

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**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.  
 Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2015**  
**Open to Public Inspection**

**For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015**

Name of foundation WINSHAPE FOUNDATIONINC		<b>A Employer identification number</b> 58-1595471	
% BRENT RAGSDALE		<b>B Telephone number (see instructions)</b> (404) 765-8000	
Number and street (or P O box number if mail is not delivered to street address) 5200 BUFFINGTON ROAD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30349		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 403,585,795		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis )</i>			

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	<b>(d)</b> Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	16,463,893			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .	344,746	344,746	344,746	
	<b>4</b> Dividends and interest from securities . . . . .	168,050	168,050	168,050	
	<b>5a</b> Gross rents . . . . .	15,225	15,225	15,225	
	<b>b</b> Net rental income or (loss) _____ 9,538				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	-16,502			
	<b>b</b> Gross sales price for all assets on line 6a 3,277,270				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		0		
	<b>8</b> Net short-term capital gain . . . . .			4,604	
	<b>9</b> Income modifications . . . . .			281,135	
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold . . . . .					
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .					
<b>11</b> Other income (attach schedule) . . . . .	11,011,033		11,011,033		
<b>12 Total.</b> Add lines 1 through 11 . . . . .	27,986,445	528,021	11,824,793		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc . . . . .	288,500			288,500
	<b>14</b> Other employee salaries and wages . . . . .	9,801,499		3,324,473	6,093,889
	<b>15</b> Pension plans, employee benefits . . . . .	3,020,519		810,312	2,198,430
	<b>16a</b> Legal fees (attach schedule). . . . .	113,918	0	7,658	140,248
	<b>b</b> Accounting fees (attach schedule). . . . .	141,016	0	17,225	123,791
	<b>c</b> Other professional fees (attach schedule) . . . . .	3,178		1,985	1,192
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . .	154,613	4,701	50,641	111,466
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .	3,342,174		487,558	
	<b>20</b> Occupancy . . . . .	992,033		304,848	687,175
	<b>21</b> Travel, conferences, and meetings . . . . .	325,964		106,063	218,944
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	16,904,454	-2,150	5,893,786	10,691,934
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	35,087,868	2,551	11,004,549	20,555,569
<b>25</b> Contributions, gifts, grants paid . . . . .	544,288			544,288	
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	35,632,156	2,551	11,004,549	21,099,857	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-7,645,711				
<b>b Net investment income</b> (if negative, enter -0-)		525,470			
<b>c Adjusted net income</b> (if negative, enter -0-)			820,244		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .		740,574	350,715	350,715
	2	Savings and temporary cash investments . . . . .		24,804,664	19,427,156	19,216,373
	3	Accounts receivable ▶ <u>4,517,836</u>				
		Less allowance for doubtful accounts ▶ _____		318,421	4,517,836	4,517,836
	4	Pledges receivable ▶ <u>2,357</u>				
		Less allowance for doubtful accounts ▶ _____		306,761,477	2,357	2,357
	5	Grants receivable . . . . .				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .				
	7	Other notes and loans receivable (attach schedule) ▶ _____				
		Less allowance for doubtful accounts ▶ _____				
	8	Inventories for sale or use . . . . .		6,105	12,134	12,134
	9	Prepaid expenses and deferred charges . . . . .		382,901	273,544	273,544
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) . . . . .			306,760,938	334,648,296
	c	Investments—corporate bonds (attach schedule) . . . . .				
	11	Investments—land, buildings, and equipment basis ▶ <u>297,000</u>				
	Less accumulated depreciation (attach schedule) ▶ _____		297,000	297,000	803,432	
12	Investments—mortgage loans . . . . .					
13	Investments—other (attach schedule) . . . . .		6,244,283	6,413,079	6,065,773	
14	Land, buildings, and equipment basis ▶ <u>69,009,976</u>					
	Less accumulated depreciation (attach schedule) ▶ <u>30,931,483</u>		40,050,293	38,078,493	37,695,335	
15	Other assets (describe ▶ _____)					
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)		379,605,718	376,133,252	403,585,795	
Liabilities	17	Accounts payable and accrued expenses . . . . .		732,848	1,039,752	
	18	Grants payable . . . . .				
	19	Deferred revenue . . . . .		1,020,732	4,969,239	
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule) . . . . .				
	22	Other liabilities (describe ▶ _____)		89,560	7,394	
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		1,843,140	6,016,385	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/>		<b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24	Unrestricted . . . . .				
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>		<b>and complete lines 27 through 31.</b>			
	27	Capital stock, trust principal, or current funds . . . . .				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund		305,167,859	-7,645,711	
29	Retained earnings, accumulated income, endowment, or other funds		72,594,719	377,762,578		
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .		377,762,578	370,116,867		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		379,605,718	376,133,252		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total 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	377,762,578
2	Enter amount from Part I, line 27a . . . . .	2	-7,645,711
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	370,116,867
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	370,116,867

