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## Form 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

2011

Fo	r cale	endar year 2011 or tax year beginning	7/1/2011	, ar	nd ending	. 6/	30/2012		
N	ame of	foundation			<del></del>	ΑE	mployer identification nu	mber	
13	NNE	RUFFIN CHARITABLE FOUNDATION	-		-		45-0521	059	
		and street (or P O box number if mail is not delivered to street	address)	_	Room/suite	ВТ	elephone number (see inst		
50	o sHi	ETLAND ROAD			ľ		702 735-	7708	
C	ty or to	wn, state, and ZIP code				C If	exemption application is pe		•
LA	S VE	GAS	NV	;	89107				
			tial return of a	former p	ublic charity	D 1.	Foreign organizations, che	eck here	• 🗀
			nended return	•	•				
	•	Address change 🔲 Na	ame change			Į <sup>2.</sup>	Foreign organizations mee check here and attach cor		• 🗀
	Che	ck type of organization Section 501(c)(3) e		foundatio	on .				
Г		ction 4947(a)(1) nonexempt charitable trust	• •				private foundation status wilder section 507(b)(1)(A), o		• 🗀
		market value of all assets at end J Accountin				ł			ш
'			specify)	χ Cash	Accrual	I -	the foundation is in a 60-m ider section 507(b)(1)(B), o		• 🗀
		16) ▶ \$ 0 (Part I, column		cash bası	s)				ب
₽ P	art I	Analysis of Revenue and Expenses (The total			-	•		(d) Disbursemen	ts
·		amounts in columns (b), (c), and (d) may not necessarily equ			(b) Net investm	ent	(c) Adjusted net	for charitable	
(N)		the amounts in column (a) (see instructions) )	books	\$	income		ıncome	purposes (cash basis only)	)
	1	Contributions, gifts, grants, etc., received (attach schedule)						,	
SEP	2	Check ▶ if the foundation is not required to attach Sch	В	Ì					
(T)	3	Interest on savings and temporary cash investments		0		0			
远	4	Dividends and interest from securities .		0		0			
图	5 a	Gross rents				0		• /	
<i>₩</i> •	, t	Net rental income or (loss)	0		· · · · · · · · · · · · · · · · · · ·	· · · · · ·			
SCANNEL	6 6	Net gain or (loss) from sale of assets not on line 10	3d-1	0	· <u>···</u>			<u></u>	]
(N)	:  t	Gross sales price for all assets on line 6a	181						
ď	7	Capital gain net income from Part IV, Jing 22012	181			0			
	8	Net short-term capital gain 55	22				0	ļ	
	9	Income modifications			<del></del>		<b>/</b>		
		Gross sales less returns and allowances				$\leftarrow$		· · · · · · · · · · · · · · · · · · ·	<del></del>
		D Less. Cost of goods sold	0						
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule)		<del>/                                    </del>		0	1		
	12	Total. Add lines 1 through 11				• 1			$\dashv$
	140		<del>                                     </del>	0	1 <sup>9</sup>	i H	0		
Sener	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages	<del>-/</del>	103 /1	<del></del>	VI.	<del>/</del>		
2	15	Pension plans, employee benefits	/	142			<del> </del>	<del></del>	
		Legal fees (attach schedule)	1	1 0	<del>N</del> V	6	0	-	0
Ú	ŀ	Accounting fees (attach schedule)		. 0	<del></del>	/ <u>o</u>			0
<u>5</u>		Other professional fees (attach schedule)	17.	<b>14</b> 0		/ ō		<del></del>	0
7	17	Interest	100	,					
Ţ	18	Taxes (attach schedule) (see instructions)	17	0	:/	0	0		0
.5	19	Depreciation (attach schedule) and depletion .	180	0		0	0		
<u> </u>	20	Occupancy							
₫	21	Travel, conferences, and meetings							
2	22	Printing and publications							
Operating and Administrative Ex	23	Other expenses (attach schedule)		0		0	0		0
Ē	24	Total operating and administrative expenses.	$\downarrow$	_			-		
Ž	1	Add lines 13 through 23 ·		. 0	- <del>-</del>	0	0		0
٥	25	Contributions, gifts, grants paid:	<del></del>	0			<u> </u>		0
	20	Total expenses and disbursements. Add lines 24 and 25		0		0	0		0
	27	Subtract line 26 from line 12		]					
		Excess of revenue over expenses and disbursements	<u></u>	0					
		Net investment income (if negative, enter -0-).	<u> </u>			0			
	0	Adjusted net income (if negative, enter -0-)		}			l n	ŀ	ļ

## Form 990-PF (2011) LYNNE RUFFIN CHARITABLE FOUNDATION 45-0521059 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

