CONSERVATORY		PC	GENERAL	
PO BOX 335 HANOVER, IN 47243				6,000.
marovac, in 17210				3,000.
SYCAMORE LAND TRUST		₽C	GENERAL	
PO BOX 7801 BLOOMINGTON, IN 47407				1,000,000.
				2,000,000.
			,	
RAINFOREST ALLIANCE		PC	GENERAL	:
233 BROADWAY, 28TH FLOOR NEW YORK, NY 10279				100.
SMITHSONIAN INSTITUTE		PC	GENERAL	
PO BOX 37012				
WASHINGTON, DC 20013				100.
THE NATURE CONSERVANCY		PC	GENERAL	
5885 WULFMAN RD SE				
LACONIA, IN 47135		ļ		1,012,199.
TRUST FOR PUBLIC LAND		PC	GENERAL	
101 MONTGOMERY ST				
SAN FRANCISCO, CA 94104				100.
Total from continuation sheets				<u> </u>

	<u> </u>		<del></del>					-
FORM 990-PF D	IVIDENDS	AND	INTER	EST	FROM SECU	JRITIES	S'	TATEMENT 1
	GROSS AMOUNT	G.	PITAL AINS IDEND		(A) REVENUE PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME
MERRILL LYNCH	74,707.			0.	74,707	7. 74	707.	_
TO PART I, LINE 4	74,707.			0.	74,707	7. 74	,707.	
FORM 990-PF		ОТ	HER I	NCO	ME		S'	TATEMENT 2
DESCRIPTION	-			RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME
US DEPARTMENT OF AGRIC TIMBER RECLAMATION	ULTURE				7,785. 11,537.		0.	
TOTAL TO FORM 990-PF,	PART I,	LINE	11	·	19,322.		0.	
	· ·				<del></del>			
FORM 990-PF			TAX	ES_				TATEMENT 3
DESCRIPTION		(A EXPEN PER B	SES		(B) T INVEST- NT INCOME	(C) ADJUST NET INC		(D) CHARITABLE PURPOSES
REAL ESTATE TAXES FEDERAL EXCISE TAX			,665.		0 .			0.
TO FORM 990-PF, PG 1,	LN 18	22	,000.		0	•		0.
								10.000
FORM 990-PF		OT	HER E	XPE:	NSES 		S	TATEMENT 4
DESCRIPTION		(A EXPEN PER B	SES		(B) T INVEST- NT INCOME	(C) ADJUS NET IN		(D) CHARITABLE PURPOSES
LAND MAINTENANCE INSURANCE MISCELLANEOUS EXPENSE SUBCRIPTIONS AND MEMBE	- RSHIPS	17 9	,593. ,010. ,201.		0 0 0	•		0. 0. 0.
TO FORM 990-PF, PG 1,	LN 23	120	,554.		0	•		0.
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FORM 990-PF CORPOR	ATE BONDS	STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS HELD AT MERRILL LYNCH	839,580.	845,819.
TOTAL TO FORM 990-PF, PART II, LINE 10	C 839,580.	845,819.

	LIST OF OFFICERS, D AND FOUNDATION MANA	STATEMENT 6		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SAM M. SHINE P.O. BOX 1147 NEW ALBANY, IN 47151	PRES/DIRECTOR 0.00	0.	0.	0.
BETTY S. SHINE P.O. BOX 1147 NEW ALBANY, IN 47151	DIRECTOR 0.00	0.	0.	0.
JOHN B. SHINE P.O. BOX 1407 NEW ALBANY, IN 47151	DIRECTOR 0.00	0.	0.	0.
J. ROBERT SHINE P.O. BOX 1407 NEW ALBANY, IN 47151	DIRECTOR 0.00	0.	0.	0.
PHILLIP D. BEAMAN P.O. BOX 1407 NEW ALBANY, IN 47151	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	GE 6, PART VIII	0.	0.	0.