**Part IV Capital Gains and Losses for Tax on Investment Income**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo, day, yr)	Date sold (d) (mo, day, yr)
<b>1 a</b>	PUBLICLY TRADED SECURITIES			
<b>b</b>	FIDELITY LTCG DIST			
<b>c</b>	FIDELITY STCG DIST			
<b>d</b>				
<b>e</b>				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
<b>a</b> 3,188,108		3,288,628	-100,520
<b>b</b> 37,708			37,708
<b>c</b> 4,604			4,604
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) FMV as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
<b>a</b>			-100,520
<b>b</b>			37,708
<b>c</b>			4,604
<b>d</b>			
<b>e</b>			

<b>2</b>	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	-58,208
<b>3</b>	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 instructions) If (loss), enter -0- in Part I, line 8		{ }	<b>3</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
 If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	19,508,583	26,679,960	0.731207
2013	18,665,363	32,100,529	0.581466
2012	17,150,475	29,434,679	0.582662
2011	24,871,713	29,508,568	0.842864
2010	18,557,138	28,073,195	0.661027

<b>2</b>	Total of line 1, column (d).	<b>2</b>	3.399226
<b>3</b>	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.679845
<b>4</b>	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	<b>4</b>	174,532,058
<b>5</b>	Multiply line 4 by line 3.	<b>5</b>	118,654,747
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	5,255
<b>7</b>	Add lines 5 and 6.	<b>7</b>	118,660,002
<b>8</b>	Enter qualifying distributions from Part XII, line 4.	<b>8</b>	22,716,218

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

Table with 11 main rows and sub-rows (a-d) for credits. Columns include line numbers and amounts. Total amount owed is 991, with 991 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows of activity statements and Yes/No columns. Questions cover political activities, unrelated business income, and substantial contributors.

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b> 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). . . . .	<b>11</b>		<b>No</b>
<b>12</b> 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) . . . . .	<b>12</b>		<b>No</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.winshape.org</u>	<b>13</b>	<b>Yes</b>	
<b>14</b> The books are in care of ► <u>BRENT RAGSDALE</u> Telephone no ► <u>(404) 765-8000</u> Located at ► <u>5200 BUFFINGTON RD ATLANTA GA</u> ZIP+4 ► <u>30349</u>			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . .			<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>15</b>		
<b>16</b> At any time during calendar year 2015, 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?	<b>16</b>	<b>Yes</b>	<b>No</b>
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of 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.**

		<b>Yes</b>	<b>No</b>
<b>1a</b> During the year did the foundation (either directly or indirectly)			
<b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <span style="float:right"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> 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 ). . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . .	<b>1b</b>	<b>Yes</b>	
Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<b>c</b> 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 2015? . . . . .	<b>1c</b>	<b>Yes</b>	
<b>2</b> 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))			
<b>a</b> 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? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b> 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 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 ). . . . .	<b>2b</b>		
<b>c</b> 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 ► 20____, 20____, 20____, 20____			
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> If "Yes," did it have excess business holdings in 2015 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969, <b>(2)</b> the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i> ). . . . .	<b>3b</b>		
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2015?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

**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))?  Yes  No

**(2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

**(3)** Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).  Yes  No

**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No  
 Organizations relying on a current notice regarding disaster assistance check here.

