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Form 990 PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service

Note.

Treated as a Private Foundation

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

OMB No 1545-0052

2010

For	cale	ndar year 2010, or tax year begin	ning				2010, and en	ding		, 20
G	Chec	x all that apply initial re		-	7 .		er public char	*	Final	return
		Amende	d retu	urn	Address c	hange	Na	me change		
N	lame (of foundation TUTTLE PRIVATE	FΡ	MILY E	TOUNDAT	ION		A Employer I		ion number
N	lumba	er and street (or P.O. box number if					Room/suite			ee the instructions)
		1025 E WATERFO				iddiess)	Roombaute	574-86	•	•
C	ity or	town, state, and ZIP code						C If exemption ap	plication is pe	nding.
		WAKARUSA IN 46	573	3				D 1 Foreign org		
H	Chec	k type of organization. X Section	n 501	(c)(3) exem	pt private for	indation		2 Foreign org	janizations me here and ettak	eting the 85%
П	Secti	ion 4947(a)(1) nonexempt charitable	trust	Other	r taxable priv	ate foundation	วก	E If private found	lation status wi	
LE		arket value of all assets at end of			method [,]		Accrual	terminated und 507(b)(1)(A), cl		
		rom Part II, col (c), line 16)	- }	Other (s	pecify)	, _	,	F If the foundation		onth
▶\$	•	37,956.	1			be on cash t	pasis.)	termination und 507(b)(1)(B), d		
		Analysis of Revenue and Expens			enue and	<u> </u>	7	1		d) Disbursements
		(The total of amounts in columns (b (c), & (d) may not necessarily equal amounts in column (a) (see instr.))), the	exper	nses per oks	(' '	vestment ome	(c) Adjusted r	net `	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		·L]' -	1	,	` { '	
	2	- F1	not	,	, ,	*	1.	1		
	1	required to attach Sch. B]	1			明,你你说
	3	Interest on savings and temp cash investmen	ts	1	,085.					والمسابع في المعالم المعالمين
	4	Dividends and interest from securit	ties];	
	5a	Gross rents								
	Ь	(Net rental shoome or (loss))	100	1	, , a	- 1			
<u>o</u>	6a	Net gain/(loss) from sale of assets not on line			293.	Marie Land	14 Sept 1			
Z Z	Ь	Gross sales price for all assets on line 6a 3,000	•				in the second			
Revenue	7	Capital gain net income (from Part IV, line 2)			1444		, &	第三次		
Œ	8	Net short-term capital gain				PARTY IN				
	9	Income modifications	<i></i> .						企	
	10a	Gross sales less				The sales		と 一般の 自然の	<u> </u>	
	Ь	Less Cost of goods sold		(* N)	<u>"", ", ", ", ", ", ", ", ", ", ", ", ", </u>	Branch State	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· ~ ~	
	c	Gross profit or (loss) (attach sched	ule)			,,,				
	11	Other income (attach schedule)							****	
	12	Total. Add lines 1 through 11		. 1	.,378.				£13	
	13	Compensation of officers, directors, trustees, etc								
5	14	Other employee salaries and wage	s	·}						
8	15	Pension plans, employee benefits				<u> </u>				
Beidseis [] [16a	Legal fees (attach schedule)		·		ļ				
	b	Accounting fees (attach schedule)		ļ	150.	 				
<u> </u>	ľ	Other professional fees (attach schedu		}		 				
<u>a</u>	17	Interest								
<u>(S)</u>	18	Taxes (attach schedule) (see instructions)		ļ <u>.</u>		<u> </u>				TO HER WAY THE WARM THE TANK THE STATE OF STATE
Operating and Addillistrative Ex	19	Depreciation (attach sch.) and deplet	ion	· _		ļ				MAN AND AND AND AND AND AND AND AND AND A
Ž,	20	Occupancy								
Ĕζ	21	Travel, conferences, and meetings								
ğ	22	Printing and publications				 				
atir	23	Other expenses (attach schedule)		·		<u> </u>				
De C	24	Total operating and administrati				{	}		ļ	
Ō	İ	expenses. Add lines 13 through 23	3 . <i>.</i>	ļ	150.	 				
	25	Contributions, gifts, grants paid	<i>.</i> .		,005.	ļ	7 7 14 14		· · · · · · · · · · · · · · · · · · ·	
	26	Total exp & disbursements Add lines 24 and	25 .	4	,155.	1		1 4 4 2		r agr. agrg 77 - ' ha ' hir
	27	Subtract line 26 from line 12:					7 F 797.4		ر من ای	等等 计信仰
	"	Excess of revenue over expense and disbursements	э 	(2	<u>,777.)</u>	<u> </u>				₹, ;
		Net investment income (if neg , ente				L			1	• •
	_ c	Adjusted net income (if neg , enter 4	J-)							<u> </u>

For Paperwork Reduction Act Notice, see the instructions.

