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## Form **990-PF**

#### **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated às à Private Foundation

OMB No 1545-0052

2011

BAA For Paperwork Reduction Act Notice, see instructions.

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011, or tax year beginning 2011, and ending Employer identification number GEORGE SHINN FOUNDATION, INC. 56-1083525 Number and street (or P O box number if mail is not delivered to street address) Room/suite R Telephone number (see the instructions) 600 725 Cool Springs Blvd. (615) 732-6076 City or town State ZIP code C If exemption application is pending, check here 37067 Franklin TNG Check all that apply Initial return Initial Return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year J Accounting method X Cash Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis ) ► s 368,259. Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income ıncome for charitable purposes (cash basis only) (see instructions)) 300,000. Contributions, gifts, grants, etc. received (att sch) 2 Ck I if the foundn is not req to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 8 Net short-tern capital-gally = D
9 Income modifications SO b Less Costor Ċ c Gross profit/(loss) (att Other income (attach schedule) 11 300,000. Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) **b** Accounting fees (attach sch) c Other prof fees (attach sch) OPERAT ISTRAT 17 Interest 18 Taxes (attach schedule)(see instrs) 19 Depreciation (attach sch) and depletion Ņ 20 Occupancy Travel, conferences, and meetings 21 Printing and publications EXPEN 22 Other expenses (attach schedule) See Line 23 Stmt 143. 143. Total operating and administrative 24 143. 143 expenses. Add lines 13 through 23 956,509. 956,509. Contributions, gifts, grants paid 25 Total expenses and disbursements. 956,652. Add lines 24 and 25 956,652 Subtract line 26 from line 12: a Excess of revenue over expenses -656,652 and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) Form 990-PF (2011)

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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)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

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

956,652.

Enter qualifying distributions from Part XII, line 4

		108352			age 4	
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	nstructio	ns)			
1 a	Exempt operating foundations described in section 4940(d)(2), check here					
Date of ruling or determination letter (attach copy of letter if necessary – see instrs)						
. 1	Domestic foundations that meet the section 4940(e) requirements in Part V,	1				
	check here ► X and enter 1% of Part I, line 27b				1	
•	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	_				
_	foundations only. Others enter -0-)	2				
3	Add lines 1 and 2	3			<u>0.</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			<u>0.</u>	
6	Credits/Payments					
	2011 estimated tax pmts and 2010 overpayment credited to 2011					
	Exempt foreign organizations – tax withheld at source  6b					
	: Tax paid with application for extension of time to file (Form 8868)  6c  0.					
_	Backup withholding erroneously withheld  Takel and the and assume Add break Co. through Cd.	_   -				
7	Total credits and payments Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here.   If Form 2220 is attached.	7			<u>0.</u>	
8 9	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached. <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter amount owed.	9				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			<u>0.</u>	
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11			<u> </u>	
	t VII-A   Statements Regarding Activities			_		
	•		1	Yes	No	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1a	163	X	
				_	<del></del>	
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?						
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities						
	Did the foundation file Form 1120-POL for this year?		1c		X	
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		1			
	(1) On the foundation \$ (2) On foundation managers \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the foundation during the year for political expenditure tax imposed (if any) and the year for p	<u></u>	-	]		
•	foundation managers \$	J11			,	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	
	If 'Yes,' attach a detailed description of the activities				<u> </u>	
2						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	,	3		Х	
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х	
Ŀ	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		Х	
	If 'Yes,' attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	● By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that co	nflict		_	;	
	with the state law remain in the governing instrument?		6	Х		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	X	<u> </u>	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	NC - North Carolina				l .	
ŧ	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8b	X		
9	9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? Yes, 'complete Part XIV					
10	Did any persons become substantial contributors during the tax year If 'Yes,' attach a schedule listing their na	mes	10		,	
DA A	and addresses		10 Form 99	n-PF	(2011)	
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ŧ	of If 'Yes,' did it have excess business holdings in 2011 as a result o(1) any purchase by the foundation or disqualified persons after May 26, 1969.(2) the lapse of the 5-year period (or longer period approby the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, of (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 2011)
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

**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

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Х

3b

4a

4h

the tax year beginning in 2011?