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
 If "Yes," attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SHAWN STOEVER PO BOX 490007 ROME, GA 30149	PROGRAM DIRECTOR 40 0	163,690	44,264	
BRETT HORTON PO BOX 490007 ROME, GA 30149	RETREAT DIRECTOR 40 0	124,188	39,609	
MATTHEW TURVEY 5200 BUFFINGTON ROAD ATLANTA, GA 30349	PROGRAM DIRECTOR 40 0	117,150	27,089	
GARY DONALDSON PO BOX 490007 ROME, GA 30149	OPERATION DIRECTOR 40 0	108,807	31,799	
DAVID TREJO PO BOX 490007 ROME, GA 30149	PROGRAM DIRECTOR 40 0	83,236	33,022	

**Total** number of other employees paid over \$50,000.  70

**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**Part VIII**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
GREGORY R HUGGINS 3585 GARDEN LAKES PKWY ROME,GA 30165	GENERAL CONTRACTOR	214,521
ORION TECHNOLOGY SERVICES LLC 100 HARSFIELD CENTRE PARKWAY SUITE ATLANTA,GA 30354	IT SERVICES	639,268
BILLY ROBERSON PAINTING 20 RED FOX DRIVE SW ROME,GA 30165	PAINT CONTRACTOR	117,233
KPMG LLP 3 CHESTNUT RIDGE ROAD MONTVALE,NJ 07645	SYSTEMS DESIGN	113,572
THE BALDWIN LAW FIRM LLC 237 NORTH 5TH AVE ROME,GA 30165	LEGAL SERVICES	81,507

**Total** number of others receiving over \$50,000 for professional services. . . . . **2**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
<b>1</b> WINSHAPE CAMPS	15,428,617
<b>2</b> WINSHAPE RETREAT	7,147,298
<b>3</b> WINSHAPE FOSTER HOMES	5,799,022
<b>4</b> WINSHAPE WILDERNESS	2,072,079

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> NONE	
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . .

**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	167,172,613
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	9,151,862
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	865,432
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	177,189,907
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	177,189,907
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	2,657,849
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	174,532,058
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	8,726,603

**Part XI Distributable Amount**

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	21,099,857
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	1,616,361
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	22,716,218
<b>5</b>	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). . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	22,716,218

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				0
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .			0	
<b>b</b> Total for prior years 2013, 2012, 2011		0		
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .				
<b>b</b> From 2011. . . . .				
<b>c</b> From 2012. . . . .				
<b>d</b> From 2013. . . . .				
<b>e</b> From 2014. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ <u>22,716,218</u>				
<b>a</b> Applied to 2014, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2015 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . . .				
<b>b</b> Excess from 2012. . . . .				
<b>c</b> Excess from 2013. . . . .				
<b>d</b> Excess from 2014. . . . .				
<b>e</b> Excess from 2015. . . . .				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. 1984-09-10

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 6 columns: Tax year, (a) 2015, (b) 2014, (c) 2013, (d) 2012, (e) Total. Rows include 2a (Adjusted net income), 2b (85% of line 2a), 2c (Qualifying distributions), 2d (Amounts included in line 2c), 2e (Qualifying distributions made directly), 3a (Assets alternative test), 3b (Endowment alternative test), 3c (Support alternative test).

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
NA

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed
b The form in which applications should be submitted and information and materials they should include
c Any submission deadlines
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV Supplementary Information**(continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> BERRY COLLEGE 2277 MARTHA BERRY HIGHWAY MT BERRY, GA 30149	N/A	N/A	SCHOLARSHIPS	544,288
<b>Total . . . . .</b> ▶ <b>3a</b>				544,288
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				

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

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		<b>(e)</b> Related or exempt function income (See instructions )
	<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	
<b>1</b> Program service revenue					
<b>a</b> CAMP FEES					7,934,826
<b>b</b> WILDERNESS FEES	721000	9,033			615,646
<b>c</b> RETREAT INCOME	721000	198,108			1,369,129
<b>d</b> MARRIAGE INCOME					260,674
<b>e</b> COLLEGE FEE INCOME					6,135
<b>f</b>					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	344,746	
<b>4</b> Dividends and interest from securities. . . .			14	168,050	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .			16	9,538	
<b>6</b> Net rental income or (loss) from personal property . . . . .					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	-16,502	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>11</b> Other revenue					
<b>a</b> MISCELLANEOUS					30,730
<b>b</b> SALES INCOME					559,051
<b>c</b> BARTER INCOME					27,701
<b>d</b>					
<b>e</b>					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . .		207,141		505,832	10,803,892
<b>13</b> Total. Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		<b>11,516,865</b>

