

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





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Form **990-PF**

FOR STATE FILING PURPOSES 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

Department of the Treasury Internal Revenue Service

C Other professional fees STMT 3 150. 150. 0. Interest	For	calen	dar year 2011 or tax year beginning		, and ending		
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City or Crown, Statis, and 2 if Podes TUCSON, AZ 85712-1282 G Check all that apply: India return India retur	Nun	ber ar	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	The state of the s	
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Check Delian for some and an and temporary a			necessarily equal the amounts in column (a))		income	<u> </u>	
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	1235			instructions.			Form 990-PF (2011)

THE RUSSELL D. GARRETT FOUNDATION

Form 990-PF (2011) C/O ROBERT L. GUGINO

Part II Balance Sheets Substitute statistic and immune in the decrease 38 pook value (6) Shook value (6) For Market Value	Fo	rm 99	0-PF (2011) C/O ROBERT L. GUGINO	,	86-	1037166 Page 2
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17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ▶		16	Total assets (to be completed by all filers)	117,096.	108,998.	57.055.
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20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Foundations that follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Pard-in or capital surplus, or land, bidg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 117, 096. 108, 998. 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 5 Oc.		18	Grants payable			
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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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Oc.	Z	30	Total liet assets of fully balances	117,090.	100,330.	1
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Oc.		31	Total liabilities and not assets/fund halances	117 096	108 998	i
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(must agree with end-of-year figure reported on prior year's return)1117,096.2Enter amount from Part I, line 27a2-8,098.3Other increases not included in line 2 (itemize)30.4Add lines 1, 2, and 34108,998.5Decreases not included in line 2 (itemize)50.	<u>P</u>	art	III Analysis of Changes in Net Assets or Fund B	salances		
(must agree with end-of-year figure reported on prior year's return)1117,096.2Enter amount from Part I, line 27a2-8,098.3Other increases not included in line 2 (itemize)30.4Add lines 1, 2, and 34108,998.5Decreases not included in line 2 (itemize)50.	1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
2 Enter amount from Part I, line 27a 2 -8,098. 3 Other increases not included in line 2 (itemize) ► 3 0. 4 Add lines 1, 2, and 3 4 108,998. 5 Decreases not included in line 2 (itemize) ► 5 0.					11	117.096.
3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 Oc.	2	•	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	-8.098
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 0.						
5 Decreases not included in line 2 (itemize) ►						
	5	Decr	eases not included in line 2 (itemize)			
	6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		108,998.

123511 12-02-11

	the kind(s) of property sold (e.g., ouse; or common stock, 200 shs.			P-	ow acquired Purchase Donation	(c) Da (mo.	te acquired ., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NONE								
C			_					
_d			<u> </u>		_			
e				<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) lus (f) minus (
a								
b								
C								
d				_				
e								
Complete only for assets showing ga							(Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Loss	ut not less than es (from col. (l	n))
a								
b								<u> </u>
c								
d								
е								-
2 Capital gain net income or (net capital	If gain, also enter in If (loss), enter -0- i	n Part I, line in Part I, line	7 7	}	2			
Net short-term capital gain or (loss) a	•			1				
If gain, also enter in Part I, line 8, colu		(0).		1				
If (loss), enter -0- in Part I, line 8	• •			<i></i>	3			
Part V Qualification Und	er Section 4940(e) for I	Reduced	Tax on Net	Inve	stment li	ncome		
f section 4940(d)(2) applies, leave this p Vas the foundation liable for the section f "Yes," the foundation does not qualify u	4942 tax on the distributable amo	plete this pa	art.					Yes X No
Enter the appropriate amount in each		ctions before	making any entrie					(4)
(a) Base period years Calendar year (or tax year beginning in			Net value of no	(c) nchari			Distrib (col. (b) divi	(d) ution ratio ded by col. (c))
2010		,105.			53,22			.54685
2009),158.			75,90			.52907
2008		,660.			132,30			.64744
2007		;173.			161,12			.40449
2006		,222.			204,96	0.		.36212
2 Total of line 1, column (d)						2		2.48999
Average distribution ratio for the 5-ye		n line 2 by 5,	or by the number	of yea	rs			
the foundation has been in existence	f less than 5 years					3		.49799
Enter the net value of noncharitable-u	se assets for 2011 from Part X, lin	ne 5				4		63,700
Multiply line 4 by line 3						5		31,723
Enter 1% of net investment income (1	% of Part I, line 27b)					6		0
Add lines 5 and 6						7		31,723
B Enter qualifying distributions from Pa	rt XII, line 4					8		32,765

