

Form 990-PF

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0052

r cal						uctions and t				Open to Public Inspection
	lendar year 2017 of foundation	or tax year begi	nning	_	11	./13 <b>, 2017</b> ,	and endi		A Employer ident	12/31, <b>20</b> 17
RUTE	H AND J.O. S	TONE FOUNDAT	'ION						82-34713	15
				street a	ddress)		Room/suite			iber (see instructions)
					ŕ				,	
מווס	ארדיים איים	CE 501 STIVE	ם שחדפםי	חי					(800) 8	39-1754
						_		-+	(000) 0	33 1731
ity or	town, state or provinc	e, wantiy, and zir or i	oreign postar	coue				- 1	If exemption appl	cation is
		10000 1333							pending, check he	re
								_		. —
Che	ck all that apply	<del></del>		<u> </u>	(	•	ublic char	ity   i		
		<del></del>		<u> </u>					2 Foreign organi	zations meeting the
										▶ □
Che-	ck type of organiz	ation X Sect	on 501(c <u>)(</u>	( <u>3)</u> ex	empt private f	oundation	-CY	۱.	If private foundat	on status was terminated
<u>s</u>	ection 4947(a)(1) n	onexempt charitabl	e trust	Ot	her taxable pr	ivate foundat	tion 💢	<u>)</u>	•	(b)(1)(A), check here .
Fair	market value o	f all assets at	J Accoun	ting n	nethod 🔀 Ca	ash Acc	rual	١,	If the foundation	is in a 60-month termination
										(b)(1)(B), check here . >
			(Part I, col	lumn (	d) must be on ca	sh basis )				
			· · · ·			·	. [			(d) Disbursements
لكمسر	total of amounts i	n columns (b), (c), a	nd (d)					(c)		for charitable purposes
			ts in		books	incom	ie		mcome	(cash basis only)
_			hodule)		246.168				•	
	Chack I If the	foundation is not req	uired to				-		·	
_	attac	h Sch B			2		2			<del> </del>
						-	٠- ١			<u> </u>
						_				
5a	Gross rents	• • • • • • • • •	· · · ·		_					<u> </u>
b	Net rental income or (	loss)								<del> </del>
			line 10		,					
b	assets on line 6a	·······								
7	Capital gain net inc	come (from Part IV,	line 2)				0.		<del></del>	
8	Net short-term cap	ital gain								<u> </u>
9	Income modification	ns								
ь	Less Cost of goods so	old .								
С	Gross profit or (loss	s) (attach schedule)	L							
11	Other income (atta	ch schedule)	L			FOR	WED			
					246,170.	KEUL	2-	<u> </u>	1	
13	Compensation of office	ers, directors, trustees	etc		<b>\</b> 0.		- 0018			
					15	NOV 2	1 2019			
15		_			/હੁ	21		<del></del>	-1	
16 a	•	•		•	10	ستسا	ENL			
h					1	OGL				
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17	·	•								
17										
10	•	• •	·							
19		•								
20	· ·						-			<del> </del>
21	·	. •				_			•	
22	<b>-</b> .									<del></del>
23	Other expenses (at	tach schedule)	_							
24	Total operating ar	nd administrative ex	penses		_		ļ			
	Add lines 13 throu	gh 23			0.				-	
25	Contributions, gifts	s, grants paid								
	· <del>-</del>				0.					0
			ents		246,170.					
							2.			
		, -	r -0-)						-	
	RUTI Number FOUI Che S Fair end 16) art I 1 2 3 4 4 5 a b 6 a b 7 8 9 10 a c 11 12 13 14 15 16 a b c 17 18 19 20 21 22 23 24 25 26 27 a	RUTH AND J.O. S Number and street (or P O became and street (or P O became and street)  FOUNDATION SOUR City or town, state or province  WILMINGTON, DE Check all that apply  Check type of organiz  Section 4947(a)(1) in Fair market value or end of year (from Pa 16) > \$  art I Analysis of Revious of Analysis of Revious of amounts in may not necessar column (a) (see in fit the attact of a contributions, gifts, grant of the attact of a contributions of the attact of a contributions of the assets on line 6a  Interest on savings are defined and interest on savings are defined assets on line 6a  Capital gain or (loss) from assets on line 6a  Capital gain or (loss) from assets on line 6a  Capital gain or (loss) from a contributions of fine 6a  Capital gain or (loss) from a contribution of official company and allowances of a contribution of official company and allowances of the pension plans, employee satistic professional contribution of the contribution of	RUTH AND J.O. STONE FOUNDAT Number and street (or P O box number if mail is not FOUNDATION SOURCE 501 SILVE City or town, state or province, country, and ZIP or it WILMINGTON, DE 19809–1377 Check all that apply    X	RUTH AND J.O. STONE FOUNDATION  Number and street (or P O box number if mail is not delivered to FOUNDATION SOURCE 501 SILVERSIDE For the province of the prov	RUTH_AND J.O. STONE FOUNDATION  Number and street (or PO box number if mail is not delivered to street a  FOUNDATION SOURCE 501 SILVERSIDE RD  Day or town, state or province, country, and ZiP or foreign postal code  WILMINGTON, DE 19809-1377  Check all that apply X Initial return Final return Address change  Check type of organization X Section 501(c)(3) ex Section 4947(a)(1) nonexempt charitable trust  Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 244,717. (Part I, column (e) total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))  1 Contributions, gifts, grants, etc, received (attach schedule) Check   If the foundation is not required to attach Sch B.  3 Interest on sawings and temporary cash investments.  