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

<b>Line No.</b> ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )
1A	BOYS AND GIRLS SUMMER CAMP PROGRAMS WHICH FOSTER SELF WORTH
1B	EDUCATIONAL TRAINING PROGRAM USED TO DEVELOP SELF WORTH, LEADERSHIP AND TEAM BUILDING
1C	EDUCATIONAL RETREAT PROGRAM FOR MARRIAGE ENRICHMENT AND GROUP EDUCATIONAL DEVELOPMENT
1D	MARRIAGE ENRICHMENT PROGRAM
1E	LEADERSHIP DEVELOPMENT
11A	SALES TAX VENDORS COMP AND SPEECH HONORARIA RELATED TO CAMP AND FOSTER CARE PROGRAMS
11B	CAMP AND EDUCATIONAL TRAINING ITEMS
11C	INCOME IN RETURN FOR SERVICES

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting foundation to a noncharitable exempt organization of

- (1) Cash. . . . .
- (2) Other assets. . . . .

**b** Other transactions

- (1) Sales of assets to a noncharitable exempt organization. . . . .
- (2) Purchases of assets from a noncharitable exempt organization. . . . .
- (3) Rental of facilities, equipment, or other assets. . . . .
- (4) Reimbursement arrangements. . . . .
- (5) Loans or loan guarantees. . . . .
- (6) Performance of services or membership or fundraising solicitations. . . . .

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
<b>1a(1)</b>		No
<b>1a(2)</b>		No
<b>1b(1)</b>		No
<b>1b(2)</b>		No
<b>1b(3)</b>		No
<b>1b(4)</b>		No
<b>1b(5)</b>		No
<b>1b(6)</b>		No
<b>1c</b>		No

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** \_\_\_\_\_ 2016-\_\_\_\_-\_\_\_\_  
Signature of officer or trustee Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature
	Firm's name ▶	
	Firm's address ▶	

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
DONALD M CATHY 5200 BUFFINGTON ROAD ATLANTA, GA 30349	CEO 1 0	0		
DAN T CATHY 5200 BUFFINGTON ROAD ATLANTA, GA 30349	VICE-PRESIDENT 1 0	0		
JOHN W WHITE III 5200 BUFFINGTON ROAD ATLANTA, GA 30349	VICE-PRESIDENT 1 0	0		
BRENT RAGSDALE 5200 BUFFINGTON ROAD ATLANTA, GA 30349	SECRETARY/TREASURER 1 0	0		
MICHAEL SCHIEFFER PO BOX 490007 ROME, GA 30149	PRESIDENT 40 0	288,500	28,108	

**TY 2015 Accounting Fees Schedule****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
BABUSH, NEIMAN, KORNMAN & JOHN	9,400			9,400
WHITTINGTON JONES RUDERT CPA P	4,350			4,350
CAPIN CROUSE	13,694			13,694
KPMG	113,572		17,225	96,347

**TY 2015 All Other Program Related Investments Schedule****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

<b>Category</b>	<b>Amount</b>
NONE	



**TY 2015 Contractor Compensation Explanation****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

<b>Contractor</b>	<b>Explanation</b>
GREGORY R HUGGINS	GENERAL CONTRACTOR
ORION TECHNOLOGY SERVICES LLC	IT SERVICES
BILLY ROBERSON PAINTING	PAINT CONTRACTOR

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

## **TY 2015 Depreciation Schedule**

**Name:** WINSHAPE FOUNDATIONINC

**EIN:** 58-1595471

**TY 2015 General Explanation Attachment****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

Identifier	Return Reference	Explanation
WinS	WinS	WinShape Foundation, Inc is the sole member of WinShape Homes, LLC The financial information for WinShape Homes, LLC is included in the 990PF return for WinShape Foundation, Inc and there is no separate filing for WinShape Homes, LLC

Identifier	Return Reference	Explanation
2015 Depreciation Schedule	2015 Depreciation Schedule	See Attachments

**TY 2015 Investments Corporate Stock Schedule****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
NON VOTING STOCK HELD	306,760,938	334,648,296

**TY 2015 Investments - Other Schedule****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
SECURITIES		8,949	8,208
ENDOWMENT FUNDS		6,318,880	5,995,565
COLLECTOR CARS		85,250	62,000

