990-PF

Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

=			<u> </u>	0047		• • • • • • • • • • • • • • • • • • • •	
		ndar year 2017 or tax year beginning	. ,	2017, and		r identification numb	, 20
					1		··
		SHINN FOUNDATION, INC.	1	300m/		083525	tionel
		d street (or P.O. box number if mail is not delivered to street address)		Room/suite		ie number (see instruct	uons)
		ol Springs Blvd.	L	500	1	732-6076	
		n, state or province, country, and ZIP or foreign postal code			C If exempt	tion application is pend	ling, check here▶ 🔲
		in TN 37067			1		J
G	Check	k all that apply: 🔲 Initial return 🔲 Initial return	<u>-</u>	ublic charity	D 1. Foreig	n organizations, check	here . ▶
		Final return Amended			2. Foreia	n organizations meetin	g the 85% test.
		Address change Name char	<u> </u>		check	here and attach comp	utation · · ▶ 🗌
		type of organization: 🛛 Section 501(c)(3) exempt p		11 # 11		foundation status was 07(b)(1)(A), check here	
		on 4947(a)(1) nonexempt charitable trust 🔲 Other tax	<u>.</u>	1	33000113	or told the A. Check Hele	
ı	Fair m	narket value of all assets at J Accounting method	i: 🛛 Cash 🛚	Accrual	F If the fou	ndation is in a 60-mon	th termination
		f year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), chec	
_	line 16	6) ► \$ 2,630. (Part I, column (d) must be	on cash basis.)			
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a	nd			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses pe	, ו (ט) ואפ	t investment income	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	181,00	00.			
	2	Check ► ☐ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					I ,
	4	Dividends and interest from securities					42.7
	5a	Gross rents					
	b	Net rental income or (loss)			- (,	10.5
~a	6a	Net gain or (loss) from sale of assets not on line 10	1			,	
	b	Gross sales price for all assets on line 6a				,	1 44
Revenue	7	Capital gain net income (from Part IV, line 2)		 	- 		
æ	8	Net short-term capital gain		- 	,		1 -
=-	9	Income modifications			<u> </u>		,
JUL	10a	Gross sales less returns and allowances		-			Sept Sept Sept Sept Sept Sept Sept Sept
5	b	Less: Cost of goods sold				1	Ja 1
2	C	Gross profit or (loss) (attach schedule)	+	- - :			,
ll D	11	Other income (attach schedule)				-	-
Denses	12	Total. Add lines 1 through 11	101 0	10			 - ;
<u> </u>	13	Compensation of officers, directors, trustees, etc.	181,0	,,,,		-	
20	14	Other employee salaries and wages		+			
J.S	15						
be			 			_	
Щ	16a	Legal fees (attach schedule) RECEIVED Accounting fees (attach schedule)	(2) -	<u></u>			505
9	b		5:	25.		-	525.
Operating and Administrative Ex	C	Other professional fees (attach schedule) & 2018					+
ž	17	interest	S				
Ę	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and) (Pepletion), UT					
Ad	20	Occupancy					
ğ	21	Travel, conferences, and meetings		50.			60.
a	22	Printing and publications					
ng	23	Other expenses (attach schedule) See .St.mt.	2,3	2.			2,352.
ati	24	Total operating and administrative expenses.					
ė	_	Add lines 13 through 23	2,9				2,937.
g	25	Contributions, gifts, grants paid	181,0		,		181,020.
_	26	Total expenses and disbursements. Add lines 24 and 25	183,9	57.			183,957.
	27	Subtract line 26 from line 12:			t	-	Emilia /
	а	Excess of revenue over expenses and disbursements	-2,9	57.	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
	b	Net investment income (if negative, enter -0-) .					,]
	C	Adjusted net income (if negative, enter -0-)					