Form 990-PF (2011) GEORGE SHINN FOUN			56-10	83525	Page 6
Part VII-B   Statements Regarding Activit		n 4720 May Be Req	uired (continued)	<del></del>	<del></del> -
5a. During the year did the foundation pay or incu	•		<b>—</b> —		;
(1) Carry on propaganda, or otherwise attemption	pt to influence legislation	on (section 4945(e))?	∐ Yes X	No	
<ul> <li>(2) Influence the outcome of any specific public on, directly or indirectly, any voter registra</li> </ul>	olic election (see section ation drive?	n 4955), or to carry		No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	i '
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o n 4940(d)(2)? (see instr	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention			Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), didany of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to c n a current notice regar	qualify under the except ding disaster assistance	ions	5b	-
Organizations relying on a current notice rega	irding disaster assistani	ce check here	▶ _		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)			
6a Did the foundation, during the year, receive as on a personal benefit contract?			∐ Yes X	No	
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6b	<u> </u>
If 'Yes' to 6b, file Form 8870	dation a most to a	ulada alda a de elle elle elle			,
7a At any time during the tax year, was the found				No	
b If 'Yes,' did the foundation receive any proceed Part VIII Information About Officers, D				7b	
and Contractors	irectors, rrustees,	roundation manaç	gers, migniy Palu b	inployees	,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).		
	(b) Title, and average		(d) Contributions to	(e) Expense	account.
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	
George Shinn					
725 Cool Springs Blvd, Suite 600	Vice-President/Director	1			
Franklin TN 37067		0.	0.		0.
Denise Shinn					
725 Cool Springs Blvd, Suite 600	Director/President				
Franklin TN 37067		0.	0.		0.
<u>Susan Shinn</u>	}			ł	
725 Cool Springs Blvd, Suite 600	Director	_			
Franklin TN 37067	<u> </u>	0.	0.	<u> </u>	0.
See Information about Officers, Directors, Trustees, Etc				1	
			_		_
		0.	0.		0.
2 Compensation of five highest-paid employee					<del></del>
(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 other allo	e account, wances
NONE					
				ļ	
0					
0					<del></del>
0					- <del></del>
0					
Total number of other employees paid over \$50,000	L	<u> </u>	<b>•</b>		None
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Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
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
NONE	
	<del> </del>
	<del> </del>
Total number of others receiving over \$50,000 for professional services	None
	1 None
Pant X-AX 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
1	
	-
	<del> </del>
2	-
	-
3	
	_
	<del></del>
4	-
	-
Part X-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
1	
	_
2	-
	-
All other program-related investments. See instructions.	
3	_
	-
Total Add lines 1 through 3	<u> </u>
Total. Add lines 1 through 3	Form <b>990-PF</b> (2011)

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

		1 1	
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc— total from Part I, column (d), line 26	1a	956,652.
t	Program-related investments – total from Part IX-B	1Ь	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3a	
ŧ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	956,652.
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	956,652.

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

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## Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2010	<b>(c)</b> 2010	<b>(d)</b> 2011
1 Distributable amount for 2011 from Part XI,				20.100
Inne 7  2 Undistributed income, if any, as of the end of 2011				32,122.
a Enter amount for 2010 only			0.	
<b>b</b> Total for prior years: 20, 20, 20				<del></del>
3 Excess distributions carryover, if any, to 2011:				£ ,
<b>a</b> From 2006 0.	,		,	
<b>b</b> From 2007 1,200.				
<b>c</b> From 2008 120,003.				
<b>d</b> From 2009 162, 334.				
<b>e</b> From 2010 469, 254.				
f Total of lines 3a through e	752,791.			
4 Qualifying distributions for 2011 from Part				
XII, line 4 ► \$ 956, 652. <b>a</b> Applied to 2010, but not more than line 2a				
• •				·
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
<ul> <li>Treated as distributions out of corpus (Election required – see instructions)</li> </ul>			•	
<b>d</b> Applied to 2011 distributable amount				0.
e Remaining amount distributed out of corpus	956,652.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the	32,122.			32,122.
same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,677,321.			
<b>b</b> Prior years' undistributed income. Subtract	1,0.,,521.	· · · · · · · · · · · · · · · · · · ·		<del></del>
line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions	<u> </u>	0.		
e Undistributed income for 2010 Subtract line 4a from			0.	
line 2a. Taxable amount — see instructions				
f Undistributed income for 2011 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2012.				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,677,321.			
10 Analysis of line 9				
a Excess from 2007 0.				
<b>b</b> Excess from 2008 89, 081.				
<b>c</b> Excess from 2009 162, 334.				
<b>d</b> Excess from 2010 469, 254.				
<b>e</b> Excess from 2011 956, 652.		<u></u>		F 000 DF (2011)