i		501(c) of the Code (other than	engage in any of the following with section 501(c)(3) organizations) o					Yes No			
a Transfers from the reporting foundation to a noncharitable exempt organization of:											
(1) Cash											
(	2) Other	assets					1a(1) 1a(2)				
		nsactions:									
	-		empt organization				1b(1)	<u> </u>			
	<ul><li>(1) Sales of assets to a noncharitable exempt organization</li></ul>										
	(2) Daniel of facilities and import on the country										
	(4) Reimbursement arrangements										
	(5) Loans or loan guarantees										
			•				1b(6)				
	_		sts, other assets, or paid employe				1c	L			
١	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) L	ne no	(b) Amount involved (c) Name	of noncharitable exempt organization	(d) De	scription of transfers,	transactions, and s	haring arra	angements			
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		0		1							
(	described		ated with, or related to, one or mo other than section 501(c)(3)) or in				res 🗌	No			
	(	(a) Name of organization	(b) Type of organization		(c) Description of rela			tionship			
						•	<del></del>				
			··								
					· · · · · · · · · · · · · · · · · · ·			<u> </u>			
						<del></del>		_			
						<del></del> -					
	Under	penalties of persury. I declare that I have examined	this cetum, including accompanying schedules and si	tatements a	nd to the best of my knowl	adae and holief it is tru	•				
	correct		laxpayer) is based on all information of which prepare			Suga and belief, it is the	·,				
Sig	n	/ John	May the IRS	e IRS discuss this return							
Hei	re 🔪 🖊	1 1 11/11	E 15	with the prep							
	17/	Signature of officer or trustee Date Pittle RUSTISTE						s No			
	_ <del>S</del> īgi		Date 1168		l Data		LDTIN				
Dai	A	Print/Type preparer's name	Preparer's signature		Date	Chook	PTIN				
Paid		EDANK CALLAS	1 +1/2 Maller	/	0/0/2012	Check if	D0407	0452			
Pre	parer	FRANK GALLAS	1 Januar		9/9/2012	self-employed	P0127				
Use Only Firm's name GALLAS INC.							8-02084				
		Firm's address ► P O BOX 419 5	<u>50 PIONEER BLVD. STE 204, M</u>	ESQUIT	E, NV 89024	Phone no (702	2) 346-1	122			

Form **990-PF** (2011)

# Form 8868

(Rev January 2012)

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete  Part I only	<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box</li></ul>									
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete  Part I only.  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Enter filer's identifying number, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Type or Name of exempt organization or self a P O Dox, see instructions.  Social security number (SN)  Soci	a corpora 8868 to re Return fo	ation required to file Form 990-T), or an additic equest an extension of time to file any of the r Transfers Associated With Certain Persona	onal (not a forms liste Il Benefit C	utomatic) 3-month extension of tim d in Part I or Part II with the excepti ontracts, which must be sent to the	e. You can el ion of Form 8 lRS in papel	ectronically 870, Inform r format (se	file Form ation e			
Part I only.    All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns    Enter filer's identifying number, see instructions   Employer identification number (EIN) or Print   Employer identification number (EIN) or   Exhibit Number, steet, and room or suite no if a P O box, see instructions   Social security number (SSN)	Part I	Automatic 3-Month Extension of 1	ime. Only	y submit original (no copies need	ded).					
LYNNE RUFFIN CHARITABLE FOUNDATION   X 45-0521059	A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete  Part I only									
Number, street, and room or suite no. If a P O. box, see instructions    Social security number (SSN)	Type or	Name of exempt organization or other filer, se	e instruction	ns.	Employer is	oyer identification number (EIN) or				
Number, street, and room or suite no If a P O box, see instructions   Social security number (SSN)	print	LYNNE RUFFIN CHARITABLE FOUNDA	TION		X 45-0521059					
filing your return See mistructions  Enter the Return code for the return that this application is for (file a separate application for each return)  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return Code Is For Code Is Fo	File by the			nstructions	Social se	r (SSN)				
Telephone No. ▶ FAX No. ▶ FAX No. ▶ If this is for a Group Return, enter the organization of sor the whole group, check this box . ▶ If it is for part of the group, check this box . ▶ If it is for the whole group, check this box . ▶ If it is for the organization's return for the organization's for Form 990-T (and ending year organization's return for the organization is for form 990-T (and ending year organization's four digit Group Exemption Number (GEN) is for the whole group, check this box . ▶ If it is for part of the group, check this box . ▶ If this is for a Group Return ending year or the organization's return for the organization's return for the organization's return for: ▶ If this return for the organization's return for: ▶ If this application is for Form 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ If this application is for Form 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a   Fifting application is for Form 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a   Fifting application is for Form 990-T, 4720, or 6069, enter the tentative tax, less any entired due to the organization's for Form 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a   Fifting application is for Form 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a   Fifting application is for Form 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a   Fifting application is for Form 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a   Fifting application is for Form 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a   Fifting ap		500 SHETLAND ROAD								
Enter the Return code for the return that this application is for (file a separate application for each return)    Application		City, town or post office, state, and ZIP code	For a foreig	n address, see instructions						
Application Is For Code Is For Code Is For Code Form 990		LAS VEGAS			NV	89107				
Is For	Enter the	Return code for the return that this application	on is for (fil	e a separate application for each re	eturn)		04			
Form 990	Applicat	tion	Return	Application			Return			
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-F 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  • The books are in the care of    Telephone No.    If the organization does not have an office or place of business in the United 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 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 this is for part of the group, check this box    If this is for the whole group, check this box    If this is for a Group Return, enter the organization is for the whole group, 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 this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    If this is for a Group Return, enter the organization and attach a list with the names and EINs of all members the extension is for the organization for form 990-T, of file the exempt organization return for the organization of time until    2/15/2013    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:	Is For		Code	is For			Code			
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-F 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  • The books are in the care of    Telephone No.    If the organization does not have an office or place of business in the United 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 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 this is for part of the group, check this box    If this is for the whole group, check this box    If this is for a Group Return, enter the organization is for the whole group, 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 this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)    If this is for a Group Return, enter the organization and attach a list with the names and EINs of all members the extension is for the organization for form 990-T, of file the exempt organization return for the organization of time until    2/15/2013    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:	Form 99	0	01	Form 990-T (corporation)			07			
Form 990-EZ	Form 99	0-BL								
Form 990-PF			01		·		09			
Telephone No. ▶ FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box			04	Form 5227	·	****	10			
Telephone No. ► FAX No. ►  If the organization does not have an office or place of business in the United States, check this box	Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
Telephone No. ▶ FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box	Form 99	0-T (trust other than above)	06	Form 8870			12			
If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  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.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c. \$ 0	Telephone No. ► FAX No. ►  If the organization does not have an office or place of business in the United States, check this box									
If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  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.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3a \$  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return								
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