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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

For	calendar year 2012 or tax year beginning		, and ending				
Nar	me of foundation		A Employer identification	number			
	HE RUTHMERE FOUNDATION			32-0037914			
Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number							
	02 E BEARDSLEY AVE			574-264-03			
-	y or town, state, and ZIP code			C If exemption application is p	ending, check here		
	LKHART, IN 46514			_			
G C	Check all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here		
	Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,		
	Address change	Name change		check here and attach co	mputation		
H_	Check type of organization: X Section 501(c)(3) exe	empt private foundation Other taxable private founda	stron	E If private foundation sta			
<u> </u>	Section 4947(a)(1) nonexempt charitable trust 6 air market value of all assets at end of year 3 Accountin		X Accrual	under section 507(b)(1)	• •		
	· —	ner (specify)	LA_I ACCIUAL	F If the foundation is in a			
	rom Part II, col. (c), line 16) ▶\$ 2 , 778 , 387 . (Part I, colun		hasis I	under section 507(b)(1)	(B), check here		
	art Analysis of Revenue and Expenses			(a) Advisted not	(d) Disbursements		
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1 Contributions, gifts, grants, etc., received	243,159.			(outsit basis offly)		
	2 Check fit the foundation is not required to attach Sch B	÷		w 1	A 4 1 E		
	Interest on savings and temporary acash investments		<u>-</u>				
	4 Dividends and interest from securities	43,301.	43,301.	43.301.	STATEMENT 1		
	5a Gross rents	5,813.	5,813.		STATEMENT 2		
	b Net rental income or (loss) 5,813.	**		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
•	62 Net gain or (loca) from sale of accept not on line 10	22,170.			,		
ğ	b Gross sales price for all 904,954.		. e		+1		
Revenue	7 Capital gain net income (from Part IV, line 2)		22,170.		,		
Œ	8 Net short-term capital gain			0.	ţ		
	9 Income modifications	· · · · · · · · · · · · · · · · · · ·					
	Gross sales less returns and allowances			, , , , , , , , , , , , , , , , , , , ,	1		
	b Less Cost of goods sold	*		. Eve van			
	c Gross profit or (loss)	06.100		05.100			
	11 Other income	96,128.	71,28 4.		STATEMENT 3		
	12 Total. Add lines 1 through 11	410,571.	,	145,242.	53,000.		
	13 Compensation of officers, directors, trustees, etc	53,000. 175,208.	0.	0.	175,208.		
	14 Other employee salaries and wages 15 Pension plans, employee benefits	21,200.	0.	0.	21,200.		
es	10a Lagelfood CITMITI A	840.	0.	0.	840.		
Expense	b Accounting fees STMT 5	15,355.	0.	0.	15,355.		
Š	c Other professional fees STMT 6	36,238.	15,434.	0.	20,804.		
		2,992.	0.	0.	2,992.		
rative	RETAKESTVED STMT 7	15,781.	0.	0.	15,781.		
įš		10,852.	0.	0.			
밁	හ C අං අත විට වි	19,177.	0.	0.	19,177.		
Administ	21 Travel, conferences, and meetings	3,963.	0.	0.	3,963.		
and Total	122 Printing; and publications	4,558.	0.	0.	4,558.		
ģ	STMT 8	237,178.	0.	0.	237,178.		
Operatij	24 Total operating and administrative						
) De	expenses Add lines 13 through 23	596,342.	15,434.	0.	570,056.		
J	25 Continuations, gints, grains paid	8,063.	<u> </u>	,	8,063.		
	26 Total expenses and disbursements.			_			
	Add lines-24 and 25	604,405.	15,434.	0.	578,119.		
	27 Subtract line 26 from line 12:		,	, , , , ,			
	Excess of revenue over expenses and disbursements	<193,834.		***			
	b Net investment income (if negative, enter -0-)		55,850.	145 040			
2235	C Adjusted net income (if negative, enter -0-)		<u> </u>	145,242.	Form 000 DE (0040)		
12-0	501 5-12 LHA For Paperwork Reduction Act Notice, see i	nstructions.			Form 990-PF (2012)		

