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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

2010

For calendar year 2010, or tax year beginning 7/1/2010 , and ending 6/30/2011														
G Check all that apply:					Initial return of a former public chair				,	Final	return			
			Amended return					ime change						
Name of foundation A Employer identification number														
LY	NNE	RUFFIN CHARITABLE	FOUNDATION					45-0521059						
		and street (or P O box number		dress)		Room/suite	В	B Telephone number (see page 10 of the instructions)						
50	o sh	ETLAND ROAD					702 735-7708							
		wn, state, and ZIP code			-		C If exemption application is pending, check here							
LAS VEGAS							89107	D 1. Foreign organizations, check here						
H Check type of organization. Section 501(c)(3) exem						mpt private foundation			2. Foreig	n organizations m	eeting the	85% test,	_	
\perp	Sec	tion 4947(a)(1) nonexen	npt charitable trust	Other taxa	ther taxable private foundation				here and attach or					
I Fair market value of all assets at end J Accounting m					method	nethod X Cash Accrual				foundation status ction 507(b)(1)(A),				
	of ye	ear (from Part II, col. (c),	│	er (sp	ecify)			F If the foundation is in a 60-month termination						
		16) ▶ \$	0 (Part I, coll	_	d) must be	on cash ba	sis)	L	under se	ction 507(b)(1)(B),	check her	e Þ	<u>. []</u>	
Pa	irt I	Analysis of Revenue			(a) Revenue and . expenses per books		(b) Net investment income		") Adjusted net	1 '	(d) Disbursements for charitable		
		amounts in columns (b), (c), a the amounts in column (a) (se		•					income		purposes			
					-		7682	· · ·	Ø1.65.	\$		sh basis only)	. \$248	
	1	Contributions, gifts, grants, etc	•	-	< %\%**********************************	388 4.7893	7:30 A.	<u> </u>	#254# * - 2 - 270		\$ 1 × ×	" " " " " " " " " " " " " " " " " "	<u> </u>	
	2	Check I if the foundation	·		```', Z	0		******	0	***	80	in in	<u> </u>	
	4	Interest on savings and te Dividends and interest fro	• •	กเร		0					 			
		Gross rents	in securities								0.4	13, 13, 13, 13, 13, 13, 13, 13, 13, 13,		
	,	Net rental income or (loss	·)	0		534	27° A	·	1 5		 	-77 ·	7, 3	
Revenue	6 8	Net gain or (loss) from sa	′ 	_	26	0		80	JAI X		1		200	
ě], i	Gross sales price for all asset		0		\$5.788,80,9000 1.888.25.4	11000.000.00		100		. 12273	11. 13 4		
ě	7	Capital gain net income (f	rom Part IV, line 2)	-	77 XXXX	· XX			0	NAME &				
_	8	Net short-term capital gail	n			14.5 · 2.5 1.		ĝt <i>i</i>			0	H. 1.	1	
	9	Income modifications	·, · ·		W 377 1442		15 Hing.	<u> </u>		\rightarrow	Sint &		<u>. </u>	
	Ι.	Gross sales less returns and a		0						1:	* 5	* 8 . 1	-4	
	1	Less Cost of goods sold		0						· ·	1 × ×		~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		Gross profit or (loss) (atta	•			0		تمري	<u> </u>	<u></u>		<u> </u>		
	11	Other income (attach scho Total. Add lines 1 throug	•	1	<u> </u>	0	 	1	lah.	- 1 1-1	/	<u> </u>	- <u>****</u>	
	1					0	 X () 	yι	0 1		D	<u> </u>	- 1º4 cg	
cpenses	13	Compensation of officers,	·			<u>_</u>	1		, 	/ 				
ŝuŝ	14	Other employee salaries a Pension plans, employee	•	1	E2-62		// \ 	A	\ \ \ \	`	_			
						1-01 0	1	+	0		-			
Ш		Accounting fees (attach s		G .	00	im d	1/2/2(1		ŏ	///			- 0	
.≚	(Other professional fees (a	•		8.9	10 0			0		5		0	
Ē	17	Interest .			8 1			/	- h l					
isi	18	Taxes (attach schedule) (see p	age 14 of the instructions)	2	2	1< 0		K	all \		0		⁷ 0	
Ė	19	Depreciation (attach sche	dule) and depletion		01	100 0	у		ď		0			
Þ	20	Occupancy .			 	10	}		- /-		 			
Operating and Administrative	21	Travel, conferences, and	meetings	•	IRS-OS				4		 			
	22	Printing and publications		-				_	_		. 			
	23 24	Other expenses (attach so				0	 -		<u> </u>		 		0	
	24	Total operating and adm Add lines 13 through 23	mustrative expenses.			0	ļ		0				^	
	25	Contributions, gifts, grants	 s naid			0		,	<u>U</u>		<u> </u>	 -	_ 0	
	26	Total expenses and disburse				0		-	1	<u> </u>	+			
	27	Subtract line 26 from line				0			0		<u> </u>		_0	
	i	Excess of revenue over expe				0	,,, <i>i</i> <u>,,</u> ,	,	**	Ä	100	د ان	4	
		Net investment income			-+# (***	<u> </u>	0 🖔	- 1	15.	7.	200	
		Adjusted net income (if i	•				7 3	,-		* · ***	1	_ >	[

