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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

	calendar year 2011 or tax year beginning	, a	d ending	_			
Nan	ne of foundation		_	A E	mployer identification nu	mber	
THO	DMAS A & SHARON K RUDER FOUNDATION, INC				35-20630		
Nun	nber and street (or P O box number if mail is not delivered to street addr	ess)	Room/surte	ВТ	elephone number (see inst	ructions)	
PO	BOX 2482		SUITE C		(812) 479-	5551	
City	or town, state, and ZIP code			Clfe	exemption application is pe		<u>▶</u>
EVA	ANSVILLE	N 4	7728-0482			.	
G	Check all that apply Initial return Initial	return of a former pu	blic chanty	D 1.	Foreign organizations, che	eck here	▶
		ded return	•	١,	Earner amongstone mar	when the REW toot	
		change			Foreign organizations mee check here and attach con		▶
н	Check type of organization X Section 501(c)(3) exem		-	_		•	,
	Section 4947(a)(1) nonexempt charitable trust Oti				onvate foundation status wilder section 507(b)(1)(A), o		•
_				ł			
	Fair market value of all assets at end J Accounting monof year (from Part II, col. (c), Under (spe	ethod X Cash	Accrual	-	the foundation is in a 60-mi ider section 507(b)(1)(B), c		•
	line 16) ►\$ 560,736 (Part I, column (d))	""			-
	Analysis of Revenue and Expenses (The total of					(d) Disburseme	ents
	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net	for chantable	
	the amounts in column (a) (see instructions))	books	ıncome		income	purposes (cash basis onl	dv)
\Box	1 Contributions, gifts, grants, etc., received (attach schedule)	40,141				(Gasir Gasis on	97
	2 Check ►X If the foundation is not required to attach Sch B	***************************************					_
J	3 Interest on savings and temporary cash investments	0		0			
	4 Dividends and interest from securities	18,645	18	3,645			_
	5 a Gross rents	.0,0.0		0			
	b Net rental income or (loss)	X			; 4		
Revenue	6 a Net gain or (loss) from sale of assets not on line 10	134				*	_
ē	b Gross sales price for all assets on line 6a 133,210						_
é	7 Capital gain net income (from Part IV, line 2)			134			
	8 Net short-term capital gain .				0		
l	9 Income modifications						
	10 a Gross sales less returns and allowances 0	***				*	
- 1	b Less Cost of goods sold 0	V **					
	c Gross profit or (loss) (attach schedule)	0					
l	11 Other income (attach schedule)	0		0	0		
	12 Total. Add lines 1 through 11	58,920	18	3,779	0	,	
ဖွ	13 Compensation of officers, directors, trustees, etc	0					
Expenses	14 Other employee salaries and wages .						
힑	15 Pension plans, employee benefits						
X	16 a Legal fees (attach schedule) .	0		0	0		
	b Accounting fees (attach schedule)	820		229			_ 5
tive	c Other professional fees (attach schedule)	O	_	0	0	ļ	
stra	17 Interest .					ļ	
	18 Taxes (ettach schedule) (see instructions)	486		35			_
dmin	19 Depreciation (attach schedule) and depletion	0		0	. 0		_
	20—Occupancy . G						
6	71 Travel, conferences, and injectings						_
and	22 Refining and publications (_
힏	23 Other expenses (attach schedule)	9		0	0		_
perating	24 Total operating and administrative expenses.	4 200		204		1	,
Ę	25 Contributions, gifts, grants paid	1,306		264	0		4 2
9	25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25	24,229		001		1	4,2
\dashv	· · · · · · · · · · · · · · · · · · ·	25,535		264	0	24	4,8
	27 Subtract line 26 from line 12	22 205					
	a Excess of revenue over expenses and disbursements	33,385		0 545		 	_
	b Net investment income (if negative, enter -0-)		1	8,51 <u>5</u>			
	c Adjusted net income (if negative, enter -0-)				0	<u> </u>	_
For	Paperwork Reduction Act Notice, see instructions.				<u>.</u>	Form 990-PF	=