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	• (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation							(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
							P	01/0	2/12	12/31/12
	LONG TERM GAIN					 	P	01/0		12/31/12
	ECCF REALIZED		<u> </u>			<u> </u>	P		$\frac{1}{1}$	12/31/12
d		<u> </u>	<u></u>				-	52,5		
e										
	(e) Gross sales price	(f) [Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss s (f) minus	
a	394,013.				411,90	3.				<17,890.
b	505 005				470,88					34,326.
C	5,734.									5,734.
d			<u></u>							
е	:									
	Complete only for assets showin	g gain in	column (h) and owned by	the foundation	on 12/31/69			(I) Gains (C		
	(i) F.M.V. as of 12/31/69	((j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		C	ol. (k), but Losses	from col.	n -U-) o f (h))
a										<17,890.
<u>b</u>)									34,326.
_ <u>c</u>										5,73 <u>4</u> .
_d	l								–	
<u>e</u>				<u> </u>						
2	Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0	n Part I, line i - in Part I, line	7 7	}	2			22,170.
3	Net short-term capital gain or (los		ned in sections 1222(5) ar							
	If gain, also enter in Part I, line 8,	column (c).							-17 000
	If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder 9	Section 4940(e) for	Reduced	Tay on Net	· Inv	estment ir	ncome		<17,890.
_	 									· · · · · ·
(۲0	or optional use by domestic private	Houndan	ons subject to the section 4	4940(a) tax on	net investment it	icome	·-)			
lf s	section 4940(d)(2) applies, leave th	his part bl	ank.							
18/-	as the foundation liable for the sec	tion AQAQ	tay on the dictributable an	nount of any ve	ar in the bace no	riod2				Yes X No
	"Yes," the foundation does not qual				•	i iou -				103 22 110
	Enter the appropriate amount in					entries				
_	(a) Base period years	-	(b)			(c)			D. ede-	(d) bution ratio
	Calendar year (or tax year beginni	ng in)	Adjusted qualifying dis	tributions	Net value of no		rtable-use asse	ts	(col. (b) di	vided by col. (c))
_	2011		53	2,687.		1	,816,16	1.		.293304
	2010		41	6,665.		2	,045,05	55.		.203743
	2009		32	7,597.		1	,940,71	9.		.168802
	2008		37	9,559.		2	,399,58	0.		.158177
_	2007		35	8,177.		2	<u>,901,43</u>	7.		.123448
2	Total of line 1, column (d)							2		.947474
3	Average distribution ratio for the	5-year ba	se period - divide the total	on line 2 by 5,	or by the number	r of ye	ars			
	the foundation has been in existe	nce if less	s than 5 years					3		.189495
	Enter the net value of noncharitat	ala uaa aa	costs for 2012 from Part V	lina 5				4		1,540,226.
4	Enter the het value of honoriantal	ne-use as	Socio IUI 2012 II UIII Fait A,	iiile J				1-4		1,340,220.
5	Multiply line 4 by line 3							5		291,865.
6	Enter 1% of net investment incor	ne (1% of	f Part I, line 27b)					6		<u>559.</u>
_								_		202 424
7	Add lines 5 and 6	5 and 6			7_		292,424.			
8	Enter qualifying distributions from	n Part XII	, line 4					8		604,485.
-	If line 8 is equal to or greater that			e 1b, and comp	lete that part usir	ng a 1º	% tax rate.	L		
	See the Part VI instructions.									

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 494	<u> 18 - se</u>	<u>ee instru</u>	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		,		^	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					- 1 24
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		1		5	<u>59.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	ŀ	à		6	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2			0.
3	Add lines 1 and 2		3		5	59.
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-		5		5	<u>59.</u>
6	Credits/Payments:	ŀ				*
a	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6a		, ,			
b	Exempt foreign organizations - tax withheld at source 6b		,			
C	Tax paid with application for extension of time to file (Form 8868) 6c 80	00.				,
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d		7		8	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			12.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶□	9			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ [10		2	29.
	Enter the amount of line 10 to be; Credited to 2013 estimated tax > 229 . Refunded	ı ▶ [11			0.
Pa	rt 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 inte	rvene in			Yes	No
	any political campaign?			1a		_ X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	on)?		1b		X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put	blished	or			×
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.		¥		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			A		* *
	managers. ► \$0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.				,	,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of incorporation of the IRS, in its governing instrument, articles of the IRS, in its governing in	tion, 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
þ	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4 <u>b</u>		<u> </u>
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.			*	. ,	×
6	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 effectively amends the governing instrument so that no mandatory directions that conflict with the	e state la	W			*
	remain in the governing instrument?			_6_	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV				×	,
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					× 4
	IN					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	or calend	ar			
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	X	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "yes" attach a schedule listing their names and addresses			10	l	l X