Form 990-PF (2011) GEORGE SHINN FOU			4 \	56-1083525	
Part Private Operating Foundation has received a ruling or of					N/A
is effective for 2011, enter the date of the	ruling	mat it is a private	operating loundation	, and the fulling	
<b>b</b> Check box to indicate whether the foundate		erating foundation (	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	<del></del>	Prior 3 years		
investment return from Part X for each year listed	(a) 2011	<b>(b)</b> 2010	(c) 2009	(d) 2008	(e) Total
<b>b</b> 85% of line 2a		<del> </del>	<del>                                     </del>		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test – enter					
(1) Value of all assets	<u> </u>				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	<u></u>				
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test— enter-					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(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			<u> </u>		<del></del> _
Rankw Supplementary Information assets at any time during th	(Complete this e vear — see in	part only if the	organization na	a \$5,000 or mor	e in
1 Information Regarding Foundation Management	<del></del>		·		
a List any managers of the foundation who have close of any tax year (but only if they have	nave contributed m	ore than 2% of the than \$5,000) (See	total contributions re section 507(d)(2))	eceived by the found	lation before the
<b>b</b> List any managers of the foundation who ca partnership or other entity) of which the	own 10% or more of foundation has a 1	of the stock of a cor 0% or greater inter	rporation (or an equa	ally large portion of	he ownership of
2 Information Regarding Contribution, Gran	nt. Gift. Loan. Scho	plarship, etc. Progr	ams:		<u> </u>
Check here □ If the foundation only nequests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected cha	arıtable organizations		
a The name, address, and telephone numbe GEORGE SHINN		whom applications	should be addressed	i	
725 Cool Springs Blvd, Sui	te 600 TN 3706	7 161	15) 732-6076		
b The form in which applications should be s	submitted and infor	mation and materia	als they should inclu	de	
IN LETTER FORM OUTLINING F	MICONI AND B	TOTO OF KEAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
c Any submission deadlines NONE					
d Any restrictions or limitations on awards, s	such as by geograp	phical areas, charita	able fields, kinds of i	nstitutions, or other	factors
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Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	it	
Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of		Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year	]	}	]	
Church of the King			For the	
22205 Little Creek Road		<u> </u>	Southshore	
Mandeville LA 70471	None	N/A	Campus Launch	100,000.
Salvation Army		]	For housing in	
4526 South Claiborne Avenue		, , ,	the Southeast	F00 000
New Orleans LA 70125	None	N/A	Louisiana Region	500,000.
New Orleans Hornets			For community related	
1250 Poydras St., 19th Floor	]		projects in 6 parishes	
New Orleans LA 70113	None	N/A	affected by BP Oil Spill	300,000.
Amer-Haitian Bon Zami, Inc.			For the House	
11146 Morrow Drive			of Hope project	
St. Ann MO 63074	None	N/A	in Haiti	50,000.
Courtwatch NOLA		•	For volunteer	
P.O. Box 750633		}	monitoring of the	
New Orleans LA 70175	None	N/A	progress of court cases	5,000.
The Al Copeland Foundation				
1001 Harimaw Court South			Sponsor of annal	
Metairie LA 70001	None	N/A	Hi-Speed Fashion 2011	1,000.
University Of NC Chapel Hill fbo Karı Dahlgreen				
111 Pattigrew Hall, CB 2300				
Chapel Hill NC 27599	None	Public	Scholarship	509.
	<u> </u>	<u> </u>	 	056 500
Total b Approved for future payment		<u></u>	- Sa	956,509.
<b>b</b> Approved for future payment				
SEE ATTACHED			SCHOLARSHIP	5,105.
Total	<u> </u>	<u> </u>	<b>▶</b> 3b	5,105.
i Ulai				