18

P:	art II	Balance Sheets description column should be for	Beginning of year	End	of year
		end-of-year amounts only (See Inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	14,310.	12,155.	12,155.
	2	Savings and temporary cash investments	24,614.	25,332.	25,801.
	3	Accounts receivable ▶	<u>, , , , , , , , , , , , , , , , , , , </u>		A STATE OF THE STA
	{	Less: allowance for doubtful accts ▶			
	4	Pledges receivable			The Control of the Co
	l	Less: allowance for doubtful accts ▶			
	5	Grants receivable			
	l				
	6	Receivables due from officers, directors, trustees, and other	į		
	١.	disqualified persons (attach schedule) (see the instructions)			}
	7	Other notes and loans receivable (attach schedule)	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less allowance for doubtful accounts]
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		——————————————————————————————————————	
Ž	10a	Investments - U.S. and state govt obligations (attach schedule)			<u> </u>
		Investments - corporate stock (attach schedule)			
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings,	,		The supplied of the second
	İ	Investments - land, buildings, and equipment basis			1
	12	Investments - mortgage loans			<u> </u>
	13	Investments - other (attach schedule)			
	14		But the second of the second	475-241- 4 4 - 421	THE PARTY OF THE P
	1	Less accumulated depreciation (attach schedule)	·······························	21 16	**************************************
	15	Other assets (describe			
	1		·····		
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item l)	38 924	37,487.	37,956.
_	17	Accounts payable and accrued expenses		37,407.	1.7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	18	Grants payable			
	19	Deferred revenue			
Liabilities	20				
₫		disqualified persons			
Ē	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	i				10. 对种数语性。2
	23	Total liabilities (add lines 17 through 22)			
	ļ	Foundations that follow SFAS 117, check here >	ľ		
	1	and complete lines 24 through 26 and lines 30 and 31.	Í		Parallel Maria
8	24	Unrestricted		 	
ä	25	Temporarily restricted			
Baj	26	Permanently restricted			
Net Assets or Fund Balances	1	Foundations that do not follow SFAS 117, ck. here ▶ 🏻	j		The water
2	l	and complete lines 27 through 31.	1		A MARIE WALL
b	27	Capital stock, trust principal, or current funds			
ă	28	Paid-in or capital surplus, or land, bldg., and equipment fund			Jan San San
S 3	29	Retained earnings, accumulated income, endowment, or other funds	40,733.	37,487.	
٦Ã	1	· · · · · · · · · · · · · · · · · · ·			
ž	30	Total net assets or fund balances (see the instructions)	40,733.	37,487.	1. 在沙罗斯·福度
	31	Total liabilities and net assets/fund balances (see the			
	1	instructions)	40,733.	37,487.	
P	7311	Analysis of Changes in Net Assets or Fund Bala			gr s & Julianiania 28 iliga — tiv
		net assets or fund balances at beginning of year - Part II, column (with	
•		of-year figure reported on prior year's return)			40,733.
_					(2,777.)
		amount from Part I, line 27a		I =	1-12///
		r increases not included in line 2 (itemize)			37,956.
		ines 1, 2, and 3		• • • • • • • • • • • • • • • • • • • •	37,950.
		eases not included in line 2 (itemize)		5	37,956.
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Pa	art II, column (b), line 30	1 6	31,330.