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Pa	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)		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisor	y privileges?			
	If "Yes," attach statement (see instructions)		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
14	The books are in care of ▶ RUTHMERE HEADQUARTERS Telephone n	o. ⊳<u>574-26</u>		<u>330</u>	
	Located at ► 302 E BEARDSLEY AVE., ELKHART, IN	ZIP+4 ▶ <u>46</u>	<u>514</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				\cdot
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N	/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,			Yes	l
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign		¢		. '
_	country				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	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):	[]			i .
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	., [32] .,		*	
	a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			- 7
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			`,
	(5) Transfer any income or assets to a disqualified person (or make any of either available	Yes X No		4	γ,
	for the benefit or use of a disqualified person)?	Tes LAL NO	·		
	(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 after	Yes X No			
	termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	res LAJ NO			- ,
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		 1b		X
	Organizations relying on a current notice regarding disaster assistance check here	▶□	טו	, ×	A .
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				4-41
٠	before the first day of the tax year beginning in 2012?		1c		X
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	מו	-10		, -
-	defined in section $4942(j)(3)$ or $4942(j)(5)$:	,,,	'		
,	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) begin	nina	,		
•		Yes X No		-4	
	If "Yes," list the years \blacktriangleright		,		
ŧ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorr	ect			` ~
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attractions are also assets.)				
	statement - see instructions.)	N/A	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	>		-		
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			٠.,	_
	during the year?	Yes X No	, ;	*	
ı	b If "Yes," did it have excess business holdings in 2012 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	o 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	e C,		_	3 44
	Form 4720, to determine if the foundation had excess business holdings in 2012.)	N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
ı	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purp	ose that	4		
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?		4b	L	X

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:				l	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	l	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Ye	s X No	٠	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1	,
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	,	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?			s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc		ın Regulations		-	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					i
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					i
expenditure responsibility for the grant?		I∕A ∐ Y∈	s L No		
If "Yes," attach the statement required by Regulations section 53.4945				ł	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		***
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ļ-	<u>6b</u>	<u> X</u>
If "Yes" to 6b, file Form 8870.					*
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		ı
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		anagers, Higni	<i>,</i>		
1 List all officers, directors, trustees, foundation managers and their		1 - 2			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	, _a (e) Expense count, other
(a) Name and address	to position	enter -0-)	compensation		allowances
			_		_
SEE STATEMENT 13		53,000.	0	•	0.
		ì			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) if none	enter "NONE "	1		
2 Compensation of five highest-paid employees (other than those me	(b) Title, and average	, enter NONE.	(d) Contributions to		(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	að	count, other
NONE	devoted to position	 	compensation	+ -	allowances
NONE	1				
	-	 		+	
	1				
				+	
	1				
		1		+	
	1				
		1	-	+	
	1			-	
Total number of other employees paid over \$50,000	 	<u> </u>	<u>, </u>		0

Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	103/914 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter	"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 Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the uced, etc.	Expenses
1 RUTHMERE MUSEUM		
		570,056.
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on I	inge 1 and 2	Amount
1 N/A	1105 1 010 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

P	Part X Minimum Investment Return (All domestic foundations must complete this	s part. Foreign foundation	ons, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	a Average monthly fair market value of securities	1a	1,513,321.
b	b Average of monthly cash balances	1b	50,360.
C	c Fair market value of all other assets	1c	
d	d Total (add lines 1a, b, and c)	1d	1,563,681.
е	e Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	_0.
3	3 Subtract line 2 from line 1d	3	1,563,681.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	23,455.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,540,226.
6_	Minimum investment return. Enter 5% of line 5	6	77,011.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operation organizations check here x and do not complete this part.)	rating foundations and cer	rtain
1	1 Minimum investment return from Part X, line 6	1	
2a	2a Tax on investment income for 2012 from Part VI, line 5	×	
b	b Income tax for 2012. (This does not include the tax from Part VI.)	×8 × × × × × × × × × × × × × × × × × ×	×
C	c Add lines 2a and 2b	2c	
3	3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	4 Recoveries of amounts treated as qualifying distributions	4	
5	5 Add lines 3 and 4	5	
6	6 Deduction from distributable amount (see instructions)	6	
<u>7_</u>	7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	Part XII Qualifying Distributions (see instructions)		
1	1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	<u>1a</u>	
b	b Program-related investments - total from Part IX-B	<u>1b</u>	
2	2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	26,366.
3	3 Amounts set aside for specific charitable projects that satisfy the:		
a	a Suitability test (prior IRS approval required)	<u>3a</u>	
b	b Cash distribution test (attach the required schedule)	3b	
4	4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	604,485.
5	5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	559.
6	· ···/ 1···/ ···	6	603,926.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	ether the foundation qualif	fies for the section