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

536,551

6

Oilli 9	90-FF (2011) INUMAS	A & SHARON K RUDER FUL	<u>ו אטאונ</u>	ION, IN	<u>. </u>		33	-2003035 Pa	ige 3
Part	IV Capital Gains an	d Losses for Tax on Inve	stmer	nt Incon					
		e kınd(s) of property sold (e g , real est se, or common stock, 200 shs MLC C			(b) How acquired P—Purchase D—Donation	(c)	Date acquired no , day, yr)	(d) Date sold (mo , day, yr	
1a Se	e Attached Statement		_						
<u>b</u>						_			
<u>c</u>		_ _							
<u>d</u>	_ 	_ _				+		 	
<u>e</u>		(O.D		(-) ()					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			rother basis inse of sale			n or (loss) f) minus (g)	
a	0	0		<u> </u>	 -	0			0
b	0	0				0			0
С	0	0				0			0
d	0	0				0			0
е	0	0				0			0
С	omplete only for assets show	ring gain in column (h) and owner	by the	foundation	on on 12/31/69			(h) gain minus	
	(i) F M V as of 12/31/69	(j) Adjusted basis			ss of col (i)			t less than -0-) or	
		as of 12/31/69		over cor	(j), if any	_	Losses (I	rom ∞l (h))	
<u>a</u> b	0	0				0			0
C					······	0			- 0
d	0	0				0			
е	0	0				0			<u> </u>
2 (apital gain net income or	(not capital loss) If gain, a	also en	ter in Pa	rt I, line 7				
		(II (IOSS),			•	2_			134
		or (loss) as defined in section				,			
		line 8, column (c) (see instruc	tions).	If (loss),	enter -0-	}		_	
	Part I, line 8	 		 _		, 3		3	3,767
		der Section 4940(e) for Reprint to the section 4940(e) for Reprint to the section of the section 4940(e) for Re	-						
If sec Was	tion 4940(d)(2) applies, le the foundation liable for th	eave this part blank ne section 4942 tax on the dis	tributat	ble amou	int of any year				0
		ot qualify under section 4940(
1		ount in each column for each	year, s	ee the in	structions befo	re maki	ng any entrie		
	(a) Base penod years	(b)			(c)		Dis	(d) tribution ratio	
Cale	ndar year (or tax year beginning			Net value	of nonchantable-us	_	(∞l (b)	divided by ∞l (c))	
	2010		1,470			02,222		0 04	
	2009		0,775			22,129		0 04	
	2008		1,862			24,626		0 05	
	2007 2006		5,100 0,520			50,804 93,934		0 03 0 05	
	2000		0,3201			33,334			2030
2 T	otal of line 1, column (d)						2	0 22	9036
		or the 5-year base period—div	ide the	e total on	line 2 by 5, or	by			
		undation has been in existenc				.	3	0 04	5807
4 E	inter the net value of nonc	chantable-use assets for 2011	from F	Part X, lir	ne 5		4	548	3,242
5 N	Multiply line 4 by line 3 .						5	25	5,113
6 E	inter 1% of net investmen	t income (1% of Part I, line 27	b)				6	<u> </u>	185
7 A	add lines 5 and 6						7	25	5,298
lf		ns from Part XII, line 4 er than line 7, check the box i	n Part	VI, line 1	b, and comple	te that p	art using a 1		1,820
tr	ne Part VI instructions								

Forn	1990-PF (2011) THOMAS A & SHARON K RUDER FOUNDATION, INC 35-	2063035	Pa	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see ins			<u> </u>
1 a	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)			
Ŀ	Domestic <u>fou</u> ndations that meet the section 4940(e) requirements in Part V, check		370	
_	here and enter 1% of Part I, line 27b			
(All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
2	of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-).		_	1
3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Add lines 1 and 2		0 370	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	-	3/0	
5	Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-		370	
6	Credits/Payments		0.0	
a	2011 estimated tax payments and 2010 overpayment credited to 2011 . 6a 320			l
t	Exempt foreign organizations—tax withheld at source . 6b			
	Tax paid with application for extension of time to file (Form 8868) 6c 0			l i
_	Backup withholding erroneously withheld . 6d 6			
7	Total credits and payments Add lines 6a through 6d		320	
8	Enter any penalty for underpayment of estimated tax. Check here		0	_
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	-	50	
11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0	_
	t VII-A Statements Regarding Activities Refunded ▶ 11		0	l.
		_	Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	10	162	No X
Ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	1a		-^-
	instructions for definition)?	1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1.2		
	published or distributed by the foundation in connection with the activities	,		
	Did the foundation file Form 1120-POL for this year?	1c		X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation > \$ (2) On foundation managers > \$	_		
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
2	on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	-		
-	If "Yes," attach a detailed description of the activities	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
t	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
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			
ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or By state legislation that offertually amende the government instrument as that are used to a second the government.			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		~	
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 X	· 6 7	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)	' ' 	^	
	IN			
t	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 calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"			
40	complete Part XIV	. 9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing			
	their names and addresses	10	Х	

Form	990-PF (2011) THOMAS A & SHARON K RUDER FOUNDATION, INC 35-206	<u>303</u> 5	P	age 5
Par	t 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)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		Χ_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ►NONE			
14	The books are in care of ► THOMAS A RUDER Telephone no ► (812) 479-55	551		
	Located at ► 3000 E MORGAN AVE STE C EVANSVILLE IN ZIP+4 ► 47711			
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here		Þ	• ⊔
40	and enter the amount of tax-exempt interest received or accrued during the year		- V 1	Na
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	46	Yes	No X
	over a bank, secunties, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of	16		<u> </u>
	the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		<u>-</u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
-	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			*
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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 penod			
	after termination of government service, if terminating within 90 days) . Yes X No	p. 207900 2		×,
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>		#!
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
·	that were not corrected before the first day of the tax year beginning in 2011?	1c	ļ	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	<u>ٿ</u>		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2011?		'	
-	If "Yes," list the years 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	İ		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	26	NI/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	<u>2b</u>	N/A	
·	20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation	•		
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved]	
	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		<u> </u>	<u> </u>
_	if the foundation had excess business holdings in 2011)	3b	N/A	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a	<u> </u>	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	<u> </u>	L	
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	L.	X