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

Enter gross amounts unless otherwise indicated		Unrelated business income		Exclude	d_by section 512, 513, or 514	(a)	
. <b>1</b> Decem		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	(e) Related or exempt function income (See instructions)	
_	am service revenue	<u> </u>		code			
a							
ď							
u			<del></del>				
f			-		<del>-</del>		
·	and contracts from government agencies						
_	pership dues and assessments						
	t on savings and temporary cash investments			<del></del>		<del> </del>	
	ends and interest from securities				<del>-</del>		
	ental income or (loss) from real estate.					<del></del>	
	financed property				<u> </u>	<del></del>	
	ebt-financed property				<del></del>		
	· · · · ·				f		
	ntal income or (loss) from personal property		<del></del>		<del>                                     </del>	<del></del>	
	(loss) from sales of assets other than inventory	<del></del>					
	•	<del></del> -					
	come or (loss) from special events sprofit or (loss) from sales of inventory	<del></del> -					
	revenue						
			··· <del>·</del>				
		<del>'</del>	<del></del>				
e							
	otal Add columns (b), (d), and (e)						
	Add line 12, columns (b), (d), and (e)			l	13	<del></del>	
	heet in line 13 instructions to verify calculation	ne l			13 -	<del></del>	
						<del></del>	
Part XVI	-B Relationship of Activities to the	Accompli	shment of Exempt	Purpo	ses		
Line No.	Explain below how each activity for which inc	ome is repo	rted in column (e) of Pa	rt XVI-A	contributed importantly	to the	
▼	Explain below how each activity for which included accomplishment of the foundation's exempt p	ourposes (oth	ner than by providing fur	nds for s	uch purposes) (See ins	tructions)	
			<del></del>				
	<u> </u>						
	<u> </u>				<del> </del>		
					<del></del>		

# Form 990-PF (2011) GEORGE SHINN FOUNDATION, INC. 56-1083525 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

										Yes	No
1 D	id the d	organization direct	ly or indirectly e	ngage in any of	the following w	ith any of	her organization	on_			
d d	escribe elatino	d in section 501(c to political organiz	) of the Code (o	ther than section	n 501(c)(3) orga	nizations	) or in section	52/,			1
	_	s from the reporting		a noncharitable	e evempt organi	tation of					
		•	ig loundation to	a nonchamable	exempt organia	attori or			1. (1)		v
_	Cast								1a(1)		<u>X</u>
•	•	er assets						į.	1 a (2)		<u>X</u>
		ansactions									
(1	) Sale	s of assets to a ne	oncharitable exe	mpt organizatio	n				1 b (1)		_X_
(2	?) Purc	hases of assets fr	om a noncharita	ble exempt orga	anızatıon				1 b (2)		X
(3	Rent	al of facilities, equ	uipment, or othe	r assets					1 b (3)		X
(4	Rein	nbursement arrang	gements					[	1 b (4)		X
(5	) Loar	ns or loan guarante	ees					İ	1 b (5)		X
æ	) Perfe	ormance of service	es or membersh	ip or fundraising	solicitations				1 b (6)		X
		of facilities, equip		_		/ees			1c	1	<u>x</u>
•		or radiiitioo, oquip	morn, manning me	, 011101 000010	, or para empre	, 000		Į		!	
d If	the an	swer to any of the	above is 'Yes,'	complete the fo	llowing schedule	Colum <b>(</b>	<b>b)</b> should alwa	ys show the fair mai	ket value	of	
th	e good	ls, other assets, or	r services given	by the reporting	foundation If t	he founda	ation received	less than fair market	value in		
						T-		or services received	<del></del> -		
(a) Line	no.	(b) Amount involved	(c) Name (	of noncharitable exer	npt organization	(a)	Description of trai	nsfers, transactions, and s	haring arrar	igement	<u>s</u>
			<del></del>			ļ	<del></del>				
						<u> </u>					
					<u></u>	ļ	·				
								<del></del> -			
			-	· · · · · · · · · · · · · · · · · · ·		<b>†</b>	<del></del>				
	$\dashv$		<del>                                     </del>			<del> </del>					
			<del></del>	<del></del>		+					
	_		~ <del>                                       </del>			<del> </del>	<del></del>				
			<del></del>			<b>-</b>		<del>-</del>			
						ļ			·		
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						]					
	<del>'</del>							-4			
2a Is	the tou	undation directly o d in section 501(c)	or indirectly aπilia	ated with, or reid Ther than section	ated to, one or in 501(c)(3)) or in	nore tax- 1 section	exempt organı. 527?	zations	Yes	ΧI	Nα
		complete the follo	•	anor andri section	1 501(0)(0)) 5	. 5000.00.	02,			. نين	
<u> </u>		Name of organiza		(b) Tun	o of organization			) Description of rela	tionship		
	_ (a)	ivame or organiza	allon	( <b>b)</b> Typ	e of organization			) Description of rela	HOHSTIP		
	Under p	enalties of perjury, I dec	lare that I have exam	ined this return, inclu-	ding accompanying s	chedules and	statements, and to	the best of my knowledge rledge	and belief, it	is true,	
	correct,	and complete Declarate	on of preparer (other	nan taxp <del>a</del> yer) is bas	ed on all information	oi wnich pre	parer has any know	neage			<del></del>
Sign		M		//-	- Marla	~~ \ ī	1: 00/20	11:00 7 0001	May the II this return	n with the	e
Here	<b>P</b> (	Leon	20 Th	en	11/2/20	112 P L	rector,	VICETYESIDEN	preparer : (see instri	shown b uctions)	elow
	Signal	ture of officer or trustee			Date	Td	le			Yes	No
		Print/Type preparer's r	name	Preparer's	signature /	,,	Date	Check If	PTIN		
Daid		HAROLD J. 1	BOUILLION	Xtax	Lettou	Min	11-16-12	self-employed	P01474	682	
Paid		Firm's name	BOUILLION	& ASSOCIA	TES. LLC			Firm's EIN ► 20-22			_
Prepa		1	3645 N HUI		-20, 1110			20 22			
Use C	nly	Firm's address		115 NUTL	<del> </del>	LA 700	102	Dhana sa			
		<del></del>	METAIRIE	<del></del>		LA 700	JUZ	Phone no	F		2011
BAA									Form <b>99</b> 6	V-PF (2	2011)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