Ρ	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the	instr	ection	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶X & enter "N/A" on line 1	FARRE	-	र्गान्त्र र ट र्ग	1400
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)	2 2		* - 1	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐	N	/A		
	and enter 1% of Part I, line 27b	1 43	in n	4.77	A 3. 4 1
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter	a	1		, W
	4% of Part I, line 12, col (b)		F. Barrie		A. 3. 4. 4
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1.		0	
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4_			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0	
6-	Credits/Payments.	1- 		ን ^{ርተ} ር <i>አ</i> ንን	
a	2010 estimated tax payments and 2009 overpayment credited to 2010		11 1		hight of
þ	Exempt foreign organizations - tax withheld at source				Set .
C	Tax paid with application for extension of time to file (Form 8868) 6c	SKAP A		ALL ST	
d	Backup withholding erroneously withheld	滤粉			
7	Total credits and payments. Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enteramount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax▶ Refunded ▶ 11				
P	art VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or		THE S	Yes	No
	intervene in any political campaign?	[1a		Х
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for	[
	definition)?	}	16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ſ		探测	
	or distributed by the foundation in connection with the activities	ł			120
C	Did the foundation file Form 1120-POL for this year?		1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	Ī	光照	50° N - 0	W 1/2
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$	ľ	7	14	1.4
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	_			*
	on foundation managers. > \$		100	7	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If "Yes," attach a detailed description of the activities	- [8/10 CB		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	ŀ			影响
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	[4a		X
	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		X
	If "Yes," attach the statement required by General Instruction T.	F			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ľ			
	By language in the governing instrument, or	ŧ	***	X	
	By state legislation that effectively amends the governing instrument so that no mandatory directions	j,	· - '%		¥ - 1,
	that conflict with the state 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? If "Yes," complete Part II, col. (c), and Part	: XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions)	F	The state of	7.2	57258F 17
	▶ IN	_ }		ម្រើមក្រង់ ពិទីក	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	-	45		. 1 .
_	designate) of each state as required by General Instruction G? if "No," attach explanation		8ь	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	Ţ	- 700	, e.s.	(Till)
-	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV in instructions)? If "	Yes."		,	
	complete Part XIV		9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1	-		
. •	names and addresses		10		Х

		26-2	6194	60	P	age 5
	rt VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes" attach schedule (see instructions)				ļ	}
	If "Yes," attach schedule (see instructions)			11		X
12	7 1/1				ŀ	1
	before August 17, 2008?			12	<u> </u>	X
13	The state of the s	cation?.	• • • • • •	13	X	<u>L</u>
	Website address ▶					~
14	The books are in care of SHARON FORTE Telephone			<u>-86</u>	2-1	982
4-	Located at ► 65150 COUNTY ROAD 3 IN WAKARUSA ZIP+4 ►					
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here					▶ _
40	and enter the amount of tax-exempt interest received or accrued during the year					,
16	and the state of t		1		Yes	No
	over a bank, securities, or other financial account in a foreign country?			16	٠, ,] X
	See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the	•		1610 - 1 14 8 1 1 1 1 2	ا برايم	
Do.	foreign country			و المالية	-3,165 A	PART LA
Fell	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			N. 53		
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			3. 1.	Yes	No
та	During the year did the foundation (either directly or indirectly).	. 57		#### 1	. 14	
		∕es 🏻	No	1		8,784
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	. 57			1	1. "Y."
	H .	res X	No		Service S	
	$oldsymbol{H}$	∕es 🏻	No	27.5	gt	
		∕es 🏻	No			1 1
	(5) Transfer any income or assets to a disqualified person (or make any of either available					A.C.
	• • • • • • • • • • • • • • • • • • • •	∕es 🏻	No			The state of
	(6) Agree to pay money or property to a government official? (Exception. Check "No"					
	if the foundation agreed to make a grant to or to employ the official for a period	C 2			777	
	after termination of government service, if terminating within 90 days)	∕es 🏻	No			1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in				という	門鄉
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	_		1b	Seed to 10 Y	W. 10.1 F.
	Organizations relying on a current notice regarding disaster assistance check here	▶ ∐			K 5 4	A. 1.
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			19.05 G A	F	
	that were not corrected before the first day of the tax year beginning in 2010?			1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				4 4 2	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			A. 1979		12
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d	=	1	, XI	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and 6e, Part XIII) for tax year(s) beginning before 2010?	res 🛚	No			ار آران مورگا بودا
	If "Yes," list the years ▶ 20, 20, 20		j		A.	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		}		e de la	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		}	4	第一次	3.77
	to all years listed, answer "No" and attach statement - see the instructions.)			2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business					
-		res 🏻	No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation)地图		
_	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved		ł		rite of	
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)					
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		ļ	27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PASS.	
	if the foundation had excess business holdings in 2010.)			3b		Γ,
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos			4a		X
740						

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 the tax year beginning in 2010?