• THE RUSSELL D. GARRETT FOUN	DATION				
Form 990-PF (2011) C/O ROBERT L. GUGINO		86-103	7166		ge 4
Part VI Excise Tax Based on Investment Income (Section	4940(a), 4940(b), 4940(e), o	r 4948 - see	instru	ctions	;)
1a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter	if necessary-see instructions)		_		1
b Domestic foundations that meet the section 4940(e) requirements in Part V, check he		1 1	_	(0.
of Part I, line 27b				-1	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations en	ter 4% of Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations o	• • • • • • • • • • • • • • • • • • • •	2		(0.
3 Add lines 1 and 2	,	3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only. Others enter -0-)	4			Ō.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5			0.
6 Credits/Payments:		1 3 to 1	4000	*5. e	
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a		7		
b Exempt foreign organizations - tax withheld at source	6b	_		4	
c Tax paid with application for extension of time to file (Form 8868)	6c		\$		1
d Backup withholding erroneously withheld	6d	<u> </u>	- *	. 4,	
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220	is attached	8		· · · ·	•
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	is attached	▶ 9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overp	oid b	10		<u> </u>	<u>.</u>
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax	Refunded	11			
Part VII-A Statements Regarding Activities	[Nelulided]				
1a During the tax year, did the foundation attempt to influence any national, state, or local	Il logiciation or did it participate or intensi			Yes N	<u></u>
any political campaign?	in legislation of old it participate of littervi	511 6 III			X
b Did it spend more than \$100 during the year (either directly or indirectly) for political i	ournance (see instructions for definition)	2	1a		<u>^</u> X
			1b	Yes a	<u>~</u>
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activity	es and copies of any materials publi	snea or		"kut"	
distributed by the foundation in connection with the activities.				يُند حانا ــ	اً 12 مسط
c Did the foundation file Form 1120-POL for this year?	ma Alba yanan		1c		<u>X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri			,	·	
(1) On the foundation. ► \$ (2) On foundation mar		<u>) .</u>		*	1
e Enter the reimbursement (if any) paid by the foundation during the year for political ex	spenditure tax imposed on toundation		1 1	1	
managers. > \$. H 1000				
2 Has the foundation engaged in any activities that have not previously been reported to	o the IRS?		2_	_ 4	<u>X</u>
If "Yes," attach a detailed description of the activities.				Ì	
3 Has the foundation made any changes, not previously reported to the IRS, in its gover		n, or			!
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the c	_		3		<u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	he year?	/-	4a		<u>X</u> _
b If "Yes," has it filed a tax return on Form 990-T for this year?	_	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year?		5		<u>X</u>
If "Yes," attach the statement required by General Instruction T					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis	fied either:			1	
 By language in the governing instrument, or 				~	
 By state legislation that effectively amends the governing instrument so that no mar 	idatory directions that conflict with the s	tate law			
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
If "Yes," complete Part II, col. (c), and Part XV.	_			ĺ	I
8a Enter the states to which the foundation reports or with which it is registered (see inst	ructions) >			1	!
AZ					
b If 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	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning	of section 4942(j)(3) or 4942(j)(5) for a	alendar			I
year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Y	es," complete Part XIV		9		<u>X_</u>
10 Did any persons become substantial contributors during the tax year? if eyes attach a	echadula listing their names and addresses		10 1		Y

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

Form 990-PF (2011)

0

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

▶

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	50,912.
Ь	Average of monthly cash balances	1b	13,758.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	64,670.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	64,670.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	970.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	63,700.
6	Minimum investment return. Enter 5% of line 5	6	3,185.
P	art XI Foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	3,185.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,185.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,185.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,185.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	32,765.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	32,765.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	32,765.
	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

Form **990-PF** (2011)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				3,185.
2 Undistributed income, if any, as of the end of 2011				3,103.
a Enter amount for 2010 only			0.	
b Total for prior years:				4
,		0.		
3 Excess distributions carryover, if any, to 2011:	.₩ ' ¾ '		£	*
a From 2006 64,638.	,			
b From 2007 57,201.	> v i v	<i>j</i> r. 2-		~
c From 2008 79,093.	, ,	, , , , , , , , , , , , , , , , , , ,		*
d From 2009 36,371.				* *
e From 2010 26,444.			3	*
f Total of lines 3a through e	263,747.	*		
4 Qualifying distributions for 2011 from		% S	* ; *	~ `
Part XII, line 4: ►\$ 32,765.		1	de como monte de monte de la composition della c	ž .
a Applied to 2010, but not more than line 2a			0.	<u> </u>
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	¢.	*
c Treated as distributions out of corpus			× . *	
(Election required - see instructions)	0.	* •		
d Applied to 2011 distributable amount			, x	3,185.
e Remaining amount distributed out of corpus	29,580.	*, ` *,		
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount	0.	· · · · · · · · · · · · · · · · · · ·		0.
must be shown in column (a))		* ** ** **	4, \$4,800	t vyrtuge j∰ddini
6 Enter the net total of each column as indicated below;		×^	Ž.	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	293,327.	*		•
b Prior years' undistributed income. Subtract	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		·** , ., «, «	
line 4b from line 2b	, , ,	0.		
c 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	<u> </u>	0.		** /3
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		*
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
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)	0.			
8 Excess distributions carryover from 2006	64 630			1
not applied on line 5 or line 7	64,638.			
9 Excess distributions carryover to 2012.	220 620			
Subtract lines 7 and 8 from line 6a	228,689.	· · · · · · · · · · · · · · · · · · ·		
10 Analysis of line 9:				
a Excess from 2007 57, 201.				
b Excess from 2008 79,093.				
c Excess from 2009 36,371.				
d Excess from 2010 26, 444.	ł			
e Excess from 2011 29,580.	<u></u>	<u> </u>		Form 990-PF (2011)

THE RUSSELL D. GARRETT FOUNDATION

C/O ROBERT L. GUGINO

86-1037166 Page 11

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year INDIAN NATIONAL FINALS RODEO NONE PUBLIC CHARITY AMATEUR SPORTS P.O. BOX 508 BROWNING, MT 59417 10,000. PUBLIC CHARITY YOUTH SERVICES BOYS AND GIRLS CLUB NONE P.O. BOX 40217 TUCSON, AZ 85717 6,000. TUCSON YOUTH DEVELOPMENT NONE PUBLIC CHARITY HOLIDAY PROJECT 1901 NORTH STONE AVENUE 1,000. TUCSON, AZ 85705 SOUTHERN ARIZONA RESCUE ASSOCIATION NONE PUBLIC CHARITY SEARCH AND RESCUE P.O. BOX 12892 PROGRAMS TUCSON, AZ 85732 5,000. DE LA SALLE BLACKFEET SCHOOL NONE PUBLIC CHARITY EDUCATION P.O. BOX 1489 BROWNING MT 59417-1489 10 000 ► 3a Total 32,000. b Approved for future payment NONE ➤ 3b Total

Form 990-PF (2011)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			-		
b			ļ		
c	_		 		
d	_	<u> </u>	 		
e	_				
Topo and contracts from accomment accomme	_				
g Fees and contracts from government agencies2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	582.	_
5 Net rental income or (loss) from real estate:	1.00			4名,深水麻醉酒	
a Debt-financed property		W. 7 - W.	7	7 14 77 27 17 17 17 17 17 17 17 17 17 17 17 17 17	
b Not debt-financed property					- -
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue:					
a	_		<u> </u>		
b	_		<u> </u>		
C	_		<u> </u>		
d			ļ		
e	\$ 18 (15).	0.	 	F02	
12 Subtotal. Add columns (b), (d), and (e)	« ' · , ' · ·)	<u> </u>	*	582.	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.	1			13	302.
		ampliahment of Fr		4 D	
Part-XVI;B Relationship of Activities	S to the ACC	omplishment of E	remp		
Line No. Explain below how each activity for which in			contril	outed importantly to the accor	mplishment of
the foundation's exempt purposes (other th	ian by providing it	inus ior such purposes).			
	· · · · · ·				
				_	
				18	
		•			
		<u>-</u>			
123621					Form 990-PF (2011)