Form **990-PF** (2012)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (s		N/A	1	
	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7		*		
2 Undistributed income, if any, as of the end of 2012	< x	*	,	
a Enter amount for 2011 only		*		٧
b Total for prior years:				
				*
3 Excess distributions carryover, if any, to 2012:	ч		8	* *
a From 2007				
b From 2008			*	
c From 2009	{ · · · ·	,	*	×
d From 2010	*	*	,	
e From 2011	, k	٠ ٧ ٠		* ×
f Total of lines 3a through e		, .		, , , , , , , , , , , , , , , , , , ,
4 Qualifying distributions for 2012 from	`	* * *		***
Part XII, line 4: ► \$	•	*		* *
a Applied to 2011, but not more than line 2a				· · · · · · · · · · · · · · · · · · ·
b Applied to undistributed income of prior	>		, s	
years (Election required - see instructions)				, ,
c Treated as distributions out of corpus		*		*
(Election required - see instructions)			· · · · · · · · · · · · · · · · · · ·	
d Applied to 2012 distributable amount			4 × 3× ×	<u></u> -
e Remaining amount distributed out of corpus		*	, * *	
Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	, ,	`		
6 Enter the net total of each column as indicated below:	,	, , , , , , , , , , , , , , , , , , ,	w ×	;;
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		*		`
b Prior years' undistributed income. Subtract	,		4	
line 4b from line 2b	* 4			·
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	,			. *
d Subtract line 6c from line 6b. Taxable	, ,		٧, _	
amount - see instructions				
e Undistributed income for 2011. Subtract line		, , , , , , , , , , , , , , , , , , ,		
4a from line 2a. Taxable amount - see instr.		* * *		*
f Undistributed income for 2012. Subtract		- *	•	
lines 4d and 5 from line 1. This amount must			*	
be distributed in 2013			*	
7 Amounts treated as distributions out of		< ·	* * * *	
corpus to satisfy requirements imposed by		*	, z	
section 170(b)(1)(F) or 4942(g)(3)		 		
8 Excess distributions carryover from 2007 not applied on line 5 or line 7			4	,
9 Excess distributions carryover to 2013.		 	· · · · · · · · · · · · · · · · · · ·	
Subtract lines 7 and 8 from line 6a				*
10 Analysis of line 9:				*
a Excess from 2008	`			,
b Excess from 2009	, '			
c Excess from 2010	1 '		, , , , , , , , , , , , , , , , , , ,	
d Excess from 2011	1	, * · · · · · · · · · · · · · · · · · ·		* * * * * * * * * * * * * * * * * * * *
e Excess from 2012	1			,

THE RUTHMERE FOUNDATION Form 990-PF (2012) Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating 11/29/06 foundation, and the ruling is effective for 2012, enter the date of the ruling **b** Check box to indicate whether the foundation is a private operating foundation described in section X 4942(1)(3) or Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2011 (c) 2010 (a) 2012 income from Part I or the minimum investment return from Part X for 90,808 77.011 102,253 each year listed 65,459 77.187. 86,915 **b** 85% of line 2a c Qualifying distributions from Part XII, 604,485 533,852 417,106 line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of 0 0 0 exempt activities e Qualifying distributions made directly for active conduct of exempt activities. 417,106 604,485 533,852 Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 60,539 68,169 51,341 listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗶 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail of the person to whom applications should be addressed: **b** The form in which applications should be submitted and information and materials they should include:

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

c Any submission deadlines:

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) recipient a Paid during the year NONE EXEMPT CHARITABLE FIRST PRESBYTERIAN CHURCH 302 E BEARDSLEY AVE 7.763. ELKHART IN 46514 EXEMPT CHARITABLE-MEMORIAL ENNIS MONTANA LIONS CLUB NONE GIFT P.O. BOX 383 300. ENNIS MO 59729 ➤ 3a 8 063 Total **b** Approved for future payment NONE Total **≥** 3b