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Part VII-B Statements Regarding Activ	vities for Which F	orm 4720 May Be R	equired (continued	(1)
5a 'During the year did the foundation pay or incur				The sale of the sa
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes 🛛 N	
(2) Influence the outcome of any specific public				
on, directly or indirectly, any voter registrat			Yes 🕅 N	
(3) Provide a grant to an individual for travel, s				
(4) Provide a grant to an organization other th			🗀 🕶 🛅 "	
in section 509(a)(1), (2), or (3), or section 4		-	Tyes X N	。 医皮肤 (含化)。
(5) Provide for any purpose other than religiou			,05 &	
educational purposes, or for the preventior			Yes N	
b If any answer is "Yes" to 5a(1)-(5), did any of to				
Regulations section 53.4945 or in a current no				5b
Organizations relying on a current notice regar				30 (30)
c If the answer is "Yes" to question 5a(4), does t				
		•	П у П "	
tax because it maintained expenditure respons			Yes N	0
If "Yes," attach the statement required by Regu		• •		
6a Did the foundation, during the year, receive an	•		n 61	
premiums on a personal benefit contract?				
b Did the foundation, during the year, pay premit	ims, directly or indirect	ly, on a personal benefit c	ontract?	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation				
b If "Yes," did the foundation receive any proceed				
Part VIII Information About Officers,	Directors, Truste	ees, Foundation Ma	nagers, Highly Paid	d Employees,
and Contractors				
1 List all officers, directors, trustees, foundation			instructions).	
(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 comp	(e) Expense account, other allowances
SCOTT J TUTTLE	PRESIDENT		and deterred comp	
1025 E WATERFORD	2	0		
SHARON M FORTE	TREAS			ļ
	INDAS	О		
65150 COUNTY ROAD 3				
				<u> </u>
	<u></u>		<u></u>	<u></u>
2 Compensation of five highest-paid employees	s (other than those in	cluded on line 1 - see the	e instructions).	
If none, enter "NONE."	, . 			
(a) Name and address of each employee paid	(b) Title, and average		(d) Contributions to employee benefit	(e) Expense account,
more than \$50,000	hours per week	(c) Compensation	plans and deferred	other allowances
	devoted to position		compensation	
NONE				
			 	
	1			
				
				
			L	L
Total number of other employees paid over \$50,000	<u></u>			
				Form 990-PF (2010)

BCA

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi and Contractors (continued)	ghly Paid Employees,
3 Five highest-paid independent contractors for professional services (see the instructions). If none, ent	ter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	<u>-</u>
Part IX-A Summary of Direct Charitable Activities	·····
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info such as the number of organizations and other beneficiaries served, conferences convened, research papers produce	
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 ar	nd 2. Amount
1 DONATED MONEY TO MARTY FRIEND TO ASSIST IN THE ADOPTION A CHILD FROM RUSSIA	
2 DONATED MONEY TO THE NORTHWOOD ATHLETIC DEPARTMENT AT	1,000.
NORTHWOOD HIGH SCHOOL IN NAPPANEE INDIANA	
NORTHWOOD HIGH SCHOOL IN NAFFANDE INDIANA	2,000.

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3,000.

All other program-related investments See instructions.

Total Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations, s	see the 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	
b Average of monthly cash balances	1b	
c Fair market value of all other assets (see the instructions)	1c	37,956.
d Total (add lines 1a, b, and c)	1d	37,956.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	13.1	
(attach detailed explanation)	,	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	37,956.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,		
see the instructions)	4	569.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	. 5	37,387.
6 Minimum investment return. Enter 5% of line 5	6	1,869.
Part XI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating for		
and certain foreign organizations check here ▶ ☐ and do not complete this part)		
1 Minimum investment return from Part X, line 6	1	1,869.
2 a Tax on investment income for 2010 from Part VI, line 5	, 1/2	
b Income tax for 2010. (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	1,869.
4 Recoveries of amounts treated as qualifying distributions		
5 Add lines 3 and 4		1,869.
6 Deduction from distributable amount (see the instructions)		
7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1		1,869.
Part XII Qualifying Distributions (see the instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etctotal from Part I, column (d), line 26		
b Program-related investments-total from Part IX-B	. 1b	3,000.
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	3,000.
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 the instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4		3,000.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the		
available for the praction 4040(a) reduction of town there were		