4 Dividends and interest from securities  5 Ross rents  b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a  Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain.  9 Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule)  11 Other income (attach schedule)  12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16 Legal fees (attach schedule)  b Accounting fees (attach schedule)  17 Interest  18 Taxes (attach schedule) (see instructions).  19 Depreciation (attach schedule)  20 Cher expenses (attach schedule)  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses (attach schedule)  24 Total operating and administrative expenses  Add lines 13 through 23.  25 Contributions, gifts grants paid  26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements	RUTH, AND J.O. STONE FOUNDATION  Number and street (or P O box number if mail is not delivered to street address)  FOUNDATION SOURCE 501 SILVERSIDE RD  City or town, state or province, county, and ZIP or foreign postal code  WILMINGTON, DE 19809–1377  Check all that apply X Initial return Amended ref. Name change  Check type of organization X Section 501(c)(3) exempt private if Name change  Check type of organization X Section 501(c)(3) exempt private if Name change  Check type of organization X Section 501(c)(3) exempt private if Name change  Check type of organization X Section 501(c)(3) exempt private if Name change  Check type of organization X Section 501(c)(3) exempt private if Name change  Check type of organization X Section 501(c)(3) exempt private if Name change  Check type of organization X Section 501(c)(3) exempt private if Name change  Fair market value of all assets at an end of year (from Part II, col (c), line (Part I, column (d) must be on cate of year (from Part II, col (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) must be on cate organization (a) (see instructions))  1 Contributions, gift, grants, sic. receved (sitach schedule) .  2 Check	## AND J.O. STONE FOUNDATION  ## Aurober and street (or P O box number if mail is not delivered to street address)  ### FOUNDATION SOURCE 501 SILVERSIDE RD  ### Aurober and street (or P O box number if mail is not delivered to street address)  ### Aurober and Street (or P O box number if mail is not delivered to street address)  ### Aurober and Street (or P O Dox number if mail is not delivered to street address)  ### Aurober and Street (or P O Dox number if mail is not delivered to street address)  ### Aurober and Street (or P O Dox number if mail is not delivered to street address)  ### Aurober and Street (or P O Dox number if mail is not delivered to street address)  ### Aurober and Street (or P O Dox number in Color in Address change	### AND J.O. STONE FOUNDATION  ### And street (or P O box number if mail is not delivered to street address)  ### And street (or P O box number if mail is not delivered to street address)  ### And J.O. STONE FOUNDATION  ### And J.O. STONE J.O. STONE J.O. STONE  ### And J.O. STON	RUTH AND J.O. STONE FOUNDATION  Rumber and street (or PO box number if mail is not delivered to street address)  FOUNDATION SOURCE 501 SILVERSIDE RD  Room/suite  FOUNDATION SOURCE 501 SILVERSIDE RD  It is or town, state or province, country, and 22 for foreign postal code  WILMINGTON, DE 19809—1377  Check all that apply  X Initial return Address change  Check type of organization  Section 4947(a)(1) nonexempt chantable trust  Check type of organization  Section 4947(a)(1) nonexempt chantable trust  Other taxable private foundation  Section 4947(a)(1) nonexempt chantable trust  Other taxable private foundation  Fair market value of all assets at J Accounting method (X Cash Accrual of year (from Part IL col.), line  16) S \$ 44,717.  Check type of organization X Sections 501(c)(3) exempt private foundation  Section 4947(a)(1) nonexempt chantable trust  Other (specify)  (Part I, column (d) must be on cash basis.)  Centrolloring, girls, gents, de. received (mach schedule)  1 Centrolloring, girls, gents, de. received (mach schedule)  2 Check E Gross profer of (loss) (state size of schedule)  1 Centrolloring, girls, gents, de. received (mach schedule)  1 Centrolloring, girls, gents, de. received (mach schedule)  2 Captal gain net income (from Part IV, line 2)  Net short-term capital gian.  1 Income modifications  1 Centrolloring (res) from sale of assets not on line 10  2 Gross page is the trum and administrative expenses  1 Centrolloring (see assets chance)  1 Centrolloring (see assets chance)  2 Pension plans, employee benefits  1 Capital (see assets chance)  1 Centrolloring (see assets chance)  2 Pension plans, employee scalares and wages  1 Taxes (catach schedule)  2 Controlloring (see (attach schedule)  2 Controlloring (see (attach schedule)  3 Controlloring (see (attach sc	ROUTH   AND J.O. STONE FOUNDATION   82–34713