**TY 2015 Legal Fees Schedule****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ARNALL GOLDEN GREGORY LLP	2,030		1,832	2,728
THE BALDWIN LAW FIRM, LLC	41,509			81,507
CT CORPORATION SYSTEM	2,565		878	2,490
HALL, ARBREY & GILLIGAN LLP	16,647		4,948	10,329
LAW OFFICES OF BETH T PAXTON	2,610			2,610
TROUTMAN SANDERS LLP	30,759			26,718
ALSTON & BIRD	2,738			390
MCGUIRE WOODS	15,060			13,476

**TY 2015 Other Expenses Schedule****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	218,941	27,460	134,391	84,549
BAD DEBT EXPENSE	1,655		374	1,280
CABLE TV	14,928			14,263
STORE EXPENSE	367,414		216,349	144,829
CANTEEN	18,563		11,597	6,966
CASE WORKERS	131,843			130,907
CHANGE IN VALUE OF ANNUITY	-59,396	-30,596	-30,596	-28,800
CHILDREN ALLOWANCES	47,732			47,582
CLOTHING	323,056		60,968	240,617
CONTRACT LABOR	402,360		40,394	368,835
EQUIPT RENTAL	138,847		83,782	54,901
FOOD	2,644,240		1,071,157	1,504,004
GAS	190,235		38,606	145,562
GIFT SHOP ITEMS				1,066
GUEST ROOM SUPPLIES	25,465		5,053	23,207
HEALTHCARE	151,476		16,181	137,206
HONORARIA	119,850		34,172	90,195
HR EXPENSE	17,831			19,420
HYGEINE	32,841			31,284
INSURANCE	347,378	384	145,270	198,523
JANITORIAL	61,839		11,065	49,210
KITCHEN SUPPLIES	61,489		12,508	44,427
LAUNDRY	25,020		11,674	12,470
LAWN CARE	323,154	78	63,947	234,933
LINENS & TOWELS	21,401		5,107	15,137
MISCELLANEOUS	97,748		13,003	91,218
OFFICE SUPPLIES	160,071		31,476	127,805
PEST CONTROL	25,152	210	2,702	21,986
PHOTOGRAPHY	40,111		18,763	17,979
PROGRAMMING	3,740,455		1,635,048	2,074,715
RECREATION	114,100			106,323
RELIEF HOUSEPARENTS	278			278
REPAIRS & MAINTENANCE	977,782	314	104,747	865,446
SCHOOL SUPPLIES	18,591			17,766
SHARED TUITION (CONNECT)	1,253,700		783,215	470,485
SPECIAL ACTIVITIES	958,252		321,607	599,722
SUMMER CAMP	4,936			4,936
SUPPORT SERVICES	403,523			403,523
TELEPHONE	169,768		19,389	146,508
TRASH	45,398		7,864	34,800
UNIFORMS	13,509		2,679	17,872
UTILITIES	601,969		93,739	447,000
ADVERTISING	805,854		339,820	456,934
DUES & SUBCRIPTIONS	35,982		2,369	25,193
CASUALTY LOSSES	11,642		5,682	5,960
TUITION	533,875			533,296
EDUCATION INVESTMENT PLAN	27,110		8,386	18,724
VAN & TRUCK RENTAL	422,809		254,665	168,143
FLEX SPENDING EXPENSE	387			387
IT EXPENSE	319,008		51,322	234,055
STAFF DEVELOPMENT	434,285		243,056	191,204
STAFF ACTIVITIES & RECOGNITION	46,072		22,255	23,178
STAFF RELOCATION	13,925			13,925



**TY 2015 Other Income Schedule****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CAMP FEE INCOME	7,934,826		7,934,826
WILDERNESS FEE INCOME	615,646		615,646
RETREAT FEE INCOME	1,369,129		1,369,129
MARRIAGE PROGRAM FEE INCOME	260,674		260,674
MISCELLANEOUS INCOME	30,730		30,730
UNRELATED BUSINESS INCOME	207,141		207,141
SALES INCOME	559,051		559,051
BARTER INCOME	27,701		27,701
COLLEGE FEE INCOME	6,135		6,135