-	art Aill Ondistributed income (see the	ie instructions)	,		
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7	·}			1,869.
2	Undistributed income, if any, as of the end of 2010	0.77	<u> </u>	, ., – . – .	
а				<u></u>	ر بران المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد المراد المرا
b	Total for prior yrs. 20, 20, 20	777)-	
3	Excess distribs. carryover, if any, to 2010:	, , , , , , , , , , , , , , , , , , ,			, T N
а	From 2005]);	, , ,	
b	From 2006			w was a second	the state of the s
C	From 2007	المرابع الموسان على المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع ال المرابع المرابع	1		7 . 13 9 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .
d	From 2008				
θ	From 2009				A THE STATE OF THE
f	Total of lines 3a through e				
4	Qualifying distributions for 2010 from Part XII,	the a radio of M. W. water	100	1 - 21 - 410 - 61 - 61 - 61 - 61 - 61 - 61 - 61 -	
	line $4: \triangleright $$ 3,000.			· ;	
а	Applied to 2009, but not more than line 2a			,	
	Applied to undistributed income of prior			, , , , , ,	TO A STANFALL TO THE
	years (Election required - see the instr.)				
c	Treated as distributions out of corpus	·	7 - 7 - 7	To the same of the	No. 14174-14 September 1
	(Election required - see the instructions)	ļ			
н	Applied to 2010 distributable amount	F = 15,748 5,7 2		10. 11.	1 000
	Demokalara and Alakah a h a f	1,131.			1,869.
5		1,131.		,	
9	Excess distribs carryover applied to 2010	7 (,	vi vi		7,708,747,166 - 102
	(If an amount appears in column (d), the		()	, '} `	
_	same amount must be shown in col. (a).)			and the second	
6	Enter the net total of each column as				
	Indicated below:	Charles & Charles			
	Corpus. Add lines 3f, 4c, & 4e. Subtract line 5	1,131.		The state of the s	in the second
þ	Prior years' undistributed income. Subtract				
	line 4b from line 2b	Les Years of Color of the Color			
C	Enter the amount of prior years' undistributed	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	income for which a notice of deficiency				
	has been issued, or on which the section	CONTRACTOR OF COLOR			
	4942(a) tax has been previously assessed	ied Zander Private er		List Vans (Salar Parks) Book of	
đ	Subtract line 6c from line 6b. Taxable		·		
	amount - see the instructions	The state of the s			المراجع المسلطون المس
0	Undistributed income for 2009. Subtract	Marie Land Marie Called Control Control	<i>"</i>		A MANAGEMENT OF SECTION
	line 4a from line 2a. Taxable amount -			ł	
	see the instructions			j	
f	Undistributed income for 2010. Subtract				· · · · · · · · · · · · · · · · · · ·
	lines 4d and 5 from line 1. This amount	Neg 1		,	
	must be distributed in 2011				
7	Amounts treated as distributions out of		AT. 31	Port of the late of the second	Real Top Control
-	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see the	İ			
	instructions)		. '		The state of the s
8	Excess distributions carryover from 2005		* · · · · · · · · · · · · · · · · · · ·	The state of the s	A STATE OF THE STA
•	•				
	not applied on line 5 or line 7 (see the				
^	instructions)		Market St. 1975 St. 1975		
9	Excess distributions carryover to 2011.	1 121			
	Subtract lines 7 and 8 from line 6a	1,131.		* * * * * * * * * * * * * * * * * * *	The state of the s
	Analysis of line 9:				We are a Same
	Excess from 2006				. ,
	Excess from 2007		ľ	,	,
	Excess from 2008	,	Į		,
	Excess from 2009		1	'l	,
е	Excess from 2010 1, 131.	<u> </u>		<u> </u>	· ' '

BCA

NONE

Form 990-PF (2010)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

Recipient	If recipient is an individual,	Foundation		
	show any relationship to any foundation manager	status of	r dipose of grant of	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
Paid during the year				
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-	oss amounts unless otherwise indicated.	Unrelat	ed business income	Excluded	by section 512, 513, or 514	(e)
4 D.		(a) Business	(b) Amount	(c) Excl	(d) Amount	Related or exempt function income (See the
_	ogram service revenue.	code		code	 	instructions.)
				 	 	