Part	Balance Sheets Attached schedules and amounts should be for end-of-year amounts	Beginning of year		ot year	
	should be for end-or-year amounts	s only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
'			5,586.	2,630.	2,630.
1	2 Savings and temporary cash investments .	[
3	3 Accounts receivable ►				
İ	Less: allowance for doubtful accounts ▶				
4	4 Pledges receivable ►				
ľ	Less: allowance for doubtful accounts ▶				
	5 Grants receivable				
•	6 Receivables due from officers, directors, tru				
1	disqualified persons (attach schedule) (see ins				
:	7 Other notes and loans receivable (attach schedule) ▶				
	Less. allowance for doubtful accounts ▶				
ध	8 Inventories for sale or use				
Assets	9 Prepaid expenses and deferred charges .	[
8 10	10a Investments-U.S. and state government obligation	ns (attach schedule)			
	b Investments—corporate stock (attach schedu	le)			
	c Investments—corporate bonds (attach schedu	· ·			
1.	11 Investments—land, buildings, and equipment: basis ▶				`
	Less: accumulated depreciation (attach schedule)		<u>_</u>		
1:	12 Investments—mortgage loans				
- 1	13 Investments—other (attach schedule)	, t	·		
	Land, buildings, and equipment: basis ▶				
'	Less: accumulated depreciation (attach schedule) ▶				
1					
	Other assets (describe ►Total assets (to be completed by all	filers—see the		, , , , , , , , , , , , , , , , , , ,	
'	instructions. Also, see page 1, item I)		5,586.	2,630.	2,630.
	17 Accounts payable and accrued expenses .		3,300.	2,030.	2,030.
4,	18 Grants payable				
¥2	19 Deferred revenue		 +		***
፷ ፟	20 Loans from officers, directors, trustees, and other d				, ,
열시					
۽ اڌ		· · · · · · · · · · · · · · · · · · ·			1.7
	Other liabilities (describe ► Total liabilities (add lines 17 through 22) .	··			4
- 2					
S	Foundations that follow SFAS 117, check he and complete lines 24 through 26, and lines	ere ▶ ∐			
alances		s 30 and 31.			***
E 2	24 Unrestricted				
E 2	25 Temporarily restricted	· · · · · · · · · · · · · · · · · · ·			,
ৢ 2	26 Permanently restricted	γ			λ,
5	Foundations that do not follow SFAS 117, o	heck here 🕨 🗵 🛭			* 1
Net Assets or Fund B	and complete lines 27 through 31.	}			4 " " " " " " " " " " " " " " " " " " "
0 2	Capital stock, trust principal, or current funds		5,586.	2,630.	
# 2	Paid-in or capital surplus, or land, bldg., and e				, , ,
88 2	29 Retained earnings, accumulated income, endowm				
₹ 3	Total net assets or fund balances (see instru		5,586.	2,630.	
2 3	31 Total liabilities and net assets/fund				
L_	ınstructions)		5,586.	2,630.	
Part					
	Total net assets or fund balances at beginning of				
€	end-of-year figure reported on prior year's return)			· · · <u>1</u>	5,586.
2 E	Enter amount from Part I, line 27a			2	-2,957.
2 (3	1
3 (Other increases not included in line 2 (itemize) ► F	Rounding		3	<u> </u>
	Other increases not included in line 2 (itemize) Add lines 1, 2, and 3			4	2,630.
4 /				4	

Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) (b) How acquired P—Purchase D—Donation (miles)					d (d) Date sold (mo., day, yr)
1a						-
b						
C						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		Gain or (loss) us (f) minus (g))
a						
b						
c						
d						
<u>e</u>		<u>-</u>				
	Complete only for assets show	ring gain in column (h) and owned b	y the foundation	on 12/31/69.		(Col (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) (j), if any		t not less than -0-) or es (from col. (h))
a						
b						
c						
d						
e						
2	Capital gain net income or	inet canital local ("	lso enter in Pa enter -0- in Pa		2	
3	Net short-term capital gain	or (loss) as defined in sections	1222(5) and (6)):		
	If gain, also enter in Part I,	line 8, column (c). See instruc	tions. If (loss)	, enter -0- ın (3	
Part		r Section 4940(e) for Reduc				
Was t	s," the foundation doesn't qu	this part blank. ection 4942 tax on the distributa alify under section 4940(e). Do i int in each column for each year	not complete t	his part.		☐ Yes ☐ No
<u> </u>	(a)	(b)	, 000 110 11011	(c)	The second secon	(d)
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions		f noncharitable-use as	sers (col	Distribution ratio (b) divided by col. (c))
	2016	387,78		4,1		93.216587
	2015	635,59		3,8		166.909664
	2014	61,50		19,2		3.196632
	2013	660,54		226,6		2.914482
	2012	185,97	2.	256,9	98.	0.723632
2 3	Total of line 1, column (d) Average distribution ratio for	or the 5-year base period—divid				266.960997
-		indation has been in existence i				53.392199
4	Enter the net value of noncl	naritable-use assets for 2017 fro	om Part X, line	5	. 4	3,418.
5	Multiply line 4 by line 3 .				. 5	182,495.
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	
7	Add lines 5 and 6				. 7	182,495.
8		s from Part XII, line 4 er than line 7, check the box in				183, 957. a 1% tax rate. See the