**TY 2015 Other Liabilities Schedule****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
ANNUITY PAYABLE	79,194	
FLEXIBLE ACCOUNT PAYABLE	10,366	6,881
RETIREMENT PAYABLE		513

**TY 2015 Other Professional Fees Schedule****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CELIA TILL	3,178		1,985	1,192

**TY 2015 Taxes Schedule****Name:** WINSHAPE FOUNDATIONINC**EIN:** 58-1595471

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
REAL PROPERTY TAXES	37,038	4,701	4,701	43,779
SALES & USE TAX	92,592		43,740	46,908
PERSONAL PROPERTY TAXES	2,665		524	1,939
OTHER TAXES	22,318		1,676	18,840

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2015

Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

Name of the organization WINSHAPE FOUNDATION INC

Employer identification number 58-1595471

Organization type (check one)

Filers of:

Section:

- Form 990 or 990-EZ [ ] 501(c)( ) (enter number) organization [ ] 4947(a)(1) nonexempt charitable trust not 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

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- [x] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(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 any one contributor, 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, or (ii) Form 990-EZ, line 1 Complete Parts I and II [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution. An organization 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), 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization  
WINSHAPE FOUNDATIONINC

Employer identification number  
58-1595471

**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
—	See Additional Data Table  _____  _____	\$  _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
—	_____  _____	\$  _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
—	_____  _____	\$  _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
—	_____  _____	\$  _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
—	_____  _____	\$  _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
—	_____  _____	\$  _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )

<b>Name of organization</b> WINSHAPE FOUNDATIONINC	<b>Employer identification number</b> 58-1595471
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**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
1	2004 MERCURY VAN	\$ 4,423	2015-01-05
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

<b>Name of organization</b> WINSHAPE FOUNDATION INC	<b>Employer identification number</b> 58-1595471
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**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 year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ _____ --	Relationship of transferor to transferee _____ _____ _____	
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ _____ --	Relationship of transferor to transferee _____ _____ _____	
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ _____ --	Relationship of transferor to transferee _____ _____ _____	
-	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4 _____ _____ _____ --	Relationship of transferor to transferee _____ _____ _____	



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1595471  
**Name:** WINSHAPE FOUNDATIONINC

**Form 990 Schedule B, 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	CHICK-FIL-A INC 5200 BUFFINGTON RD ATLANTA, GA 30349	\$ 16,173,253	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution)
2	DONALD CATHY 2989 LAKE PARK DRIVE JONESBORO, GA 30281	\$ 9,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution)
3	NATIONAL CHRISTIAN FOUNDATION 1100 JOHNSON FERRY RD NE SUITE 24 ATLANTA, GA 30342	\$ 18,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution)
4	OTHERS 5200 BUFFINGTON ROAD ATLANTA, GA 30349	\$ 84,440	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution)
5	HAL J MCGINNIS 2293 NOAHS ARK ROAD JONESBORO, GA 30236	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution)
6	FRAZIER DEETER LLC 600 PEACHTREE STNE SUITE 1900 ATLANTA, GA 30308	\$ 10,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution)

**Form 990 Schedule B, 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
7	RUBERTI LAW LLC 692 MOUNTAIN DRIVE NE ATLANTA, GA 30342	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
8	ROCKTENN PO BOX 4098 NORCROSS, GA 30091	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
9	B LYNN CHASTAIN 5203 CHARLEMAGNE WAY LILBURN, GA 30047	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
10	WELLS FARGO BANK 90 SOUTH 7TH STREET MINNEAPOLIS, MN 55479	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
11	B WES DANIEL 11 IRON BOUND PLACE NW ATLANTA, GA 30318	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
12	ROBERT WILSON 1040 W CANYON CREEK COURT WATKINSVILLE, GA 30677	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )

**Form 990 Schedule B, 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
13	MARSHALL CLARE WILKINS 801 BENNETT PLACE KNOXVILLE, TN 37909	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
14	CHOATE CONSTRUCTION 8200 ROBERTS DRIVE SUITE 600 ATLANTA, GA 30350	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
15	SERVICE MANAGEMENT GROUP 1737 MCGEE STREET KANSAS CITY, MO 64108	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
16	CHICK-FIL-A BOWL 3284 NORTHSIDE PARKWAY NW SUITE 55 ATLANTA, GA 30327	\$ 93,277	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )