

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2008

For calendar year 2008, or tax year beginning				7/1/2008	/2008 , and ending			6/30/2009					
G Check all that apply				nal return	Am	nended return	[Address change	Name change				
Use the IRS label. Otherwise, print or type.			Name of foundation					A Employer identification number					
			LYNNE RUFFIN CHARITABLE FOUNDATION				45-0521059						
			Number and street (or P O box num	livered to street a	address)	Room/suite	B Telephone number (see page 10 of the instructions)						
			500 SHETLAND ROAD				_ <u> </u>	702	735-7708	<u> </u>			
See Specific			City or town, state, and ZIP code					C If e	exemption application is pe	nding, check here 🕨 🔲			
Instructions.			LAS VEGAS	NV 89107			D 1. Foreign organizations, check here ►						
H					empt private foundation .			1	Foreign organizations mee	_			
	Section 4947(a)(1) nonexempt charitable trust				Other taxable private foundation				check here and attach cor private foundation status w				
of year (fro			t value of all assets at end	J Accounting r	nethod:	X Cash	☐ Accrual		der section 507(b)(1)(A), c				
			m Part II, col (c),	pecify)			F If the foundation is in a 60-month termination						
	line	16) 🕨	\$ O	d) must be on cash basis)			under section 507(b)(1)(B), check here						
Έā	<u>rt [</u>		sis of Revenue and Expen		(a) Revenue	e and	(b) Not investm	nont	(a) Adjusted not	(d) Disbursements for charitable			
			ts in columns (b), (c), and (d) may not necessarily e		expenses	per	(b) Net investri	nent .	(c) Adjusted net income	purposes			
		the am	ounts in column (a) (see page 11 of th	ne instructions))	books		. <u></u>		····	(cash basis only)			
	1	Contrib	utions, gifts, grants, etc , received (at	tach schedule)	· · · · · · · · · · · · · · · · · · ·								
	2		▶ if the foundation is not require										
	3		st on savings and temporary cas	sh investments		0		0	<u> </u>				
l	4		ends and interest from securities			0		0					
	5	a Gross		_				0					
e e	_		ntal income or (loss)	0									
'n	6		ain or (loss) from sale of assets r	_		0		_					
Revenue	٠,		sales price for all assets on line 6a	0									
Ř	, 7		al gain net income (from Part IV,	line 2)				0		· · · · · · · · · · · · · · · · · · ·			
	8	Net St	nor isterm capital gain EIVED					$\overline{}$	0				
	_		sales less returns and allowances	<u>ි</u> ල									
			1 0 1			-							
		C Gross	Cost of goods sold of 2010 [profit br (loss) (attach schedule	4.5		-/ 0		\leftarrow					
	11		income (ettach schedhle)				1,	0	1 0				
	12		Add lines throught			0		0	0				
	13		ensation of officers, directors, tri	ustees etc		0	100		<u> </u>				
Se	14		employee salaries and wages		/		- 1	7	- 				
eu	15		on plans, employee benefits .			. 10		,					
Expenses	١.		fees (attach schedule)	. /		Νŏ	7/11		// 0	0			
ы			unting fees (attach schedule)			70	٠١/	1 /10	/ 0	0			
		c Other	professional fees (attach sched	ule) . /		, 110		\mathcal{A}_0	/ 0	0			
Administrativ	17	Intere	st .	/		10.	(/					
į.	18		(attach schedule) (see page 14 of the i	instructions)	10	<u> </u>	W A		0	0			
喜	19	•	eciation (attach schedule) and de	pletion (ام	(01	<u>/ 0</u>	0				
Þ	20		pancy	\		1/	/0 /			<u> </u>			
9	21		l, conferences, and meetings		ļ	_/_							
Operating and	22		ng and publications .										
	23		expenses (attach schedule)		-	0		0	0	0			
	24		operating and administrative	expenses.		_		_					
	25		nes 13 through 23 ibutions, gifts, grants paid	•	 	0		0					
Ö	26 26		ibutions, gifts, grants paid expenses and disbursements. Add I	•	ļ 					0			
	27			mico 44 dilu 20	<u>-</u>	0		0		0			
			act line 26 from line 12	- - ,						1			
	1		s of revenue over expenses and dis nvestment income (if negative,		-	0		0					
	ł		sted net income (if negative, en		<u> </u>								
	<u> </u>	o Aujus	sted fiet income (ii negative, en	lei -U- <i>)</i>	L				LC				

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. (HTA)

Form **990-PF** (2008)

Par	t XVII	Information Regardate Exempt Organization		sfers To and Tr	ansactions a	nd Rel	ationships Wi	th No	ncharit	able		
1	Did the			ngage in any of th	e following with	anv of	her organization	descr	ıbed	T	Yes	No
•	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									103	110	
	organiz	ations?										
а	Transfers from the reporting foundation to a noncharitable exempt organization of											
	(1) Cash									1a(1)		
	(2) Oth	ner assets								1a(2)		
b		ransactions:										
		les of assets to a non-								1b(1)		<u> </u>
		rchases of assets fror						٠		1b(2)		
		ntal of facilities, equip							•	1b(3)		<u> </u>
		imbursement arrange								1b(4)		 -
		ans or loan guarantee							•	1b(5)		— —
		rformance of services								1b(6)		 -
		g of facilities, equipme	-		• •					1c		L
	value o	nswer to any of the at if the goods, other as n any transaction or s	sets, or servic haring arrang	es given by the re ement, show in co	porting foundate lumn (d) the va	ion If the lue of the	ne foundation rec he goods, other	ceived assets	less than , or servi	n fair n ces re	narket ceive	d. ——
(a)	Line no	(b) Amount involved	 	of noncharitable exempt	t organization	(d) Des	scription of transfers,	ransact	ions, and sh	aring ari	angem	ents
		0										
		0			 -							
		0	 									
		0	+	-,		-						
		0				 -						
		0	 									
	$\neg \neg$	0										
		0	}									
		0										
		0										
		0										
	l	0										
		0										
		0										
		0		 		,						
2a		oundation directly or i							\Box	,	1	
_		ed in section 501(c)		other than section :	501(c)(3)) or in	section	1527?	•	· Ш	Yes	INO	
	II Tes	" complete the follow (a) Name of organization	e of organization		(c) Description of relation							
		(a) Name of organization		(в) туре	Of Organization		(0) Des	Cripuon	OI TEIAUOTISI	<u> </u>		
							 					
						_						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes											
	belief	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which prepare								any kno	wledge	
ė												
<u>e</u>	Signature of officer or trustee				Date		Title					
] [Date							Preparer's i		-	
Sign Here	८ౖ≥	December 1. A			4-8-1	Check if		_	number (see Signature on page 30 of the instructions)			
S	DEO Preparers				Self-employed			page 30 of t	ne instru	cuons)		
	Lse P	Firm's name (or yours if	A CALLAC	2/27/2010								
	"]	self-employed), address.										
	لــــــــــــــــــــــــــــــــــــــ	and ZIP code 2700 E. SUNSET RD SUITE C-29, LAS VEGAS, NV 89120 Phone no							e no (702	<u>2) 735-</u>	7708	

Form **990-PF** (2009)

M2-12