THE THE TREVENCE SERVICE		<b>1</b>
Name of the organization		Employer identification number
GEORGE SHINN FOUNDATION, INC.		56~1083525
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated a	is a private foundation
	527 political organization	
Form 990-PF	V 501(a)(2) assembly arrivate foundation	
FOITH 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	private louridation
Check if your organization is covered by the Ger	neral Pule or a Special Pule	
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and	d a Special Rule See instructions
General Rule		
K For an organization filing Form 990, 990-EZ contributor (Complete Parts I and II)	, or 990-PF that received, during the year, \$5,000 or mo	ore (in money or property) from any one
contributor (complete rand rand ray		
Special Rules		
	000 - 000 F7 that make the 22 1/29/ over and thank at	f the consulations and a sections
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ that met the 33-1/3% support test of d from any one contributor, during the year, a contribution VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts	on of the greater of Y \$5.000 or
For a section 501(c)(7), (8), or (10) organiz	ation filing Form 990 or 990-EZ that received from any o	one contributor, during the year,
total contributions of more than \$1,000 for the prevention of cruelty to children or anim	use <i>exclusively</i> for religious, charitable, scientific, literary	, or educational purposes, or
•	ation filing Form 990 or 990-EZ that received from any o	one contributor during the year
contributions for use exclusively for religious	s, charitable, etc. purposes, but these contributions did i	not total to more than \$1,000
If this box is checked, enter here the total of	contributions that were received during the year for aexc unless the General Rule applies to this organization beca	dusively religious, charitable, etc,
religious, charitable, etc. contributions of \$5		► S
		¥
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file 2, of its Form 990, or check the box on line H of its Fo	e Schedule B (Form 990, 990-EZ, or or 990-EZ or or part L line 2, of its
Form 990-PF, to certify that it does not meet the	te filing requirements of Schedule B (Form 990, 990-EZ,	or 990-PF)
BAA For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990, Schedul	le <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011
990EZ, or 990-PF.		