Form	m 990-PF (2011) THOMAS A & SHARON K RU	DER FOUNDATION	I, INC		35-2063035	Page 6
Pa	art VII-B Statements Regarding Activitie	es for Which Form	1 4720 May Be R	equired (continued)		
	During the year did the foundation pay or incur any		· <u>-</u>			
	(1) Carry on propaganda, or otherwise attempt to		section 4945(e))?	Yes	No	
	(2) Influence the outcome of any specific public e	election (see section 49	955), or to carry		_	
	on, directly or indirectly, any voter registration	n drive? .		· Yes X	No	1 1
	(3) Provide a grant to an individual for travel, stu-	dy or other similar num	000002	. Yes X	No	
	(4) Provide a grant to an organization other than			165	ן איי ני	
	in section 509(a)(1), (2), or (3), or section 494	· · · · · · · · · · · · · · · · · · ·		TYes X	7	
			·	YesX	No	
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention o		•	· Yes X	a l	
_	•	•			No	
D	If any answer is "Yes" to 5a(1)–(5), did any of the ti					N/A
	Regulations section 53 4945 or in a current notice	•	•	ns) /	¬ <u>5b</u>	N/A
	Organizations relying on a current notice regarding			▶∟	_	
C	If the answer is "Yes" to question 5a(4), does the fo		tion from the	П., Г	¬	
	tax because it maintained expenditure responsibilit		· · ·	Yes	_] No	
	If "Yes," attach the statement required by Regulation		•			
6a	Did the foundation, during the year, receive any fur	nds, directly or indirectl	y, to pay		- I	
	premiums on a personal benefit contract? .	•		Yes X	No	
b	Did the foundation, during the year, pay premiums,	directly or indirectly, o	n a personal benefit o	contract? .	. <u>6b</u>	X
	If "Yes" to 6b, file Form 8870				-, l i	,
7a	At any time during the tax year, was the foundation	a party to a prohibited	l tax shelter transaction	on? Yes 🔀	No .	
<u>b</u>	If "Yes," did the foundation receive any proceeds o	· · · · · · · · · · · · · · · · · · ·			. 7b	
Р	Part VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly Pa	id Employ	ees,
	and Contractors					
4	List all officers discovers twenty as found	tion monogon one	46-1			
_1	List all officers, directors, trustees, founda	auon managers and	i their compensat	ion (see instructions).		
_		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Experi	se account,
<u> </u>	(a) Name and address					nse account, llowances
		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		
TH.	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation		
TH	(a) Name and address	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a	llowances
TH PO SH	(a) Name and address OMAS A RUDER D BOX 2482 EVANSVILLE IN 47728	(b) Title, and average hours per week devoted to position PRESIDENT 4 00	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a	llowances
TH PO SH	(a) Name and address OMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 ARON K RUDER	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other al	llowances 0
TH PO SH	(a) Name and address OMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 ARON K RUDER	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other al	llowances 0
TH PO SH	(a) Name and address OMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 ARON K RUDER	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation	O other al	0 0
TH PO SH	(a) Name and address OMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 ARON K RUDER	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation	O other al	0 0
TH PO SH PO	(a) Name and address OMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 ARON K RUDER	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00	(c) Compensation (if not paid, enter -0-) 0 0	(d) Contributions to employee benefit plans and deferred compensation	O O O	0 0
TH PO SH PO	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00	(c) Compensation (if not paid, enter -0-) 0 0	(d) Contributions to employee benefit plans and deferred compensation	O O O	0 0
TH PO SH PO	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 vees (other than the	(c) Compensation (if not paid, enter -0-) 0 0 0 osse included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions)	O O O	0 0
TH PO SH PC 2	(a) Name and address OMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 /ees (other than the	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on ling	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit	O O O O O O O O O O O O O O O O O O O	0 0 0 onse account,
TH PO SH PC 2	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 /ees (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 cose included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	0 0 0
TH PO SH PO 2	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 00 (ces (other than the hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 0 0 0 cose included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit	O O O O O O O O O O O O O O O O O O O	0 0 0 onse account,
TH PO SH PO 2	(a) Name and address OMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 00 (ces (other than the hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 0 0 0 cose included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	0 0 0 onse account,
TH PO SH PO 2	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 00 (ces (other than the hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 0 0 0 cose included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	0 0 0 onse account,
TH PO SH PO 2	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 00 (ces (other than the hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 0 0 0 cose included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	0 0 0 onse account,
TH PO SH PO 2	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 00 (ces (other than the hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 0 0 0 cose included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	0 0 0 onse account,
TH PO SH PO 2	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 00 (ces (other than the hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 0 0 0 cose included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	0 0 0 onse account,
TH PO SH PO 2	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 00 (ces (other than the hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 0 0 0 cose included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	0 0 0 onse account,
TH PO SH PO 2	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 00 (ces (other than the hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 0 0 0 cose included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	0 0 0 onse account,
TH PO SH PO 2	(a) Name and address IOMAS A RUDER D BOX 2482 EVANSVILLE IN 47728 IARON K RUDER D BOX 2482 EVANSVILLE IN 47728 Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 4 00 SECRETARY 2 00 00 00 (ces (other than the hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 0 0 0 cose included on line	(d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions) (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O	0 0 0 onse account,
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Form **990-PF** (2011)

Form 990-PF (2011) THOMAS A & SHARON K RUDER FOUNDATION, INC	;	35-2063035 Page 7
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see	instructions) If none enter "NONE "	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of service	(C) Compensation
NONE		•
		0
	į	
		0
		0
		0
		•
Total number of others receiving over \$50,000 for professional services		0
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant sithe number of organizations and other beneficianes served, conferences convened, research page 1.		Expenses
4 NVA	· ·	
1 N/A		
2		
••••••		
3		
4		
4		
Part IX-B Summary of Program-Related Investments (see in	-AAi	
Describe the two largest program-related investments made by the foundation during the tax year	r on lines 1 and 2	Amount
1		
2		

All other program-related investments. See instructions		
•		

		•
Total Add Inco 1 through 2		0
Total. Add lines 1 through 3	_	0

Form **990-PF** (2011)

3

5

Amounts set aside for specific chantable projects that satisfy the

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

qualifies for the section 4940(e) reduction of tax in those years

Suitability test (pnor IRS approval required)

Cash distribution test (attach the required schedule)

income Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

0

24,820

24,820

3a

3b

4

6

e Excess from 2011

Fo	m 9	90-PF (2011) THOMAS A & SHARON K R	UDER FOUNDAT	TON, INC_		35-2063	3035 Page 10
Pa	ırt	XIV Private Operating Foundations (s	ee instructions a	and Part VII-A, q	uestion 9)		
1		the foundation has received a ruling or determination that the ruling is effective for 2011, ent			•		
		check box to indicate whether the foundation is a	pπvate operating fou	indation described i	n section	4942(J)(3) or	4942(J)(5)
2		inter the lesser of the adjusted net normal from Part I or the minimum	Tax year		Prior 3 years		(a) Total
		estment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	у	ear listed	0	0			0
	b 8	5% of line 2a	0	0	0	0	0
		Qualifying distributions from Part XII, ne 4 for each year listed	0	0		_	0
		smounts included in line 2c not used directly or active conduct of exempt activities					0
	fe	Qualifying distributions made directly or active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3	а	Complete 3a, b, or c for the Iternative test relied upon Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i) .					0
	0	Endowment" alternative test—enter 2/3 If minimum investment return shown in Part X, line 6 for each year listed	0	0			0
		Support" alternative test—enter		<u>_</u>	<u> </u>		<u> </u>
		Total support other than gross investment income (interest, dividends, rents, payments on secunties loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) .					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
P	art	XV Supplementary Information (Co	mplete this part	only if the fou	ndation had \$5	.000 or more in	
		assets at any time during the ye					
1	ı	nformation Regarding Foundation Manag	jers:				
		ist any managers of the foundation who have con before the close of any tax year (but only if they ha				the foundation	
T		MAS A RUDER SHARON		: triair \$5,000) (Oee	s section 507(d)(2))		
_	_	List any managers of the foundation who own 10%		k of a corporation (or an equally large p	ortion of the	
		ownership of a partnership or other entity) of which		. ,			
N		NA					
2	ί	nformation Regarding Contribution, Grar Check here ► ☐ if the foundation only makes ansolicited requests for funds. If the foundation ma other conditions, complete items 2a, b, c, and d	contributions to pre	selected chantable	organizations and d	•	
_		The name, address, and telephone number of the	person to whom ap	plications should be	addressed.	· -	
<u>T</u>		MAS A RUDER PO BOX 2482 EVANSVILLE			ould include		
	ט	The form in which applications should be submitte	and information a	no materiais triey Sr	iodia iriduae.		
<u>N</u>		ORMAL APPLICATION PROCESS Any submission deadlines					
N	O F	ORMAL DEADLINE					
	d /	Any restrictions or limitations on awards, such as actors	by geographical are	as, chantable fields,	kinds of institutions	, or other	
Ν	O F	ORMAL RESTRICTIONS					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th		for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient	Contribution	
a Paid during the year ALBION FELLOWS BACON CENTER PO BOX 3164	NONE		DOMESTIC VIOLENCE SHELTER PROGRAMS	1,000
EVANSVILLE IN 47731			OTTEL TER TROOPERING	
AURORA INC	NONE		HOMELESS	700
1100 LINCOLN AVE			PROGRAMS	
EVANSVILLE IN 47714				
GIRLS SCOUTS SW INDIANA	NONE		GIRLS SCOUT	100
223 NW 2ND ST			PROGRAMS	
EVANSVILLE IN 47708	NONE		CCHOI ADCHID	40.000
HANOVER COLLEGE PO BOX 108	NONE		SCHOLARSHIP	10,000
HANOVER IN 47243				
ISU FOUNDATION	NONE		SCHOLARSHIP	100
30 N 5TH ST				
TERRA HAUTE IN 47809				
JUNIOR ACHIEVEMENT SW INDIANA	NONE		FINANCIAL LITERACY /	1,750
233 SE 3RD		1	EDUCATIONAL	
EVANSVILLE IN 47708	1,01,15		PROGRAMS	
LITTLE SISTERS OF POOR 1236 LINCOLN AVE	NONE		MINISTRY TO THE POOR AND ELDERLY	1,500
EVANSVILLE IN 47714			FOOR AND ELDERLY	
PUBLIC EDUCATION FOUNDATION	NONE		BOSSE ATHLETICS	250
100 NW SECOND ST #304			PROGRAMS	200
EVANSVILLE IN 47708				
HANOVER COLLEGE SIGMA CHI	NONE		EDUCATION	1,000
484 BALL DR			PROGRAMS FOR	
HANOVER IN 47243			HISPANICS	
SOUTHERN IL UNIVERSITY	NONE		SCHOLARSHIP	500
1235 DOUGLAS DR CARBONDALE IL 62901				
ST JOSEPH CATHOLIC CHURCH	NONE		MINISTRY TO THE	650
607 E IOWA ST	1		POOR	000
EVANSVILLE IN 47712				
Total See Attached Statement .			. ▶ 3 a	24,229
b Approved for future payment				
		1		
	1			
				•
	1			
Total .			▶ 3b	0

Part XVI-A Analysis of Income-Producing Acti				510 F10 - F14	
Enter gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a		0		0	0
b		0		0	0
С		0		0	0
d		0		0	0
e		0		0	0
f		0		0	0
g Fees and contracts from government agencies					
2 Membership dues and assessments .					
3 Interest on savings and temporary cash investments .					
4 Dividends and interest from securities .			14	18,645	
5 Net rental income or (loss) from real estate.	}	*	*	w	
a Debt-financed property					
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 .			18	134	ł
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory .					
11 Other revenue a		0		0	0
b		0		0	0
c		0		0	0
d	1	0		0	l o
d					
е		0		0	0
e				0 18,779	0
e	,	0		0	0
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)		0		0 18,779	0
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activities		of Exempt P	urposes	18,779 13	0
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income	e is reported in col	of Exempt P	urposes VI-A contributed II	18,779 13	0 0 18,779
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activities	e is reported in col	of Exempt P	urposes VI-A contributed II	18,779 13	0 0 18,779
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e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income	e is reported in col	of Exempt P	urposes VI-A contributed II	18,779 13	0 0 18,779
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income	e is reported in col	of Exempt P	urposes VI-A contributed II	18,779 13	0 0 18,779
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations 1 Did the organization directly or indirectly engage in any of the following with any other organization described Yes No

•		501(c) of the Code (other than s	section 501(c)(3) organizations) o				162	NO
а	Transfers	from the reporting foundation to	а nonchaпtable exempt organiza	tion of.				
	(1) Cash					1a(1)		X
	(2) Other					1a(2)		X
b	Other tran							
		of assets to a noncharitable exe			•	1b(1)		Х
		ases of assets from a noncharit	• •		•	1b(2)		X
		al of facilities, equipment, or othe	er assets	•	•	1b(3)		X
		•			• •	1b(4)		<u>X</u>
		s or loan guarantees		•		1b(5)		X
			nip or fundraising solicitations .			1b(6)	<u> </u>	X
	-		sts, other assets, or paid employed		•	1c		<u> </u>
	value of th	ne goods, other assets, or service	complete the following schedule. the given by the reporting foundatement, show in column (d) the value.	ion If the fou	indation received less t	han fair ma	rket	
(a)	Line no	(b) Amount involved (c) Name	of noncharitable exempt organization	(d) Description	on of transfers, transactions, a	nd shanng an	angem	ents
		0						
		. 0						
_		0		ļ				
_		0						
		0						
_		0			<u> </u>			
		0	-	ļ.—				
_		0						
		0 0						
	-	0						
		0	- · · · · · · · · · · · · · · · · · · ·					
		0			 			
		0		† ·				
	 	0						
		0						
	described		ated with, or related to, one or mo other than section 501(c)(3)) or in			Yes X] No	
_		(a) Name of organization	(b) Type of organization		(c) Description of r	elationship		
	<u> </u>		(-, , , , - , - , - , - , - , - , - , -		(0) 5 500			
	Under	penalties of perjury, I declare that I have examined	this return, including accompanying schedules and	statements, and to t	the best of my knowledge and belief,	it is true,		
Si	gn correct	, and complete Declaration of preparer (other than	n taxpayer) is based on all Information of which prepare	erer has any knowle		IRS discuss th		
			1 4/4/2011		.	preparer show		
П	ere	level fruity,	4/20/2012 Preside	nt	ınstructio			No
	Sigr	nature of officer or trustee	Date Title					
ь.	اما	Pnnt/Type preparer's name	Preparer's signature	Date		PTIN		
	aid		SELF-PREPARED RET	LIDNI .	Check (1		
	eparer	Firm's name	JOELI -FINEPARED REI	UNIN 4	/20/2012 self-employe			
Us	se Only	Firm's name			Firm's EIN			
	·	Firm's address			Phone no			

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Net Gain	or Loss	134	0				Net Gain	or Loss	2,350	394	-4,154	3,721	183	422	-18	-2,471	281	275	1,820	-126	-1,159	147	530	467	1,580	-1,540	-2,568	0
Net	ō							Depreciation																				
Cost, Other	Basis and Expenses	133,076	0	Expense	of Sale and	Cost of	Improve-	ments																				
Cost,	Basis and						Vafuation	Method																				
SS	es	133,210	0				Cost or	Other Basis	2,650	7,772	6,681	13,644	1,522	3,780	33	5,478	1,248	1,222	10,018	8,774	6,559	11,638	5,030		6,190	14,216	21,582	
Gross	Sales						Gross Sales	Price	5,000	8,166	2,527	17,365	1,705	4,202	15	3,007	1,529	1,497	11,838	8,648	5,400	11,785	5,560	5,506	7,770	12,676	19,014	
Totals		Securities	Other sales				Date	Sold	3/15/2011	10/19/2011	12/20/2011	10/31/2011	11/9/2011	11/9/2011	3/3/2011	5/17/2011	5/17/2011	5/17/2011	5/17/2011	5/19/2011	11/21/2011	3/1/2011	1/6/2011	10/31/2011	4/26/2011	3/1/2011	3/1/2011	
							Acquisition	Method	Ь	Ь	۵.	ď	۵	۵	ď	Δ.	Ь	۵	Ь	Ь	۵	Ь	Ь	Ь	Ь	Ь	۵	
							Date	Acquired	3/12/2009	3/17/2011	10/7/2010	10/23/2007	12/11/2008	8/27/2007	10/4/2007	10/4/2007	9/28/2010	9/28/2010	10/8/2010	9/18/2008	8/12/2010	5/31/2006	10/13/2010	10/19/2011	8/3/2007	2/9/2007	5/9/2007	
					Check "X" If	Purchaser	13.20	Business																				
								Purchaser																				
	Amount							CUSIP #	17307XFK2	001204106	060505104	209115104	22238HAR1	22238HAZ3	337932107	337932107	337932107	337932107	337932107	37733W105	456837202	464287101	594918104	617446448	844895102	949746101	949746101	
		Long Term CG Distributions	Short Term CG Distributions					Description	Citigroup Global Mkts Hldg	AGL RESOURCE INC	BANK OF AMERICA CORP	CONSOLIDATED EDISON	COUNTRYWIDE FINL MTNS	COUNTRYWIDE FINL MTNS	FIRST ENERGY CORP	GLAXOSMITHKLINE PLC	ING GROEP NV PERPETUAL	ISHARES S&P 100 INDEX	MICROSOFT CORP	MORGAN STANLEY	SOUTHWEST GAS CORP	WELLS FARGO & CO	WELLS FARGO & CO					
						Check "X"	if Sale of	Security	×							×										×	×	
								Index	-	7	۳	4	9	9	7	8	o	9	=	12	5	4	16	9	11	18	19	20

Line 16b (990-PF) - Accounting Fees

591			200		}		<u> </u>		_		Ī	<u> </u>	Ì
(C)	Disbursements for Charitable	Purposes	(Cash Basis Only)								!		
	Disburs for Cha	Purp	asu pa						<u> </u> 				
0			4	-		_	_				_	_	
		Adjusted Net	Псот										
229		Net Investment	Income 229										
820	Revenue and	Expenses per	Books 820										
		Name of Organization or	BROWN SMITH & SETTIFILE	BROWN, SMITH & SETTLE LLC									
			-	~	က	4	2	9	7	æ	6	10	

Line 18 (990-PF) - Taxes

		486	35	0	
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
-	Real estate tax not included in line 20				
7	Tax on investment income				
က	Income tax				
4	FOREIGN TAXES PAID	35	35		
2	Federal Taxes Prior Year	131			
9	Federal Current Year Tax Payments	320			
7					
8					
6					
10					
l					

Part II, Line 10b (990-PF) - Investments - Corporate Stock

Description	Num. Shares/ Face Value	Book Value Beg. of Year	Book Value End of Year	FMV Beg, of Year	FMV End of Year
1 ALLEGHENY ENERGY CVEX FE 66.3 SHAF	200	7,980		4,848	
_	200	8,382	8,382	5,638	6,626
AMERIANA	1,000	4,230	4,230		4,020
4 BANK AMERICA CORP	200	9,353	2,672		1,112
	300	1446	9,771		7,55
6 BRISTOL MYERS	400	10,024	10,024	1	14,096
7 CISCO SYSTEMS	500	3,228	10,418	2,023	9,040
8 CONSOLIDATED EDISON	300	13,644			
9 EDISON INTL	100	3,136	3,136		4,140
10 EMC CORP	009	12,669	12,669		12,924
11 EMERSON ELECTRIC	200	6,302	6,302		9,318
12 FIRST ENERGY	261	10,018		9,662	
13 GENERAL ELECTRIC	009	12,804	12,804	10,974	10,746
14 GLAXOSMITHKLINE	200	8,774		7,844	
15 GREAT PLAINS ENERGY	200	4,623	4,623	3,878	4,356
16 HUNTINGTON BANCSHARES	1,200	6,411	6,411	8,244	6,588
17 INTEL	300	6,573	6,573	606'9	7,275
18 ISHARES DOW JONES US REG BK	200	2,988	5,988	4,948	4,232
	100	3,637	3,637	3,880	3,562
20 ISHARES S&P 100 INDEX	200	11,638		11,334	
21 JPMORGAN CHASE	1,166	30,558	30,558	49,462	38,770
22 ING GROUP PERPETUAL DEBT	300	6,559		6,855	
23 MICROSOFT CORP	200	2,030			
24 NEXTERA ENERGY	400	11,796	11,796	7	24,352
25 NOVARTIS ADR	100	5,704	5,704	5,895	5,717
26 OLD NATIONAL BANCORP	300	3,504	3,504	3,567	3,495
27 PEPCO	375	8,524	8,524	6,844	7,613
28 PFIZER	200	4,776	4,776	3,502	4,328
	269	10,698	10,698	9,380	9,079
30 SEMPRA ENERGY	200	11,764	11,764	10,496	11,000
31 SOUTHWEST GAS	200	6,190		7,334	
32 SPDR S&P MID 400	100	7,925	7,925	16,468	15,949
33 UNUMPROVIDENT	200	10,024	10,024	12,110	10,535
34 VECTREN	1,000	13,065	27,198		30,230
35 WELL FARGO	4,365	112,298	116,641	120,861	120,299
36 BANK OF AMERICA BMLPRI	260	11,554	11,554	12,314	10,209
37 BANK OF AMERICA BMLPRG	1,000	5,870	16,370	6,180	13,700
BANK OF AN	362	4,888	4,888	5,553	4,970
39 HARTFORD FINL PFD	1,000	24,161	24,161	25,610	18,780
40 MORGAN STANLEY PFD	200	5,071	9,208	4,820	7,355
ZIONS BANC	360	9,040	9,040	9,216	9,086
42 ALCOA INC	300	0	2,978	0	2,595
	300	0	5,241	0	6,027
i	000	•	000		

Part II, Line 10b (990-PF) - Investments - Corporate Stock

			468,184	507,419	510,709	ള
		Num. Shares/	Book Value	Book Value	FMV	Λ
	Description	Face Value	Beg. of Year	End of Year	Beg. of Year	ear
45	EMPIRE DISTRICT ELECTRIC	400	0	7,582		
8	FERRO CORP	1,100	0	5,902		
47	LINCOLN NATL CORP	300	0	966'5		
48	MERCK & CO INC	400	0	14,136		
49	METLIFE INC	100	0	3,649		
20	PNC BANCORP	100	0	6,153		
51	ZION BANCORP PFD A	200		3,614		
52	SUNTRUST PFD A	400		8,589		
53						
54						
22						
26						
29						
28						
59						
9						
61						
62						
63						

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

	"			27,726	- 1	34,236	24,407
		Interest	Maturity	Book Value	Book Value	FMV	FMV
	Description	Rate	Date	Beg. of Year	End of Year	Beg of Year	End of Year
	APPALACHIAN POWER	%00.7	4/1/2038	06'6	06'6	11,554	13,421
	CITIGROUP SR NOTE	6.88%	3/5/2038	9,844	9,844	11,092	10,9
	CITIGROUP GLB	2.38%	9/15/2020	2,650		4,928	
	COUNTRYWIDE FIN	%00'9		3,780		4,759	
	COUNTRYWIDE FIN	%00'9	11/14/2035	1,522		1,903	
í							

Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

			\overline{a}			_		_	_	_		_
	ì	FMV End of Year										
0	2.100	Book Value End of Year	0	0	0	0	0	0	0	0	0	0
0		ue ear	0	0	0	0	0	0	0	0	0	0
		Beg of Year										
1,718	Accumulated	Deprecia End of	1,718									
1,718	Accumulated	Depreciation Beg. of Year	1,718									
1,718		Cost or Other Basis	1,718									
		Item or Category	ORGANIZATIONAL COST 12/03/1998									
			F	2	3	4	9	9	_	8	6	10