art \		nstru	CHO	15)			
	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	N/1	, ,				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	Domostic foundations that most the bootier to refer requirements in that the energy						
С	here ► ★ and enter 1% of Part I, line 27b						
	Part I, line 12, col. (b).						
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 2 Add lines 1 and 2						
_	Add into Tana 2		0.				
	Capital A (moonly) tax (acricola coolida 40 17 (a)(1) it dots and taxable realization only) outside, since		0.				
	Tax based on investment into the construction of the construction		<u> </u>				
	Credits/Payments: 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a						
	Exempt foreign organizations—tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868)		,				
	Backup withholding erroneously withheld	, .	٠٠,				
	Total credits and payments. Add lines 6a through 6d						
7	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		-				
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0.				
9 0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0.				
1	Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded 11						
	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	Γ	Yes	No			
	participate or intervene in any political campaign?	1a		×			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		,	i '			
	published or distributed by the foundation in connection with the activities.						
С	Did the foundation file Form 1120-POL for this year?	1c		×			
d	The state of the s						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$, r.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		×			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	١.,		ł			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		×			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		" ' "				
-	By language in the governing instrument, or		4	,			
	• 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	×				
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	×				
3a	Enter the states to which the foundation reports or with which it is registered. See instructions.						
	NC If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×	-			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1				
•	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"						
	complete Part XIV	9		×			
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
-	names and addresses	10		×			

Pan	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	امدا					
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	11		×			
12	person had advisory privileges? If "Yes," attach statement. See instructions						
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12		×			
	Website address ► N/A						
14	The books are in care of ► Annette Wesolowski Telephone no. ► (615) 7	732-	5280)			
	Located at ▶ 725 Cool Springs Blvd, Suite 600 Franklin TN ZIP+4 ▶ 37067						
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		•	▶ □			
	and enter the amount of tax-exempt interest received or accrued during the year		\	T			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	46	Yes				
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	16		×			
	the foreign country ▶			·			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required						
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	7.	Yes	No			
1a	During the year, did the foundation (either directly or indirectly):	1,00					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes 🗵 No		4				
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		ì				
	disqualified person?	.	*1 *				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			•			
	(5) Transfer any income or assets to a disqualified person (or make any of either available 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	٠	, u				
	foundation agreed to make a grant to or to employ the official for a period after			1			
	termination of government service, if terminating within 90 days.)	" . "vy	er Skere				
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	41.	·	ļ			
	Organizations relying on a current notice regarding disaster assistance, check here	1b		ŀ			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that						
	were not corrected before the first day of the tax year beginning in 2017?	1c	i	×			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private						
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):						
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	, ,	* *				
	6e, Part XIII) for tax year(s) beginning before 2017?						
b	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2));- h 3					
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		٠,				
	all years listed, answer "No" and attach statement—see instructions.)	2b		×			
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	,,,	, ,				
	▶ 20 , 20 , 20 , 20		3				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	7	7',				
	at any time during the year?	1,50	,				
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	- '					
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	'		1			
	Commissioner under section 4943(c)(7)) to dispose 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 2017.)	3b		 			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×			
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its						
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		×			

	-
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rage	τ

	Statements Regarding Activities			7/201	vidy BC 11	cquire	a (corre	1000)	1.	Van	No
5a	During the year, did the foundation pay or incur a			, .	40.45()			57.	\$4. r	Yes	NO
	(1) Carry on propaganda, or otherwise attempt to						∐ Yes	⊠ No	,		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,							67 1	35 N		
	directly or indirectly, any voter registration dri						Yes	⊠ No	1.77	317 3	15.
	(3) Provide a grant to an individual for travel, stu						☐ Yes	⊠ No			
	(4) Provide a grant to an organization other than					ibea in			1.67	,***	
	section 4945(d)(4)(A)? See instructions						∐ Yes	× No	3,7	٠,	,
	(5) Provide for any purpose other than religious,							K2)	,		ł
	purposes, or for the prevention of cruelty to o						∐Yes	No 🔀	أندر	,	
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice	transa	ctions fail to	quality	under the	exceptions	ons desci	ibea in			
	_								5b		
	Organizations relying on a current notice regarding								7		
С	If the answer is "Yes" to question 5a(4), does t because it maintained expenditure responsibility								1		• •
							☐ Yes	∐ No	\$16 °		
٥-	If "Yes," attach the statement required by Regula					mulmo				,	
6a	Did the foundation, during the year, receive any on a personal benefit contract?			all ectly,	to pay pre	illiullis	□Yes	X No		٠.	
	•			th on		honofit	_	_	6b		×
b	Did the foundation, during the year, pay premium	ns, aire	cay or maired	cuy, on	a personai	benem	Contract	.r .	OD	<u> </u>	 -
7-	If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a	o portu	a a probibitos	i tay she	altor transac	tion?	☐Yes	⊠ No	'' ′	,	
/a	If "Yes," did the foundation receive any proceeds	a party t sorhav	e anv net inc	ome at	tributable 1	o the tr		_	7b		
	t VIII Information About Officers, Direc	tore T	rustees Fe	nunda	tion Mana	agers	Highly I	Paid F	1	ees.	L
гаг	and Contractors	1013, 1	rustees, r	Junaa	don man	.gc.0,		U.U _	р.с,	,	
1	List all officers, directors, trustees, and found	ation n	nanagers an	d their	compens	ation. S	ee instr	uctions			
<u> </u>	Elot dil ollooto, dilottoro, il dottoro, dila rodina		e, and average		mpensation	(d) (Contribution	s to	(e) Expe	nse ac	count
	(a) Name and address		rs per week ed to position		iot paid, ter -0-)		yee benefit erred comp			allowar	
Geo	rge Shinn	<u> </u>	ident		•		·				
	Cool Springs Blvd, Suite 600 Franklin TN 37067				0.			0.			0.
	is Shinn	Vice	President								
	Cool Springs Blvd, Suite 600 Franklin TN 37067				0.			0.			0.
	ncer Stolpen	Secre	etary								
	Bronze Leaf Drive Indian Land SC 29707				0.			0.			0.
										-	
								<u>-</u>			
2	Compensation of five highest-paid employed	es (oth	er than tho	se incl	uded on li	ne 1—:	see insti	ruction	s). If n	one,	enter
	"NONE."										
			(b) Title, and a	verage			(d) Contrib employee	utions to	(e) Expe	nea ar	count
	(a) Name and address of each employee paid more than \$50,00	00	hours per v devoted to p		(c) Compe	nsation	plans and	deferred	other	allowa	nces
			<u>'</u>				comper	Sallon			
NON	E										
					<u> </u>				ļ	-	
					-			_			
			ļ						 		_
T - 4 - 1	mumb ou of other appleurs a maid acces 050 000		<u></u>		L		<u> </u>	. ▶	 		
otal	number of other employees paid over \$50,000 .	• •			· · · ·	• • •	· · ·		0 Form 9 9	M-Dr	(2017
BAA		RF\	V 01/03/18 PRO						rom 3	,U-F	(2017

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		
		 -
Total numb	er of others receiving over \$50,000 for professional services	0
Part IX-A		<u> </u>
T alt IX-A	Summary of Direct Charitable Activities	
List the fou organization	indation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of its and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
Describe th	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
2		
2		
All other pro	ogram-related investments See instructions.	
3		
Total. Add	ines 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn toul	idadons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	3,470.
С	Fair market value of all other assets (see instructions)	1c	0.450
d	Total (add lines 1a, b, and c)	1d	3,470.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,470.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	52.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,418.
6	Minimum investment return. Enter 5% of line 5	6	<u> </u>
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► □ and do not complete this part.)	oundat	ions
1	Minimum investment return from Part X, line 6	1	171.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	171.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	171.
6	Deduction from distributable amount (see instructions)	6	, ,
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	171.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	183,957.
b	Program-related investments—total from Part IX-B	1b	
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	183,957.
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. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	183,957.
ŭ	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.		
			- 000 DE :

Part	XIII Undistributed Incon	ne (see instruction	ons)		, 	
			(a)	(b)	(c)	(d)
1	Distributable amount for 201	7 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				<u></u>	171.
2	Undistributed income, if any, as o				, , ,,	
a	Enter amount for 2016 only .				208.	,
ь	Total for prior years: 20,2				, <u>, , , , , , , , , , , , , , , , , , </u>	,,,,,
3	Excess distributions carryover, From 2012	1 -	*			29 3° 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a b	From 2013	0.	r.	1,2		
C	From 2014	649,215.		*		
d	From 2015	61,500.		5 1	÷ ′ ′	
e	From 2016	634,630. 387,591.				
f	-		1,732,936.			, , ,
4	Qualifying distributions for 20		1,732,930.			
	line 4: ▶ \$ 183,957.	,	•		٠	i i i i i i i i i i i i i i i i i i i
а	Applied to 2016, but not more	than line 2a .		,	208.	
b	Applied to undistributed incon		,		, se	, , , , , , , , , , , , , , , , , , , ,
	(Election required—see instruc	ctions)				to the state of th
C	Treated as distributions out of	corpus (Election	.,	t.		was to see the
	required—see instructions) .	\				1 1 1 1 K
d	Applied to 2017 distributable a	amount				
е	Remaining amount distributed	•	183,749.		* J. J.	· · ·
5	Excess distributions carryover				•	
	(If an amount appears in colur		•		, , ,	
_	amount must be shown in colu	• • •		1,4	1	lm" , 3 ,
6	Enter the net total of ea indicated below:	ch column as		,	;	
а	Corpus. Add lines 3f, 4c, and 4e	e. Subtract line 5	1,916,685.	,		and the same
b	Prior years' undistributed in				\$ - 4°, 4%	San Asia
	line 4b from line 2b			0.	(10	The Control of the Co
С	Enter the amount of prior year		* ,			
	income for which a notice of					
	been issued, or on which the tax has been previously assess				<i>;</i> -	
d	Subtract line 6c from line	Ī				\$ 6 P P
u	amount—see instructions .	· · · · ·		0.		
е	Undistributed income for 201	6. Subtract line	-			AND THE RESERVE OF THE PERSON
	4a from line 2a. Taxable	e amount-see		, , , , , , , , , , , , , , , , , , , ,		さなり縁(しょ)
	instructions			2 , 1	0.	1 × 1
f	Undistributed income for 2017			, .		
	4d and 5 from line 1. This a			P 46 .		
_	distributed in 2018			, ,		171.
7	Amounts treated as distributio				1 2 h Line 2 h Line 2 h Mar	The Party of
	to satisfy requirements impo 170(b)(1)(F) or 4942(g)(3) (El			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	required—see instructions) .				10000000000000000000000000000000000000	
8	Excess distributions carryover				3 7 7 8	Service Services
•	applied on line 5 or line 7 (see		0.			
9	Excess distributions carry		U .			\$, , ,
-	Subtract lines 7 and 8 from line		1,916,685.		,	
10	Analysis of line 9:		1,910,000.		, , , ,	* * * * * * * * * * * * * * * * * * *
а	Excess from 2013	649,215.	,			
b	Excess from 2014	61,500.			, ,	*
c	Excess from 2015	634,630.				, , , , , , , , , , , , , , , , , , ,
d	Excess from 2016	387,591.	,	, ,		
е	Excess from 2017	183,749.		• •		/ · · · · · · · · · · · · · · · · · · ·