Part	XVII	Information Re Exempt Organ		sfers To a	and Transaction	s an	d Relations	hips With No	oncharitable	е	
1 D	ıd the or	ganization directly or indir		of the followin	ug with any other organi	zation	described in secti	on 501(c) of		Yes	No
		other than section 501(c)						0.1 00 1(0) 01		,	
		from the reporting founda			- · · · · · · · · · · · · · · · · · · ·	3					
(1	I) Cash								1a(1)	/	X
(2	2) Other	assets							1a(2)		Х
b 0	ther tran	sactions:							~~~ <u>~</u>		,
(1	I) Sales	of assets to a noncharital	ble exempt organizat	tion					1b(1)		_X
(2	2) Purch	ases of assets from a nor	ncharitable exempt o	organization					1b(2)		X
-	-	l of facilities, equipment, (1b(3)		X
-	-	bursement arrangements							1b(4)		<u>X</u>
-	•	s or loan guarantees							<u>1b(5)</u>		_ <u>X</u> _
		rmance of services or me							1b(6)	_	<u>X</u> _
	-	facilities, equipment, mai	•		•	4 - 1			<u> 1c</u>	لــــا	X
		ver to any of the above is s given by the reporting fo								sets,	
) the value of the goods, (,				
(a) Line	no	(b) Amount involved	(c) Name of		exempt organization	_	(d) Description	of transfers, transact	ions, and sharing ar	rangeme	nts
				N/A							
	_										
				-						_	
	-										
								-			
	+										
											<u> </u>
		<u> </u>	-								
_					<u>-</u>						
											
ın	section	ndation directly or indirect 501(c) of the Code (other	than section 501(c)			ganızat	tions described		Yes	X] No
b lf	"Yes," co	mplete the following sche			(A) To a contract to						
		(a) Name of org	anization		(b) Type of organization	on		c) Description of r	elationship		
		N/A									_
						-					
						-	· · · · · · · · · · · · · · · · · · ·				
						-					
Sigr Here	and be	penalties of perjury, I declare to the life, it is true, correct, and complete the life, it is true, correct, and complete the life, it is true, correct, and complete the life, it is true, correct, and correct, and correct, and correct the life, it is true,	nplete Declaration of pro					has any knowledge	May the IRS return with the shown below X Yes	e prepare (see inst	er !
	1 5.	Print/Type preparer's na	~/	Preparer's		D	Date /	Check If	PTIN		
		RICHARD A.			1// // a		1/1	self- employed			
Paic	ı	CPA	- ,	Rep	1 Bull	10	7/5/12	· •	P00025	958	
Prep	oarer	Firm's name ► BEA	CHFLEISCH	MAN PC		- 12	/	Firm's EIN ► 8			
Use	Only										
		Firm's address ▶ P .	O. BOX 64	130							-
		TU	CSON, AZ	85728-	4130			Phone no. (520) 32	1-4	<u>600</u>
									Form 990	-PF(2011)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2011

THE RUSSELL D. GARRETT FOUNDATION C/O ROBERT L. GUGINO 86-1037166 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 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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, chantable, etc., contributions of \$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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Jame o	f organization		
TEING U	. organization		

THE RUSSELL D. GARRETT FOUNDATION C/O ROBERT L. GUGINO

Employer identification number

C/O R	OBERT L. GUGINO	8	6-1037166
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RUSSELL D. AND MARY GARRETT 4564 E. CAMP LOWELL DRIVE TUCSON, AZ 85712-1282	\$ 25,000.	Person X Payroll
(a) No.	(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) No.	(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) No.	(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) No.	(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) No.	(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.)
123452 01-2	3-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2011)

Name of organization

THE RUSSELL D. GARRETT FOUNDATION

C/O ROBERT L. GUGINO

Employer identification number

86-1037166

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number THE RUSSELL D. GARRETT FOUNDATION **GUGINO** 86-1037166 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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