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	Amount											•
Tions	֓֟֟֟֟֟֟֟֟֟֓֟֟֓֟֓֟֟֓֟֓֟֟֓֟֟֓֟֓֟֓֟֓֟֓֟֟֓֓֟֓֟					•	0.000	į	•	•	•	Š
Short Term CG Distributions	٥			lotals	133,210	5	133,076	134	EM V	Admeted Bosis		Come Minus Evenes
		How	Date	Date	Sales	Depreciation	Basis Plus	Gain or	as of	as of	Excess of FMV	of FMV Over Adjusted
	CUSIP#	Acquired	Acquired	Sold	Pnce	Allowed	Expense of Sale	Loss	12/31/69	12/31/69	Over Ady Basis	Basis or Losses
1730	17307XFK2	4	3/12/2009	3/15/2011	2,000	0	2,650	2,350			0	2,350
0012	001204106	۵	3/17/2011	10/19/2011	8,166	0	7,772	394			0	394
9090	060505104	Ь	10/7/2010 12/20/201	12/20/2011	2,527	0	6,681	4,154			0	4,154
2091	209115104	Ь	10/23/2007 10/31/201	10/31/2011	17,365	0	13,644	3,721			0	3,721
2223	22238HAR1	d	12/11/2008 11/9/201	11/9/2011	1,705	0	1,522	183			0	183
2223	22238HAZ3	d	8/27/2007	11/9/2011	4,202	0	3,780	422			0	422
3378	337932107	Ь	10/4/2007	3/3/2011	15	0	33	-18			Ö	-18
3378	337932107	Ь	10/4/2007	5/17/2011	3,007	0	5,478	-2,471			0	-2,471
3378	337932107	Ь	9/28/2010	5/17/2011	1,529	0	1,248	281			0	281
3378	337932107	Ь	9/28/2010	5/17/2011	1,497	0	1,222	275			0	275
3378	337932107	Ь	10/8/2010	5/17/2011	11,838	0	10,018	1,820			0	1,820
3773	37733W105	d	9/18/2008	5/19/2011	8,648	0	8,774	-126			0	-126
4568	456837202	Ь	8/12/2010 11/21/201	11/21/2011	5,400	0	6,559	-1,159			0	-1,158
4642	464287101	Ь	5/31/2006	3/1/2011	11,785	0	11,638	147			0	147
5948	594918104	d	10/13/2010	1/6/2011	2,560	0	5,030	530			0	530
6174	617446448	d	10/19/2011	10/31/2011	5,506	0	5,039	467			0	467
8448	844895102	Ь	8/3/2007	4/26/2011	7,770	0	6,190	1,580			0	1,580
9497	949746101	4	2/9/2007	3/1/2011	12,676	0	14,216	-1,540			0	-1,540
9497	949746101	Ь	5/9/2007	3/1/2011	19,014	0	21,582	-2,568			0	-2,568
					0	0	6	0			0	•

Part VI, Line 6a (990	0-PF) - Estimated Tax Payments
-----------------------	--------------------------------

		 Date	Amount
Credit from pnor year return .	•	 1	
2 First quarter estimated tax payment		2	
3 Second quarter estimated tax payment		5/13/2011 3	320
4 Third quarter estimated tax payment		4	0
5 Fourth quarter estimated tax payment		 5	0
6 Other payments .		6	
7 Total		7	320

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed	Income
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Distributable amounts for 2010 that remained undistributed at the beginning of the 2011 tax year	1	24,820
2	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
0 Total .	10	24,820

DIRECT PUBLIC SUPPORT	Total:	40,141
1 THOMAS A RUDER/CONTRIBUTOR	1	40,141
2	2	
3	3	
4	4	
5	5	
·		

990PI	F XV	Total:	529,803
1	THOMAS A RUDER	1	518,632
2	SHARON K RUDER	2	11,171
3		3	
4		4	
5		5	

Part	Part VII-A, Line 10 (990-P	F) - Subs	(990-PF) - Substantial Contributors				
		Check "X"					
	Name	If Business	Street	Cıty	State	State Zip Code	Foreign Country
_	THOMAS A RUDER		PO BOX 2482	EVANSVILLE	N	IN 47728-0482	
7	SHARON K RUDER		PO BOX 2482	EVANSVILLE	z	47728-0482	
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4							
2							
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7							
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10							

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

_1			\overline{a}	₽.,	_				_		_
0	Average Compensation-	0	3	•							
	Average Hours	4.00	2.00								
	Title	PRESIDENT	SECRETARY								
	Foreign Country										
	State Zip Code	47728	47728								
	State	N.	<u>z</u>								
		EVANSVILLE									
	Street	PO BOX 2482	PO BOX 2482								
	Check "X" If Business										
	Name	THOMAS A RUDER	SHARON K RUDER								
		-	2	3	4	9	9	2	8	6	10