	.					1
	00-PF (2017)					Page 10
Part						N/A
1a	If the foundation has received a ruling foundation, and the ruling is effective for	•				
h	Check box to indicate whether the four		~	Ŀ	ction	3) or 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year	operating lounds	Prior 3 years	ZIION 4942()(5) 01 4942()(3)
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed		.,,	,,,,		
b	85% of line 2a			1	7	
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	_			<i>(</i>	
d	Amounts included in line 2c not used directly for active conduct of exempt activities	· ·				
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:			//		
а	"Assets" alternative test-enter:		/	1		
	(1) Value of all assets					
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)		/			
Ь	of minimum investment return shown in Part X, line 6 for each year listed					
С	"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)					
	(3) Largest amount of support from					
	an exempt organization	/				
	(4) Gross investment income					
Part				the foundation ha	ad \$5,000 or mo	ore in assets at
	any time during the year-		s.)			
1	Information Regarding Foundation I List any managers of the foundation v		tad manya than O	0/ 06 the total combin	الممينيمين ممينيما	nu tha faundatian
а	before the close of any tax year (but o					by the foundation
b	List any managers of the foundation	who own 10% or	more of the sto	ck of a corporation	(or an equally lar	ge portion of the
	ownership of a partnership or other er			•	, , ,	3. p
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the fo complete items 2a, b, c, and d. See in	only makes contri oundation makes o	butions to prese	elected charitable o		
а	The name, address, and telephone nu		lress of the perso	on to whom applicat	ions should be ad	dressed:
	See Supplementary Informat		·	••		

factors:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

b The form in which applications should be submitted and information and materials they should include:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year

3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	or substantial contributor	recipient							
a Paid during the year									
Learning Help Centers of Charlotte									
Box 471534			For the Summer						
Charlotte NC 28247	None	N/A	Program Sponsorships	4,000.					
Amer-Haitian Bon Zami, Inc.									
P.O. Box 45298			For the House of	14 000					
St. Louis MO 63145	None	N/A	Hope	14,200.					
Gospel Light Baptist Church									
4213 Kedron Road			For the mission	200					
Spring Hill TN 38177	None	N/A	fund	320.					
Music for Seniors			For the 2017 "match						
161 Rains Avenue			campaign" / support for	15 500					
Nashville TN 37203	None	N/A	new staff position	15,500.					
Waltrip Brothers Charity Championship			For the 2017						
5555 Concord Parkway South, Suite 405	1	1 ,_	WBCC Big Rig	15 000					
Concord NC 28027	None	N/A	Sponsorship	15,000.					
Tennessee Baptist Children's Homes, Inc.			For the "Hope						
P.O Box 2206) 	Hines Fore Kids	10 000					
Brentwood TN 37024	None	N/A	Golf Program"	10,000.					
Tennessee Baptist Children's Homes, Inc.			For the I Cared for One						
P.O Box 2206	N	N7 / 7	Event to minister to	12 000					
Brentwood TN 37024	None	N/A	children/families in crisis	12,000.					
Tennessee Baptist Children's Homes, Inc.			For the George						
P.O Box 2206	Nama	N/A	Shinn Fostercare	100,000.					
Brentwood TN 37024	None	N/A	program	100,000.					
Misty Meadows Mitey Riders			To support the center for therapeutic						
455 Providence Road Waxhaw NC 28173	None	N/A	horseback riding	10,000.					
waxnaw No 20175	, and								
Total			▶ 3a	181,020.					
b Approved for future payment									
None									
]							
Total			▶ 3b	0.					