Foi	rm`990	-PF (2017) RUTH AND J.O. STONE	FOUNDATION	82	2-3471315 Page <b>2</b>
		Attached schedules and amounts in the	Beginning of year	End	of year
Р	art li	Balance Sheets description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		10,002.	10,002
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶	l		
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	1		
	7	Other notes and loans receivable (attach schedule)	ſ		
	ľ	Less allowance for doubtful accounts ▶			
Ŋ	8	Inventories for sale or use	1		
Assets	9	Prepaid expenses and deferred charges			
As	10a			-	
	l .	Investments - corporate stock (attach schedule) ATCH 1		236,168.	234,715
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings,			
		and equipment basis  Less accumulated depreciation	†		
		(attach schedule) ——————			<del> </del>
	12 13	Investments - mortgage loans			
	14	Land, buildings, and			
		Less accumulated depreciation	1	-	-
	15	(attach schedule) Other assets (describe > )			
	16	Total assets (to be completed by all filers - see the		-	
	'	Instructions Also, see page 1, item I)		246,170.	244,717
_	17	Accounts payable and accrued expenses	† · · · · · · · · · · · · · · · · · · ·	<u> </u>	
		• •			
S	18	Grants payable			=
Ę.	19				
置	20 21	Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable (attach schedule)			1 .
Liabilities	22	Other liabilities (describe )			
	22	Other nabilities (describe >			╡ .
	23	Total liabilities (add lines 17 through 22)	0.	0	
_		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26, and lines 30 and 31.			
ဋ	24	Unrestricted			
ם	25	Temporarily restricted			1
ã	26	Permanently restricted			1
핕		Foundations that do not follow SFAS 117, check here ► X			1
교		and complete lines 27 through 31.			
ō	24 25 26 27 28 29 30 31	Capital stock, trust principal, or current funds			
ă	28	Paid-in or capital surplus, or land, bldg , and equipment fund			┦ .
SS	29	Retained earnings, accumulated income, endowment, or other funds		246,170	.]
Ž	30	Total net assets or fund balances (see instructions)		246,170	.]
Š	31	Total liabilities and net assets/fund balances (see			· '
_		instructions)		246,170	
P	art l	Analysis of Changes in Net Assets or Fund Bal			
		al net assets or fund balances at beginning of year - Part		must agree with	
Í		-of-year figure reported on prior year's return)			0
2		er amount from Part I, line 27a			246,170
				f f	
		I lines 1, 2, and 3			246,170
		creases not included in line 2 (itemize) ▶		5	
6	Tot	al net assets or fund balances at end of year (line 4 minu	s line 5) - Part II, column (		246,170
_	_				

\_\_\_\_\_\_Page **3** 

Pai	t IV Capital Gains	and Losses for Tax on Inv	estment income			
	, ,	scribe the kind(s) of property sold (for circk warehouse, or common stock, 200	• •	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a						<u> </u>
<u>b</u>	<del></del>			<b> </b>		<del></del>
<u>c</u>			<u> </u>	<del> </del>		
<u>d</u> e				<del> </del>	<del> </del>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo: ((e) plus (f) mini	
a				_		
<u>b</u>						
<u>C</u>						
<u>d</u>		<del></del>		<del>                                       </del>	<u> </u>	
<u>e</u>	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69			<del></del>
	Complete only for assets s	(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) ga (k), but not less the	
(	i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from col	
a	<del></del>	······				
b						
d				<u> </u>		
<u>e</u>			1	<del>                                     </del>		
2	Capital gain net income	or (net canital loss)	ain, also enter in Part I, line 7			
3	. •	, , , , , , , (I	oss), enter -0- in Part I, line 7	2		
3		ain or (loss) as defined in sections Part I, line 8, column (c) See ins	,			
				3		
Pai			duced Tax on Net Investment I	ncome		
Was			T AVAILABLE FOR INITIAL putable amount of any year in the b		_	Yes No
1			ar, see the instructions before mak	ing any er	atries	
<u>.</u>	(a)	(b)	(c)	any en	(d)	
Cale	Base period years andar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2016					
	2015					
	2014			_	<del></del>	
	2013					
	2012			<del>                                     </del>	<del></del>	
_						
2				2		
3	_		le the total on line 2 by 5 0, or by	3		
	the number of years the	foundation has been in existence	ıf less than 5 years		<u> </u>	
4	Enter the net value of n	oncharitable-use assets for 2017 f	from Part X, line 5	4		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		<del></del>
8	Enter qualifying distributed in the second second s	tions from Part XII, line 4 greater than line 7, check the box		8   that par	t using a 1% ta	x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e ins	tru	ctions	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here				1	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			-	_ !	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				0.	
	here ▶ and enter 1% of Part I, line 27b				*	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)	- #-				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)					
3	Add lines 1 and 2				0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0				0.	
6	Credits/Payments					
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a					
b	Exempt foreign organizations - tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld				_	
7	Total credits and payments Add lines 6a through 6d				0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11					
	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		_	Yes	No	
	participate or intervene in any political campaign?	· -	a	_	<u> </u>	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	۵ ا	.		х	
	instructions for the definition	· -	<u> b  </u>			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	.is				
	published or distributed by the foundation in connection with the activities	4	ıc		Х	
	Did the foundation file Form 1120-POL for this year?	·  -'	+			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			i		
	(1) On the foundation  (2) On foundation managers  (2) On foundation managers  (3) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
е						
•	on foundation managers  \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	-	Х	
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		,		v	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. –	3		X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	• ⊢	la Ib			
	If "Yes," has it filed a tax return on Form 990-T for this year?	. –			X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5		_ ^	
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 the		_	v		
	conflict with the state law remain in the governing instrument?	· —	<u>6</u>	$\frac{x}{x}$		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	′ ⊢	7		_	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	_				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	_				
	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	. –	3b	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 calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes				,,	1
	complete Part XIV	·  -'	9		<u> </u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	eit		Х		
	names and addresses . ATCH 2	<u>.   1</u>	10	Λ	<u> </u>	

Pai	t VII-A Statements Regarding Activities (continued)			
			Yes	No
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		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
13	Website address ► N/A			_
4.4	The books are in care of ► FOUNDATION SOURCE Telephone no ► 800-839	175	1	
14	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-1.	377		
4-	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	ТТ
15	and enter the amount of tax-exempt interest received or accrued during the year			
46	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
16	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			i
Par	t 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
12	During the year, did the foundation (either directly or indirectly)			- 1
10	(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) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
	(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 for			
	the benefit or use of a disqualified person)?		ľ	
	(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			1
	termination of government service, if terminating within 90 days)			
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
c	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 2017?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	ļ		
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	Ì		
	6e, Part XIII) for tax year(s) beginning before 2017? Yes X No			İ
	If "Yes." list the years			1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		ĺ	'
	(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 )	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	Ì		
	<b>•</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		1	
b	of "Yes," did it have excess business holdings in 2017 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		ŀ	
	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 if the			
	foundation had excess business holdings in 2017 )	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		Х

Form 9	990-PF (2017) RUTH AND J.O.	STONE FOUNDA'	rion		82-34	4713 <u>15</u>	F	age <u>6</u>
Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (cont	inued)			
5a	During the year, did the foundation pay or incur any amo	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe		n 4945(e))?	. Tes	X No	, .	Ģ	- (
	(2) Influence the outcome of any specific public ele							
	directly or indirectly, any voter registration drive?				X No		٠.	1
	(3) Provide a grant to an individual for travel, study, or o				X No		-	١٠
	(4) Provide a grant to an organization other than a							1
	section 4945(d)(4)(A)? See instructions			1 1	X No		, ,	- {
	(5) Provide for any purpose other than religious, ch					,		
	purposes, or for the prevention of cruelty to children			1 1	X No			Ì
	If any answer is "Yes" to 5a(1)-(5), did any of the			•		3		
b	Regulations section 53 4945 or in a current notice regar					5b		1
	•	_			. г			
	Organizations relying on a current notice regarding disas				▶∟	<b>-</b> ' '	-	. 1
C	If the answer is "Yes" to question 5a(4), does the		•		<b>п.</b> .			i
	because it maintained expenditure responsibility for the			Yes	No			
	If "Yes," attach the statement required by Regulations s					-,		1
6a	Did the foundation, during the year, receive any fur	ids, directly or indir	ectly, to pay premiun	ns				}
	on a personal benefit contract?				X No		<b></b>	
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ict?		6b		<u> X</u>
	If "Yes" to 6b, file Form 8870			_	_			1
7a	At any time during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	. Yes	X No			}
ь	If "Yes," did the foundation receive any proceeds or ha					7b		
Par	t VIII Information About Officers, Directo	rs, Trustees, Fou	Indation Managers	s, Highly P	aid Empl	oyees,		
_	and Contractors List all officers, directors, trustees, foundation r	nanagers and their	compensation See	instructions				
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contribu	tions to	(e) Expens	e accor	ınt
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee ben- and deferred cor	efit plans mpensation	other all	owance	S
						_		
ATC	H 3		0.		0.			0.
	<del>-</del>			ļ				
				_				
	<u> </u>	-			-			
	<del></del>				ŀ			
	Compensation of five highest-paid employees	(other than thes	e included on line	o 1 - see i	instruction	ns) If no	one	enter
2	"NONE."	(Other than thos	ie included on mi				J.1.0,	
-		(b) Title, and average		(d) Contribu		(e) Expens		unt .
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and d	eferred	other all		
		devoted to position		compens	ation			
	NONE							
		1						
				_				
	<del>-</del>	1						
Total	number of other employees paid over \$50,000							
. Jua				<u> </u>	<u> </u>	Form 99	)-PF	(2017)

Form 990-PF (2017) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 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 Total number of others receiving over \$50,000 for professional services . . . . . . . **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE All other program-related investments. See instructions 3 NONE

Form 990-PF (2017)

Total. Add lines 1 through 3.

Page 8

Pai	Minimum Investment Return (All domestic foundations must complete this part is see instructions)	oreign foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e	tc,	
	purposes	-	
а	Average monthly fair market value of securities	1a	117,357.
	Average of monthly cash balances		2,500.
	Fair market value of all other assets (see instructions)		
d	Total (add lines 1a, b, and c)	1d	119,857.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	119,857.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, s	see	
	instructions)	4	1,798.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line		118,059.
6	Minimum investment return. Enter 5% of line 5	6	792.
Par	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here ▶ and do not complete this part )	foundations	
1	Minimum investment return from Part X, line 6	1	792.
2 a	Tax on investment income for 2017 from Part VI, line 5 2a		
b	Income tax for 2017 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		792.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4		792.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part X		
	_line 1	7	792.
	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		<del></del>
	Program-related investments - total from Part IX-B		<del></del>
2	purposes		
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)		
	Cash distribution test (attach the required schedule)		
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, lin		· · · · · · · · · · · · · · · · · · ·
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incor		
	Enter 1% of Part I, line 27b See instructions		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years	n calculating who	ether the foundation

Form 990-PF (2017)

Page 9

Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				792.
2	Undistributed income, if any, as of the end of 2017				
	Enter amount for 2016 only	<del> </del>			
b	Total for pnor years 20 <u>15</u> ,20 <u>14</u> ,20 <u>13</u>				
3	Excess distributions carryover, if any, to 2017				
а	From 2012				
	From 2013				
c	From 2014				
c	I From 2015				
e	From 2016				
	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$				
a	Applied to 2016, but not more than line 2a				
t	Applied to undistributed income of prior years				
	(Election required - see instructions)				
C	Treated as distributions out of corpus (Election				
	required - see instructions)				
	Applied to 2017 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017 (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:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
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				
	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
e	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2017 Subtract lines				
•	4d and 5 from line 1 This amount must be				700
	distributed in 2018				792.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	•			
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.	0.			
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2013		,		
	Excess from 2014				
	Excess from 2015			}	
	Excess from 2017				
•	Endedo Holli Edil		L	<u> </u>	<del></del>

Рa	rt XIV Private Op	erating Foundations	(see instructions a	and Part VII-A, questi	on 9)	NOT APPLICABLE
1 a	If the foundation has foundation, and the rulin				ating	>
<b>h</b>	Check box to indicate v				section 49420	(j)(3) or 4942(j)(5)
Ü	Check box to indicate t	Tax year	a private operating	Prior 3 years		
2 a	Enter the lesser of the ad-		/b) 2016	(c) 2015	(d) 2014	(e) Total
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2017	(b) 2016	(6) 2013	(4) 2014	
b	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(j)		/			
b	"Endowment" alternative test- enter 2/3 of minimum invest- ment return shown in Part X					
С	line 6 for each year listed "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)					
	(3) Largest amount of support from an exempt organization					
_	(4) Gross investment income.	-4		t autorif the formula	tion had \$5 000 a	
	any time d	uring the year - see	instructions.)	t only if the founda	mon nad \$5,000 C	or more in assets at
	Information Regardin					
а	before the close of any	the foundation who fire tax year (but only if the	nave contributed mo ney have contributed	more than \$5,000) (S	ee section 507(d)(2)	ived by the foundation )
	RUTH P STON					0 1
b				of the stock of a corp on has a 10% or greated		lly large portion of the
_	N/A Information Regardin	a Contribution Grant	Gift Loan Scholars	hin oto Programs		
4	<u> </u>	_				
		or funds If the found	ation makes gifts, gi			and does not accept under other conditions,
а	The name, address, a			the person to whom ap	plications should be ac	dressed
b	The form in which app	lications should be sul	bmitted and informat	ion and materials they	should include	
	Any submission deadl	inas				
C	Any submission dead	nic3				

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

Page **11** 

Form 990-PF					Page 1
Part XV	Supplementary Information (	continued)			
3 Gran	nts and Contributions Paid During Recipient e and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Nam	e and address (home or business)	or substantial contributor	recipient	contribution	
a Paid	during the year				
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<b>b</b> Appr	oved for future payment				
				1	
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T-4-		<u> </u>	1		
rota	1				