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SCANNED NOV 0 3 2011

Form 990-PF (2010) LYNNE RUFFIN CHARITABLE FOUNDATION 45-0521059 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the or in section organization	rganization directly n 501(c) of the Code tions?	or indirectly e e (other than s	engage in any of the section 501(c)(3) of	e following with rganizations) or	any oth in secti	er organization on 527, relatino	described to political		Yes No			
а	Transfers from the reporting foundation to a noncharitable exempt organization of:												
	(1) Cash												
	(2) Othe	r assets							1a(2)				
b	Other transactions: (1) Sales of assets to a noncharitable exempt organization												
	(2) Purchases of assets from a noncharitable exempt organization												
	(3) Rent	al of facilities, equip	ment, or othe	er assets					1b(3)				
		bursement arrange							1b(4)				
	(5) Loans or loan guarantees												
	(6) Performance of services or membership or fundraising solicitations												
		of facilities, equipme							1b(6)				
	•		_							ot.			
	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.												
(a)	Line no	(b) Amount involved	(c) Name	of nonchantable exempt	organization_	(d) Desc	cription of transfers,	transactions, and sl	nanng arra	ngements			
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	describe	undation directly or in section 501(c) complete the follow	of the Code (d						Yes 🗌	No			
		(a) Name of organization	1	(b) Type	of organization	(c) Description of relationship							
					<u></u>								
				<u> </u>									
	gn ere	penalties of perjury, I dec it is true, correct, and cor	nplete Declaration		taxpayer or fiduciar	y) is based	d on all information of		as any kno	wledge			
		Print/Type preparer's n		Preparer's signature/	1/		Date	 	PTIN				
Pa	id		. · .	12/5/1				Check lif					
	eparer	FRANK GALLAS		1 [///	aum]	10/26/2011	self-employed	1				
	•		ALLAS INC.	-, -/				Firm's EIN ▶					
US	e Only			T RD # C-29, LAS	S VEGAS, NV 8	9120		Phone no (70	2) 735-7	708			
								·					

Form 8868

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	e filing for an Automatic 3-Month Extensic filing for an Additional (Not Automatic) aplete Part II unless you have already be	3-Month E	extension, complete only Part II (c	on page 2 of	this f	orm).	_			
a corporatio 8868 to requ Return for T	filing (e-file). You can electronically file Form required to file Form 990-T), or an additionable and extension of time to file any of the transfers Associated With Certain Personal. For more details on the electronic filing of	onal (not a forms liste I Benefit C	utomatic) 3-month extension of time d in Part I or Part II with the exception contracts, which must be sent to the	e. You can e on of Form 8 IRS in pape	lectro 870, r form	nically Inform nat (se	file Form ation e			
Part I	Automatic 3-Month Extension of T	ime. Onl	y submit original (no copies need	ded).						
Part I only .	on required to file Form 990-T and requesti				٠.		▶□			
	rporations (including 1120-C filers), partner	rships, RE	MICs, and trusts must use Form 70	04 to reques	t an e	extensi	on of			
time to file income tax returns. Type or Name of exempt organization Employer identification number										
Type or print	LYNNE RUFFIN CHARITABLE FOUNDA	TION								
File by the	Number, street, and room or suite no. If a P.O			45-0521059						
due date for	500 SHETLAND ROAD	. DOX, DOC 11								
filing your	City, town or post office, state, and ZIP code	For a foreign	n address, see instructions							
return See	LAS VEGAS	or a loreig	n address, see mandonsis.	NV	891	107				
III30 ucuons	ILAS VLOAS			140	09	01				
Enter the Return code for the return that this application is for (file a separate application for each return)										
Applicatio	n	Return	Application				Return			
ls For		Code	ls For				Code			
Form 990		01	Form 990-T (corporation)				07			
Form 990-I		02	Form 1041-A		08					
Form 990-l		03	Form 4720	09						
Form 990-I		04	Form 5227		10					
	T (sec. 401(a) or 408(a) trust)	05	Form 6069	11						
Form 990-	T (trust other than above)	06	Form 8870				12			
The boo	ks are in the care of									
	ne No. ▶		FAX No. ▶							
	ganization does not have an office or place						▶ 🔲			
If this is	for a Group Return, enter the organization	s four digit	t Group Exemption Number (GEN)			If	this is			
for the who	le group, check this box ▶ 🔲 .	If it is for t	part of the group, check this box.		. ▶	ar	nd attach a			
	names and EINs of all members the exten									
	uest an automatic 3-month (6 months for a			sion of time						
until			ganization return for the organization		ove.	The ex	tension			
	the organization's return for:		5			_	-			
▶	calendar year or									
		0040	and anding	6/20/204						
	► X tax year beginning 7/1/2010 , and ending 6/30/2011 .									
2 If the	9 If the terror entered in line 4 is for less than 40 months, about any and the first action.									
	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period									
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any										
	efundable credits See instructions.				3a	\$				
b If this	application is for Form 990-PF, 990-T, 47	20, or 606	9, enter any refundable credits and							
estim	nated tax payments made. Include any prio	r year ove	rpayment allowed as a credit.		3b	\$				
	nce due. Subtract line 3b from line 3a. Inc			y using						
EFTE	PS (Electronic Federal Tax Payment Syste	m). See in	structions.		3с		0			
	you are going to make an electronic fund			3-EO and Fo	orm 8	879-E	၁ <u> </u>			
for paymen	t instructions.									