nter g	ross amounts unless otherwise indicated.	(a)	(b)	(c)	on 512, 513, or 514 (d)	(e) Related or exempt
1 Pr	ogram service revenue:	Business code	Amount	Exclusion code	Amount	function income (See instructions.
 a						
b						
C						
d						
е			· ·			
f						
g	Fees and contracts from government agencies					
2 M	embership dues and assessments					
3 In	terest on savings and temporary cash investments					
4 Di	vidends and interest from securities					
5 N	et rental income or (loss) from real estate:					
а	Debt-financed property					
b	Not debt-financed property					
6 N	et rental income or (loss) from personal property					
7 0	ther investment income					
8 G	ain or (loss) from sales of assets other than inventory					
	et income or (loss) from special events				.	
10 G	ross profit or (loss) from sales of inventory					
11 0	ther revenue: a					.,
b						
С						
d		1 1		.,		
е						
12 Si	ubtotal. Add columns (b), (d), and (e)					
	25 to tall 7 to 2 of tall 11 to (2), (2), and (3)			<u> </u>		·
13 T	otal. Add line 12, columns (b), (d), and (e)				13	
13 Te	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation	 ıs.)			13	
13 Te See we Part	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		
13 To See wo Part	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to th
13 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to tr ctions.)
13 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to tr ctions.)
13 Te See we Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to th
13 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to the
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to the
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to tr ctions.)
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to tr
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to tr
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to tr
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to tr
ia To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to the
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to the
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to the
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to tr
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to the
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to the
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to the
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to trections.)
ia To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to tr
ia To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to trotions.)
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to trotions.)
i3 To See wo Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to trotions.)
13 Te See we Part Line N	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation KVI-B Relationship of Activities to the A	 is.) accomplishm	ent of Exemp	ot Purposes		importantly to the ctions.)

Form **990-PF** (2017)

Part	XVII		Regarding	Transfers to	and Trans	saction	ns and I	Relationsh	ips With N	lonchar	itable	Exe	mpt
	Did the	Organization d	irectly or indire	ctly engage u	n any of the	followin	a with on	v other ora	nization do	soribad	· · · · · ·	Yes	No
'	in sect	ion 501(c) (of	ther than sect	tion 501(c)(3) organizatio	noilowini nns) or	gwiinan in sect	y other orga ion 527 m	anızatıdı de elatina to i	scribed	1 2 1	: :	140
	organiz				,	J.1.0, O.	0000	027, 1	oldanig to i	Jona Jan			. 1
а	Transfe	rs from the rep	orting foundation	on to a nonch	naritable exe	mpt ora	anızatior	of:				* * .	
											1a(1)		×
		er assets .									1a(2)		×
b	Other to	ansactions:											
			a noncharitable								1b(1)		×
			ts from a nonch								1b(2)		_×
			equipment, or								1b(3)		×
			rangements .								1b(4)		×
			rantees								1b(5)		×
			rvices or memb								1b(6)		×
C			quipment, mailii								1c		<u> </u>
d	If the a	nswer to any c	of the above is	"Yes," comp	olete the folio	owing so	chedule.	Column (b)	should alw	ays shov	v the fa	air m	arket
			her assets, or s on or sharing ar										
(a) Line		Amount involved		noncharitable ex					fers, transaction				
(a) Lin	S 1.0 (D)	Amount involved	(C) Name of	TIOTICHATILADIE EX	empt organizati	OH -	(u) Desc	inpuon oi trans	iers, transaction	15, and sna	nny arra	rigerile	
							_						
											_		
		-			-								
							_						
								<u>-</u>					
							_			-			
			 										
					-								
						7							
	. [

2a	Is the fe	oundation dire	ctly or indirectl	y affiliated w	ith, or relate	d to, or	ne or mo	re tax-exen	npt organiza				
			01(c) (other tha		I(c)(3)) or in s	ection 5	527? .			[] Yes	X	No
b			following sche	dule.									
		(a) Name of organi	zation 		(b) Type of org	anization			(c) Descriptio	n of relation	ship		
													