Name of org			Employer identification number		
GEQRGE	SHINN FOUNDATION, INC.	56-	56-1083525		
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional s	pace is needed			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	BP_Corporation_North_America_Inc.	\$300,000	-		
!	Denver CO 80264		(Complete Part II if there is a noncash contribution)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	 	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	L	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

Page

1 of

1 of **Part 1** 

Form 990-PF, Page	1, Part I, Line 23
Line 23 Stmt	

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Bank fees	25.			25.
Office supplies	118.		l	118.
Total	143.	-		143.
Form 990-PF, Page 2, Par	rt III, Line 3			
_	rt III, Line 3			
Form 990-PF, Page 2, Par Other Increases Stmt  To adjust scholars			809.	
Other Increases Stmt			809.	

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

(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
Person X Business Chris Shinn				
725 Cool Springs Blvd, Suite 600 Franklin TN 37067 Person X Business Chad Shinn	Director	0.	0.	0.
725 Cool Springs Blvd, Suite 600FranklinTN37067PersonXBusiness	Director	0.	0.	0.
Hugh Weber  1250 Poydras St., 19th Floor  New Orleans LA 70113  Person X Business	Director/Secretar	0.	0.	0.
Harold Bouillion 3645 N. Hullen St. Metairie LA 70002	Director/Treasure	0.	0.	0.

Total

0.	0.	0.
	========	

Form <b>886</b>	8 (Rev 1-2012) GEORGE SHINN FOUNDA	TION, I	NC.	56-1083525	Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Mont	h Extension	n, complete only Part Ibnd check th	ıs box	. ► 🛛	
Note Onl	y complete Part II if you have already been granted	an automa	atic 3-month extension on a previou	sly filed Form 8868.		
• If you	are filing for an Automatic 3-Month Extension, cor	nplete only	Part (on page 1)			
DEPEN	Additional (Not Automatic) 3-Month Ext	ension of	Time. Only file the original (	no copies needed).		
51-25-75-55-FE	Additional (Not Addonated) o month Lake		Enter filer's	identifying number, se	e instructions	
	Name of exempt organization or other filer, see instructions			Employer identification number (EIN) or		
Type or	GEORGE SHINN FOUNDATION, INC.			X 56-1083525		
print	Number, street, and room or suite number If a P O box, see ins	tructions		Social security number (SSN)		
File by the	]					
extended due date for	5123 Virginia Way, C-23					
filing the return See	City, town or post office, state, and ZIP code. For a foreign addre	ss, see instructi	ons	<u> Ц. Т</u>		
instructions	Brentwood		7027			
	Brentwood	111 3.	, 02 ,		<del></del>	
Enter the	Return code for the return that this application is for	or (file a se	parate application for each return).		04	
Application	on	Return Code	Application Is For		Return Code	
Form 990		01				
Form 990-	BL	02	Form 1041-A		08	
Form 990	EZ	01	Form 4720		09	
Form 990-	PF	04	Form 5227		10	
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-	T (trust other than above)	06	Form 8870		12	
<ul><li>If the of this whole grow</li></ul>	<del>-</del>	siness in thi digit Group	e United States, check this box	If this	► ☐ s is for the of all	
members	the extension is for.			<del></del>		
5 For 6 6 If the	uest an additional 3-month extension of time until calendar year 2011, or other tax year beginning tax year entered in line 5 is for less than 12 mont Change in accounting period a in detail why you need the extension AWAITIFILE A COMPLETE AND ACCURATE RE	9 hs, check re	, 20 12 , 20, and ending_eason Initial return		-	
	s application is for Form 990-BL, 990-PF, 990-T, 47 efundable credits. See instructions	'20, or 6069	, enter the tentative tax, less any	8a \$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868					0.	
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . 8c.\$				8c \$	0.	
	Signature and Verifica	ation mus	t be completed for Part II on	ily.		
Jnder penaltie correct, and co	es of perjury, I declare that I have examined this form, including accomplete and that I am authorized to prepare this form	ompanying sche	dules and statements, and to the best of my kno $oldsymbol{\wedge}$	owledge and belief, it is true,	/ /	
Signature 🕨	MARIA Saudet Tille >	CPI	<u> </u>	Dale ► 7/c	25/12	
BAA		FIFZ0502	07/29/11	Form <b>8868</b> (	Re√1-2012)	

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