		 		 		
		 		├	 	
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-	ees and contracts from government agencies	 		 		
	embership dues and assessments		1 005	 -	 	
	• •	14	1,085.		ļ	
	vidends and interest from securities		 	ļ		A THE COMPT OF THE PERSON OF T
	et rental income or (loss) from real estate.			. ". 34	The state of the s	A Control of Control
	ebt-financed property	<u></u>	· · · · · · · · · · · · · · · · · · ·	ļ	ļ	
	ot debt-financed property			ļ		<u></u>
	et rental income or (loss) from personal propert	Y		-		<u> </u>
7 Ot	her investment income			 		
		14	293.			
9 Ne	et income or (loss) from special events		·			
0 Gr	ross profit or (loss) from sales of inventory					
1 Ot	her revenue: a					
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 e					 	
, .	ibtotal. Add columns (b), (d), and (e)	सर्वे स्टब्स्ट्रा <u>स्</u> य	1 378	(1) The Table 1 (4)		
2 30	ibitolal. Add Columns (b), (d), and (e)	5 . A. G. 15.5"	1,370.	1 1		1,378.
	otal. Add line 12, columns (b), (d), and (e)		• • • • • • • • • • • • • • • • • • • •	• • • • • • •		1,370.
	rksheet in line 13 instructions to verify calculate VI-B Relationship of Activities to		maliahment of Ev	owent l	2	
Line N						anth, to the
LING N	accomplishment of the foundation's ex				•	*
<u>`</u>						
	THITEDEST EARNED ON AC		INCARASE IN		VAVIDDDD I	OR HEE
	INTEREST EARNED ON AC					OR USE
	INTEREST EARNED ON AC GAIN ON SALE OF ASSET					OR USE
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		2010) TUTTLE						26-2619		Pa	age 1
	XVII	Exempt Org							ncharit	able	
		anization directly or								Yes	No
		e Code (other than				-	to political organ	nizations?		Ì	1
		rom the reporting fo			=	on of					•
(,	1) Cash								1a(1)		X
•	•	rassets							1a(2)		Х
	her trans								}	[]	
		of assets to a non							1b(1)		X
		nases of assets from									Х
		al of facilities, equip							1b(3)		Х
-		bursement arrange							1b(4)		X
		s or loan guarantee							1b(5)		X
		mance of services							1b(6)		X
		facilities, equipmen									X
		er to any of the abo									
		er assets, or service						r market value in a	ny transa	action	
or s	sharing a	arrangement, show	in column (d) the	value of the g	joods, other as:	sets, or servi	ices received.				
	- F-3.		 								
(a) Line	no (b)	Amount involved	(c) Name of none	charitable exe	mpt organization	n (d)Desc	of transfers, trai	nsactions, and sha	iring arra	ngeme	ents_
											
											
			 								
								 			
			 								
			 								
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		ndation directly or i							₩	п	
		01(c) of the Code (501(c)(3)) or	in section 527?				⊠ Ye	es []	No
<u> b 11</u>		complete the follow		(b) T			7-5	Description of sale	-4:b:-		
		Name of organizat		501 C 3	pe of organizat	lion	MANAGERI	Description of rela	ttonsnip		
	FE C	ENTER OF	ELKUAKI (01 C 3			PIANAGERI	An			
							 				
							}		· · · · · ·		
											
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Sign	ł	Under penalties of best of my knowle	r perjury, i deciare dae and belief, it i	tnat i nave ex is true, correct	kamined this ret t. and complete	urn, includir Declaration	ng accompanying n of preparer (oth	i schedules and st Ier than taxpaver o	atements or fiducia:	s, and i	o ine
Here	1_	on all information	of which preparer	has any know	rledge.					,,	
		~ .	- T	_		Obs	Ac	DDD0755:-			
	Ĺ	200		(B)_		MINO		PRESIDENT	·		
	Į į Š	ignature of officer of		-	-	Date		Title			
Paid		Print/Type prepa			signature A	<i>7</i> ' <i>1</i>	Date		PTIN	1 - ^	
Prepa	rer	JUDIE A L			au m		*12/ 2011		20008		
11 6	Smb.	Firm's name	▶JL ACCOU	ΜΤΤΝŒ / Ι	XAT DNA	SERVIC	E Fir	m's EIN ▶20-3	3580	<u>u3_</u>	

Firm's address ▶1415 LINCOLN WAY WEST STE J OSCEOLA IN 46561-

Form 990-PF (2010)