							_						

	Under n	analtion of normal L	dealare that I have av	amunod this return	upoludina soco		-1	d .4.4		and the state of		ف کدیاہ	
Sign			declare that I have ex iration of preparer j otl								•	_	
		M	A	_	1	-	Danil	. 1	Ĭ	May the IF with the pr			
Here		ire of officer or trus	ge V	Lan	Date	Title		41		See instruc			
		rint/Type preparer's		Properce	Date	Title		Date /		l n	TIN		
Paid	١.	•• • •		riepare	's signature	1	111.	Date	6 Check	k lif			•
Prep	ui Ci 🦳	HAROLD J.			MED TO	jou	usua	4 7 /		mployed			<u> </u>
Use	Oilly F-	rm's name	BOUILLION		ATES, LLC	<u> </u>		 	Firm's EIN				
	<u> F</u>	rm's address 🕨	<u>3645 N HUI</u>	LLEN ST					Phone no	(504) <u>4</u> (JU-58	003	

METAIRIE

BAA

LA 70002

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

GEOR	GE SHINN FOUND	DATION, INC.		56-1083525
Organiz	zation type (check o	ne):		
Filers o	f:	Section:		
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization	
		4947(a)(1) no	nexempt charitable trust not treated as a private for	undation
		☐ 527 political	organization	
Form 99	90-PF	▼ 501(c)(3) exe	mpt private foundation	
		4947(a)(1) no	nexempt charitable trust treated as a private founda	ition
		☐ 501(c)(3) taxa	able private foundation	
Note: Construction	only a section 501(c)(•	eneral Rule or a Special Rule. Inzation can check boxes for both the General Rule a	and a Special Rule. See
Genera	l Rule			
X		or property) from a	30-EZ, or 990-PF that received, during the year, com my one contributor. Complete Parts I and II. See inst	
Special	Rules			
	regulations under s 13, 16a, or 16b, and	ections 509(a)(1) ar d that received fror	on 501(c)(3) filing Form 990 or 990-EZ that met the 3 nd 170(b)(1)(A)(vi), that checked Schedule A (Form 99 n any one contributor, during the year, total contribu Form 990, Part VIII, line 1h, or (II) Form 990-EZ, line	90 or 990-EZ), Part II, line itions of the greater of (1)
	contributor, during t	the year, total conti	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ributions of more than \$1,000 <i>exclusively</i> for religious r the prevention of cruelty to children or animals. Cor	s, charitable, scientific,
	contributor, during contributions totale during the year for a General Rule appli	the year, contributind more than \$1,000 an exclusively religions to this organization.	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ons exclusively for religious, charitable, etc., purpos 0. If this box is checked, enter here the total contributions, charitable, etc., purpose. Don't complete any of cition because it received nonexclusively religious, chart.	es, but no such utions that were received of the parts unless the aritable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
GEORGE SHINN FOUNDATION, INC.

Employer identification number

56-1083525

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	George Shinn 725 Cool Springs Blvd, Suite 600 Franklin TN 37067	\$181,000.	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Employer identification number

GEORGE SHINN FOUNDATION, INC.

56-1083525

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional space	ce 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
		\$	
Part I	Description of noncash property given	(See instructions.)	Date

Employer identification number

	SHINN FOUNDATION, INC.			56-1083525				
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and							
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,							
	contributions of \$1,000 or less for the							
	Use duplicate copies of Part III if addi	tional space is needed	l					
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held				
Part I	(2) 1 1 1 2 2 2 2 2	(0) 000 0. §		(a) Decomposition of the significant				
-		(e) Transfer	of gift					
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	Transferee's name, address, an	d ZIP + 4	Relation	tionship of transferor to transferee				
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held				
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		(e) Transfer	of gift					
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(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held				
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(a) No. from				F				
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held				
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	Transferee's name, address, an	d ZIP + 4	Relation	ship of transferor to transferee				
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Continuation Statement GEORGE SHINN FOUNDATION, INC.

Form 990-PF: Return of Private Foundation
Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

	Company to the compan		
Name and Address Information	Form Information	Submission Information	Restrictions
GEORGE SHINN 725 Cool Springs Blvd, Suite 600 Franklin, TN 37067	IN LETTER FORM OUTLINING AMOUNT AND BASIS OF REQUEST.	NONE	NONE
615-732-6076			

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Bank fees	38.			38.
Miscellaneous	92.			92.
Advertising	81.			81.
Equipment rentals	926.			926.
Website Development	1,215.			1,215.
Total	2,352.			2,352.