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

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (AMOUNT	
ALLIANCE BANK UBS FINANCIAL SERVICES	_		5. 577.		0.		5. 577.
TOTAL TO FM 990-PF, PART I, L	N 4 =		582.		0.		582.
FORM 990-PF	ACC	OUNTI	NG FEES			STATEMENT	2
DESCRIPTION	(A EXPEN PER B	SES	(B) NET INVE MENT INC				ABLE
	1	,530.		765.			765.
ACCOUNTING FEES	_	•					
-		,530.		765.			765.
TO FORM 990-PF, PG 1, LN 16B	1		SIONAL FR			STATEMENT	
TO FORM 990-PF, PG 1, LN 16B =	1	ROFES:	SIONAL FE (B) NET INVE MENT INC	EST-	(C) ADJUSTED NET INCOM	(D) CHARII	ABLE
TO FORM 990-PF, PG 1, LN 16B FORM 990-PF O DESCRIPTION	THER P	ROFES:	(B) NET INVE	EST-	ADJUSTED	(D) CHARIT	3 ABLE
TO FORM 990-PF, PG 1, LN 16B FORM 990-PF O DESCRIPTION INVESTMENT FEES	THER P	ROFES:	(B) NET INVE	EST-	ADJUSTED	(D) CHARIT	3 ABLE SES
TO FORM 990-PF, PG 1, LN 16B FORM 990-PF DESCRIPTION INVESTMENT FEES TO FORM 990-PF, PG 1, LN 16C	THER P	ROFESS OOKS 150.	(B) NET INVE	EST-COME	ADJUSTED	(D) CHARIT	ABLE SES
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B FORM 990-PF O DESCRIPTION INVESTMENT FEES TO FORM 990-PF, PG 1, LN 16C FORM 990-PF DESCRIPTION	THER P	ROFESS OOKS 150.	(B) NET INVE MENT INC	EST- COME 150.	ADJUSTED	(D) CHARIT	ABLE SES 0.
TO FORM 990-PF, PG 1, LN 16B FORM 990-PF O DESCRIPTION INVESTMENT FEES TO FORM 990-PF, PG 1, LN 16C FORM 990-PF	THER P	ROFESS OOKS 150.	(B) NET INVE MENT INC	EST- COME 150.	ADJUSTED NET INCOM	STATEMENT FAIR MARK	ABLE SES 0. 4

(Rev. January 2012) Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Internal Revenue Service

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			▼ X	
If you are filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of t	this form).			
Do not complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed For	m 8868.		
Electronic filing (e-file), You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file (6	months for a co	rporation	
equired to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	68 to request ar	n extension	
of time to file any of the forms listed in Part I or Part II with the exc						
Personal Benefit Contracts, which must be sent to the IRS in paper						
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.		,		J	,	
Part I Automatic 3-Month Extension of Time		ubmit original (no copies ne	eded).			
A corporation required to file Form 990-T and requesting an autom	natic 6-mo	onth extension - check this box and o	complete			
Part I only						
All other corporations (including 1120-C filers), partnerships, REMI to file income tax returns.	Cs, and ti	rusts must use Form 7004 to reques	t an extens	sion of time		
pe or Name of exempt organization or other filer, see instructions. Employer ident				identification nu	mber (EIN) or	
THE DESCRIPT D. GLODDER HOUSE STORY						
C/O ROBERT L. GUGINO	ıDnı ı	X 86-10371			166	
ile by the						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Social sec	ocial security number (SSN)		
tiling your eturn See nstructions City, town or post office, state, and ZIP code. For a form TUCSON, AZ 85712-1282	oreign add	ress, see instructions.				
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Application	Return	Application			Return	
ls For	Code	Is For			Code	
					07	
Form 990	01	Form 990-T (corporation)				
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 (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
ROBERT L. GUGII						
 The books are in the care of 4564 E. CAMP LC 	OWELL	DRIVE - TUCSON, A	<u>z 857</u>	<u> 12-1282 </u>		
Telephone No. ► (520)577-7171		FAX No				
 If the organization does not have an office or place of business 	s in the Ur	nited States, check this box				
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this						
box If it is for part of the group, check this box						
1 I request an automatic 3-month (6 months for a corporation			-			
		ition return for the organization name		The extension		
is for the organization's return for:	t organiza	Mor rotall for the organization flam.	oo abovo.	THE CALCULATION		
► X calendar year 2011 or						
		.ddi				
tax year beginning	, ar	nd ending		 ·		
2 If the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions.			3a	\$	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 overp	-		3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your pa						
by using EFTPS (Electronic Federal Tax Payment System).	•		3c	\$	0.	
Caution. If you are going to make an electronic withdrawal						
LHA For Privacy Act and Paperwork Reduction Act Notice,			<u> </u>		Rev. 1-2012)	
	see msu	ucuona.		1 01111 0000	, (11 0 4. 1.2012)	
123841 01-04-12						