Phone no. 574-675-7730

Use Only

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2010

Name of the organization TUTTLE PRIVAT	E FAMILY FOUNDATION	Employer identification number 26-2619460
Organization type (check o	ю).	1-5 2525100
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	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization is	covered by the General Rule or a Special Rule.	
-	(), (8), or (10) organization can check boxes for both the Genera	Rule and a Special Rule. See instructions.
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, Sor. Complete Parts I and II	\$5,000 or more (in money or property)
Special Rules		
sections 509(a)(1) and	organization filing Form 990 or Form 990-EZ that met the 33 1/3 170(b)(1)(A)(vi), and received from any one contributor, during the second form and the second form an	he year, a contribution of the greater of (1)
\$5,000 or (2) 2% or the	amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, li	ne 1 Complete Parts I and II.
aggregate contribution	(8), or (10) organization filing Form 990 or Form 990-EZ that re of more than \$1,000 for use exclusively for religious, charitable tion of cruelty to children or animals. Complete Parts I, II, and II	, scientific, literary, or educational
contributions for use e If this box is checked, purpose. Do not comp	(8), or (10) organization filing Form 990 or Form 990-EZ that re clusively for religious, charitable, etc., purposes, but these contrinter here the total contributions that were received during the year any of the parts unless the General Rule applies to this organitions of \$5,000 or more during the year	abutions did not aggregate to more than \$1,000. Pear for an exclusively religious, charitable, etc., Residual indication in the second secon
but they must answer "No" o	at is not covered by the General Rule and/or the Special Rules d n Part IV, line 2 of its Form 990, or check the box on line H of its the filing requirements of Schedule B (Form 990, 990-EZ, or 99	Form 990-EZ, or on line 2 of its Form 990-PF,
r Panenwork Reduction As	Notice, see the instructions for Form 990, 990-EZ, or 990-P	F. Schedule B (Form 990, 990-EZ, or 990-PF) (20

Schedule, B (Form 990, 990-EZ, or 990-PF) (20

Name of organ	ization		
TUTTLE	PRIVATE	FAMILY	FOUNDATION

Page 1 of 1 of Part I
Employer identification number 26-2619460

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate 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) Aggregate 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) Aggregate 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) Aggregate contributions	(d) Type of contribution
	Name, address, and En . 4	\$	Person Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II If there is a
j]	noncash contribution.)

 If you as Note. Only 					Page 2
Note. Only	re filing for an Additional (Not Automatic) 3-f	Month Extension	n, complete only Part II and check this bo	K	
	complete Part II if you have already been gran	ted an automatic	3-month extension on a previously filed Fe	om 8868.	•
_	re filing for an Automatic 3-Month Extension				
Part II	Additional (Not Automatic) 3-Mor	<u>nth Extension</u>	n of Time. Only file the original (no c	opies need	ed).
Type or	Name of exempt organization	Employer	ployer identification number		
print	TUTTLE PRIVATE FAMILY	FOUNDATI	ON	26-26	19460
File by the extended	Number, street, and room or suite no If a F	O box, see inst	tructions		
due date for	1025 E WATERFORD				
filing your return See	City, town or post office, state, and ZIP code	e For a foreign a	address, see instructions.		
instructions	WAKARUSA IN 46573				
Enter the Re	eturn code for the return that this application is	for (file a separa	ite application for each return)	• • • • •	
Application	<u> </u>	Return	Application		Return
is For		Code	ls For		Code
Form 990		01	The second of th	THE THEFT	
Form 990-B	L	02	Form 1041-A	30.1	08
Form 990-E	Z	03	Form 4720		09
Form 990-P	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
STOPI Do r	not complete Part II if you were not already	granted an auto	matic 3-month extension on a previous	ly filed For	m 8868.
	oks are in the care of ▶ SHARON FORT				
Telepho	one No. ► 574-862-1982	FAX No.▶			
 If the on 	ganization does not have an office or place of	business in the L	Inited States, check this box	- 	
	for a Group Return, enter the organization's for				· ·
		nis box 🕨 📗 ai		all membe	rs the extension is for.
check this b	ox ▶ . If it is for part of the group, check that an additional 3-month extension of time until		nd attach a list with the names and EINs of		rs the extension is for.
check this b	ox ▶ . If it is for part of the group, check that an additional 3-month extension of time until		nd attach a list with the names and EINs of		rs the extension is for.
check this b 4 I reques 5 For cale	ox $\triangleright \square$. If it is for part of the group, check that an additional 3-month extension of time until endar year 2010 , or other tax year beginning	ing	nd attach a list with the names and EINs of NOV 15 , 20 , and ending	11	
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