Part XVI-A Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.	Unrelated t	usiness income		y section 512, 513, or 514	(e)
• • • • • • • • • • • • • • • • • • • •	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a RUTHMERE MUSEUM					22,605.
b PROGRAMS/CONCERTS					2,302.
c GIFT SHOP					142.
d WEDDINGS					4,450.
e MISC OTHER					689.
f ISPY					1,467.
g Fees and contracts from government agencies					
2 Membership dues and assessments					64,473.
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	43,301.	
5 Net rental income or (loss) from real estate:				4	
a Debt-financed property			14	5,813.	
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			14	22,170.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	ļ				
b				_	
C					
d	ļ	1.	<u> </u>		
e					06 100
12 Subtotal. Add columns (b), (d), and (e)			0.	71,284.	96,128.
13 Total. Add line 12, columns (b), (d), and (e)				13	167,412.
(See worksheet in line 13 instructions to verify calculations.)	_			·	
Part XVI-B Relationship of Activities t	o the Accor	nplishment of	Exempt P	urposes	

				μ								
Line No. ▼		Explain below l	now each	activity t purpo	y for whic ses (othe	ch income is reported or than by providing	d in column (e) o funds for such p	of Part XV urposes).	I-A contributed importantly	to the ac	complishment of	
13	PR	ESERVA	NOIT	OF	THE	RUTHMERE	MUSEUM	AND	COLLECTIONS	FOR	DISPLAY	
	l .					-						
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ın section	501(c) of the Code (other than section 501(c)(3)) or in sec	ction 527?			Yes LX No
_b If "Yes," co	omplete the following schedule.				
	(a) Name of organization	(b) Type of organization		(c) Description of re	elationship
	N/A		<u>.</u>		
Sign Here	penalty's of perjury, I declare that I have examined this return, include electric true, correct, and complete Declaration of preparer (other the state of officer or trustee		ation of which prepared		return with the preparer shown below (see instr.)?
Paid Preparer Use Only	Print/Type preparer's name SANDRA S SCHNEIDER Firm's name ► MCGLADREY LLP	11/	Date 10-21-13	Check if self- employed Firm's EIN ▶ 4	PTIN P00214417 2-0714325
	Firm's address ► PO BOX 99 ELKHART, IN 4651	5-0099		Phone no. (574) 522-0410
					Form 990-PF (2012

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

Schedule of Contributors

Attach to Form 990 Form 990-FFZ or Form 990-PF

THE RUTHMERE FOUNDATION

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

OMB No 1545-0047

2012

Name of the organization

Employer identification number

32-0037914

Organiz	ation type (check or	ne).
Filers of	f:	Section:
Form 99	0 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	-	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	l Rule	
X	For an organization contributor Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.
Special	Rules	
	509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
	total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III.
	contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year
but it m	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

THE RUTHMERE FOUNDATION

32-0037914

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	Containations (300 mondottoris): 000 daphodito copios or rater in additional	<u> </u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	1ST SOURCE BANK 131 E FRANKLIN ST	\$5,500 .	Person X Payroll
	ELKHART, IN 46515		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FIRSTENBERGER, WILLIAM		Person X
	302 E BEARDSLEY AVE ELKHART, IN 46514	\$ 5,000.	Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	REX AND ALICE MARTIN FOUNDATION 1516 MIDDLEBURY ST ELKHART, IN 46517	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BILL DEPUTY FOUNDATION 4200 MIDDLEBURY ST ELKHART, IN 46516	\$8,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FIREFLY TRUST-JOAN BEARDSLEY NORRIS 6835 N PEPPER TREE LANE PARADISE VALLEY, AZ 85253-3346	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NORRIS, JOAN BEARDSLEY 6835 N PEPPER TREE LANE PARADISE VALLEY, AZ 85253-3346	\$ 10,000.	Person X Payroll

Name of organization

Employer identification number

THE RUTHMERE FOUNDATION

32-0037914

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	Containation (500 mandanona), coo capitatio copios en artinizacióna		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ECCF: ROBERT AND MARY PAT DEPUTY FUND 101 S MAIN ST ELKHART, IN 46515	\$ <u>6,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DECIO, ARTHUR 3215 GREENLEAF BLVD ELKHART, IN 46514	\$107,150.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ELKHART COUNTY COMMUNITY FOUNDATION 101 S MAIN ST ELKHART, IN 46515	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	FULMER, GRAIG AND CONNIE 120 W LEXINGTON AVE ELKHART, IN 46515	\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11	HERITAGE FINANCIAL CORP 120 W LEXINGTON AVE-STE 20 ELKHART, IN 46515	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	KISTNER, JOHN D AND JUDITH A 14300 TRILLIUM BLVD SE, UNIT 12 MILL CREEK, WA 98012	\$5,000.	Person X Payroll

Name of organization

Employer identification number

THE RUTHMERE FOUNDATION

32-0037914

art II No	ncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			"
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			

P	aa	e	4

	036 duplicate copies of tart in it addition	ai opaco io necaca:	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
_	runsieree s name, audress, a	T 7	notations of adiabator to adiabate

	DS AND	INTEREST FROM	SEC	URITIES	STATEMENT	1
SOURCE		GROSS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (-
KEYBANK INTEREST & DIVIDENDS	•	43,301.		0.	43,	301.
TOTAL TO FM 990-PF, PART I,	LN 4	43,301.		0.	43,	301.
FORM 990-PF	REN	TAL INCOME			STATEMENT	2
KIND AND LOCATION OF PROPERT	Υ			ACTIVITY NUMBER	GROSS RENTAL IN	
RENT OF BUILDING AND GROUNDS				2	5,	813.
TOTAL TO FORM 990-PF, PART I	, LINE	5A			5,	813.
FORM 990-PF	0	THER INCOME			STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME		
RUTHMERE MUSEUM PROGRAMS/CONCERTS GIFT SHOP WEDDINGS MISC OTHER ISPY MEMBERSHIP DUES AND ASSESSME	INTS	2, 4, 1,	605. 302. 142. 450. 689. 467.	0 0 0 0 0). 2,). 4,). 1,	605. 302. 142. 450. 689. 467.
TOTAL TO FORM 990-PF, PART I	, LINE	96,	128.	0	96,	128.

FORM 990-PF	LEGAL	FEES	នា	TATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	840.	0.	0.	840.	
TO FM 990-PF, PG 1, LN 16A =	840.	0.	0.	840.	
FORM 990-PF	ACCOUNTI	NG FEES	SI	PATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	15,355.	0.	0.	15,355.	
TO FORM 990-PF, PG 1, LN 16B	15,355.	0.	0.	15,355.	
FORM 990-PF C	THER PROFES	SIONAL FEES	Si	FATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING SERVICES PAYROLL FEES MANAGEMENT FEES CONTRACT SERVICES	11,622. 1,017. 15,434. 8,165.	0. 15,434.	0. 0. 0.	11,622. 1,017. 0. 8,165.	
TO FORM 990-PF, PG 1, LN 16C	36,238.	15,434.	0.	20,804.	

FORM 990-PF	TAX	ES	S'.	PATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
IN BUSINESS ENTITY FEE	7.	0.	0.	7
PAYROLL TAXES	15,672.	0.	0.	15,672
REAL ESTATE	102.	0.	0.	102
TO FORM 990-PF, PG 1, LN 18	15,781.	0.	0.	15,781
FORM 990-PF	OTHER E	XPENSES	S'	PATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
TELEPHONE	3,094.	0.	0.	3,094
REPAIRS & MAINTENANCE	159,850.		0.	159,850
POSTAGE & SHIPPING	2,101.		0.	2,101
OFFICE SUPPLIES	12,937.		0.	12,937
DUES AND SUBSCRIPTIONS	1,151.		0.	1,151
MISCELLANEOUS	5,402.		0.	5,402
BANK FEES	675.		0.	675
INSURANCE	22,355.		0.	22,355
ADVERTISING AND PROMOTIONS	17,704.		0.	17,704
PROGRAM EXPENSES	11,591.		0.	11,591
MUSEUM FURNISHINGS	318.		0.	318
TO FORM 990-PF, PG 1, LN 23	237,178.	0.	0.	237,178
FORM 990-PF	CORPORAT	E STOCK	S'	TATEMENT
DESCRIPTION		во	F. OK VALUE	AIR MARKET VALUE
COMMON STOCK			560,396.	674,294
TOTAL TO FORM 990-PF, PART I	T TTYP 100		560,396.	674,294

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 1
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
EQUITY MUTUAL FUNDS		COST	304,075.	333,490
MONEY MARKET FUNDS		COST	8,526.	8,526
MORTGAGE BACKED SECURITIES		COST	19,832.	17,674
FIXED INCOME MUTUAL FUNDS		COST	403,841.	415,976
TOTAL TO FORM 990-PF, PART II,		13	736,274.	775,666
FORM 990-PF	ОТ	HER ASSETS		STATEMENT 1
DESCRIPTION		EGINNING OF BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CHARITABLE REMAINDER UNIT TRUST ELKHART CO COMMUNITY FOUNDATION			871,934. 100,184.	871,934 100,184
TO FORM 990-PF, PART II, LINE	15 <u>—</u>	871,006.	972,118.	972,118
FORM 990-PF	OTHER	LIABILITIES		STATEMENT 1
DESCRIPTION			BOY AMOUNT	EOY AMOUNT
SALES TAX LIABILITY			14.	10
TOTAL TO FORM 990-PF, PART II,	LINE	22	14.	10

	LIST OF OFFICERS, DI AND FOUNDATION MANAGE		STATI	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT B. BEARDSLEY 5510 BAYVIEW DRIVE FT LAUDERDALE, FL 33308	PRESIDENT 0.00	0.	0.	0.
GEORGE E. FREESE 3117 CRABTREE LANE ELKHART, IN 46514	VP & TREASURER 0.00	0.	0.	0.
DORINDA MILES SMITH 833 LINWOOD RD BIRMINGHAM, AL 35222	SECRETARY 0.00	0.	0.	0.
SUSAN C S EDWARDS 98 SUMMER ST KENNEBUNK, ME 04043	ASSISTANT TREAS	SURER 0.	0.	0.
ALICE A. MARTIN 14612 MEADOW LANE LAKESIDE, MI 49116	DIRECTOR 0.00	0.	0.	0.
JOAN BEARDSLEY NORRIS 6835 N PEPPER TREE LN PARADISE VALLEY, AZ 85253	DIRECTOR 0.00	0.	0.	0.
ROBERT DEPUTY 22628 WEATHERBY LN ELKHART, IN 46514	DIRECTOR 0.00	0.	0.	0.
ARTHUR J. DECIO 3215 GREENLEAF BLVD ELKHART, IN 46514	DIRECTOR 0.00	0.	0.	0.
CHARLES LOVING 15881 LAKESHORE DR N. GRANGER, IN 46530	DIRECTOR 0.00	0.	0.	0.
EDWARD BEARDSLEY 6300 N. CAMELBACK MANOR PARADISE VALLEY, AZ 85253	DIRECTOR 0.00	0.	0.	0.
WILLIAM A. FIRSTENBERGER 29729 CR 118 ELKHART, IN 46517	EXECUTIVE DIREG	CTOR 53,000.	0.	0.

THE RUTHMERE FOUNDATION			32-0	037914
JIM BRIDENSTINE 218 MONROE STREET KALAMAZOO, MI 49006	DIRECTOR 0.00	0.	0.	0.
CRAIG FULMER 120 W LEXINGTON AVENUE ELKHART, IN 46516	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	53,000.	0.	0.

Form **8868**

(Rev January 2013)

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

Form 8868 (Rev. 1-2013)

If you are filing for an Automatic 3-Month Extension, comp	lete only Pa	art I and check this box			
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II (on page 2 o	of this form)		
Oo not complete Part II unless you have already been grante	d an automa	atic 3-month extension on a previou	usly filed Fo	rm 8868.	
Electronic filing (e-file). You can electronically file Form 8868					•
equired to file Form 990-T), or an additional (not automatic) 3-n	nonth extens	sion of time. You can electronically	file Form 8	868 to reque	st an extension
f time to file any of the forms listed in Part I or Part II with the	exception of	Form 8870, Information Return for	r Transfers	Associated V	Vith Certain
Personal Benefit Contracts, which must be sent to the IRS in p	aper format	(see instructions). For more details	s on the elec	ctronic filing o	of this form,
isit www.irs.gov/efile and click on e-file for Chanties & Nonproi	fits				
Part 1: Automatic 3-Month Extension of Tir	ne. Only s	submit original (no copies n	eeded).		•
corporation required to file Form 990-T and requesting an au	tomatic 6-mo	onth extension - check this box and	d complete		
Part I only					
NI other corporations (including 1120-C filers), partnerships, RE o file income tax returns	MICs, and t	rusts must use Form 7004 to reque	est an exter	sion of time	
ype or Name of exempt organization or other filer, see inst	ructions		Employe	r identificatio	n number (EIN) or
THE RUTHMERE FOUNDATION				32-00	37914
Number, street, and room or suite no If a P O box, see instructions Social security number (SSN)					
eturn See JUZ E DEARDSHET AVE					
Structions City, town or post office, state, and ZIP code. For a ELKHART, IN 46514	ı foreign add	ress, see instructions			
inter the Return code for the return that this application is for (file a separa	te application for each return)			0 4
Application Return Application				Return	
s For	Code	1			Code
orm 990 or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990-BL	02	Form 1041-A			08
orm 4720 (ındıvıdual)	03	Form 4720			09
orm 990-PF	04	Form 5227			10
orm 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
orm 990-T (trust other than above)	06	Form 8870			12
RUTHMERE HEAD	QUARTE	RS		_	
The books are in the care of > 302 E BEARDSL.	EY AVE	ELKHART, IN 4	6514		
Telephone No ► <u>574-264-0330</u>		FAX No. >			
If the organization does not have an office or place of busine	ess in the Ur	nited States, check this box			▶ □
If this is for a Group Return, enter the organization's four dig	it Group Exe	emption Number (GEN)	. If this is fo	r the whole g	roup, check this
ox lif it is for part of the group, check this box	and atta	ch a list with the names and EINs	of all memb	ers the exter	sion is for.
1 I request an automatic 3-month (6 months for a corporati	on required	to file Form 990-T) extension of tim	ne until		
AUGUST 15, 2013 , to file the exer	npt organiza	tion return for the organization nar	ned above.	The extensio	n
is for the organization's return for					
► X calendar year 2012 or					
tax year beginning	, an	d ending		<u> </u>	
O If the tay year entered in line 1 is for less than 10 is salt.	-ll	—	1		
If the tax year entered in line 1 is for less than 12 months Change in accounting period	, cneck reas	on Initial return] Final retur	n	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720), or 6069, e	nter the tentative tax, less any			000
nonrefundable credits. See instructions.			3a	\$	800.
b If this application is for Form 990-PF, 990-T, 4720, or 606	9, enter any				
estimated tax payments made. Include any prior year over			3b	\$	<u> </u>
c Balance due. Subtract line 3b from line 3a Include your by using EFTPS (Electronic Federal Tax Payment System	payment wit	h this form, if required,	3b	\$	800.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 886	68 (Rev. 1-2013)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	s box	. •	X
Note. On	ily complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form 8	868.	
• If you	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies needed).	
Enter filer's identify					g number, see inst	ructions
Type or	or Name of exempt organization or other filer, see instructions				Employer identification number (EIN)	
print	nt					
File by the	THE RUTHMERE FOUNDATION	ON		32-0037914		4
due date for	Number, Street, and found of suite no. if a 1.0. box, see instructions			Social sec	Social security number (SSN)	
filing your return See	BEARDSLEY AVE					
instructions	City, town of post office, state, and zir code i of a foreign address, see instructions					
	ELKHART, IN 46514					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
		1				
Application			Application			Return
Is For		Code 01	Is For		1 E. C. 1 F.	Code
Form 990 or Form 990-EZ			1. S.	<u> </u>	08	
Form 990-BL		02	Form 1041-A			
Form 4720 (individual)			Form 4720		09	
Form 990-PF			om 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
210P! D	o not complete Part II if you were not already granted RUTHMERE HEADQI	_		nously thec	1 Form 8868.	
● Thob	ooks are in the care of 302 E BEARDSLE			51 <i>1</i>		
	hone No. ► 574-264-0330	I WAR	FAX No F	214		
•	organization does not have an office or place of business	s in the l lr				
	is for a Group Return, enter the organization's four digit			f this is for	the whole group ic	heck this
box ►		٦.				
box If it is for part of the group, check this box Industry and attach a list with the names and EINs of all members the extension is for all request an additional 3-month extension of time until Industry NOVEMBER 15, 2013.						
	For calendar year 2012, or other tax year beginning, and ending					
	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return					
	Change in accounting period					
7 Sta	State in detail why you need the extension					
AI	ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.					
		·				
8a If t	his application is for Form 990 BL, 990-PF, 990-T, 4720, o	or 6069, e	inter the tentative tax, less any	1 1		
no	nonrefundable credits. See instructions.			8a	\$	800.
b If t	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
tax	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			346		
pr	previously with Form 8868.			8b	\$	800.
	· · · · · · · · · · · · · · · · ·					
EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$						0.
	_		st be completed for Part II o	-		
Under per	nalties of perjury, I declare that I have examined this form, includ	ing accomp	panying schedules and statements, and t	o the best <mark>of</mark>	my knowledge and be	elief,
	correct, and complete, and that I am authorized to prepare this fo				00 ==	. 75
Signature	Madra X Church ex. Title > (CPA		Date	► 8-9-20	13

Form 8868 (Rev. 1-2013)