Page	1	2
raye		_

t XVI-A Analysis	of Income-Prod		ated business income	Excluded by	y section 512, 513, or 514	(e)
gross amounts unless t	illerwise indicated	(a) Business code	(b) Amount	(c)	(d) Amount	Related or exemption income
rogram service revenue		Duziness code	Amount	Exclusion code	Amount	(See instructions
	·					
Fees and contracts from	government agencies			-		
embership dues and ass						
terest on savings and tempo				14		
ividends and interest fro	m securities			-		
et rental income or (loss)				+		
Debt-financed property Not debt-financed prop						
et rental income or (loss) fi	-					
ther investment income						
ain or (loss) from sales of as	sets other than inventory				_	
et income or (loss) from	•					
ross profit or (loss) from						
ther revenue a				<u> </u>		
·						
				_		
ubtotal Add columns (b) otal. Add line 12, column worksheet in line 13 ins t XVI-B Relation	, (d), and (e)	ulations) s to the A	ccomplishment of	Exempt Pur	-	
ubtotal Add columns (b) otal. Add line 12, column worksheet in line 13 ins t XVI-B Relation	, (d), and (e)	ulations) s to the A y for which on's exemp	ccomplishment of	Exempt Pur in column (on by providing	poses  e) of Part XVI-A contrib g funds for such purpose	uted importantly t
ubtotal Add columns (b) otal. Add line 12, column worksheet in line 13 ins t XVI-B Relation Explain below accomplishm	, (d), and (e)	ulations) s to the A y for which on's exemp	ccomplishment of h income is reported t purposes (other tha	Exempt Pur in column (on by providing	poses  e) of Part XVI-A contrib g funds for such purpose	uted importantly to
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Subtotal Add columns (b)  Total. Add line 12, column worksheet in line 13 ins  T XVI-B Relation  Explain below accomplishm	, (d), and (e)	ulations) s to the A y for which on's exemp	ccomplishment of h income is reported t purposes (other tha	Exempt Pur in column (on by providing	poses  e) of Part XVI-A contrib g funds for such purpose	outed importantly to
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Form 99		017)	RUTH AN	D J.O. ST	ONE FOUND.	ATION			82-347	1315	Pag	је 13
Part	XVII	Information R Exempt Orga		ransfers to	and Trans	actions a	and Relation	nships V	Vith None	chari	table	
1 0	oid the	organization direct	tly or indirectly	engage in a	ny of the foll	owing with	any other o	rganization	described	1	Yes	No
ır	n sec	tion 501(c) (other	than section	501(c)(3)	organizations	) or in se	ection 527,	relating to	political			
	-	ations?									ŀ	
		ers from the reporting	-		-	_						
-		sh										X
•	-	er assets ransactions						• • • • • •	• • • • • •	1a(2)		X
(	1) Sal	es of assets to a no	oncharitable exe	empt organiza	ition					1b(1)		Х
(	<b>2)</b> Pur	chases of assets fro	om a noncharit	table exempt of	organization					1b(2)		X
(:	<b>3)</b> Rer	ntal of facilities, equ	ipment, or othe	er assets						1b(3)		X
(4	4) Rei	mbursement arrang	ements							16(4)		X
-		ins or loan guarante									ı ı	X
		formance of service										<u>X</u>
		of facilities, equipr									لـــــا	X
		answer to any of the										
		of the goods, other or any transaction of										
(a) Line		(b) Amount involved	<del>,</del>		xempt organization		Description of tr					
(4)	+	N/A	(e) stante of	THOUSING THE STATE OF	pr organization	N/2						
	$\neg +$		· · · · · ·									
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d	escrib	foundation directly ed in section 501(c " complete the follo	) (other than se	ection 501(c)		•			zations	Y	es X	] No
		(a) Name of organization	on	(b)	Type of organizat	tion		(c) Descrip	tion of relation	ship		
				<del></del>			<del>                                     </del>		<del></del>			
		<del></del>	<del></del>	<del></del>	<del></del>							
		<del></del>	·	<del>                                     </del>			<del>                                     </del>	<del>_</del>				
			<del></del>	<del> </del>			<del> </del>		<del></del>			
	Under	penalties of perjury, I decl	are that I have exar	mined this return,	including accompan	ying schedules	and statements, a	nd to the best	of my knowled	ge and	belief, it	is true
•	correc	t, and complete Declaration of	of preparer (other than	taxpayer) is based	on all information of	which preparer	has any knowledge	ſ				
Sign		1/<11th	2 74. 1	1 the	, ''/8/2,	18 F	reside	nt	May the IR with the pr	S discus		
Here	Sign	ature of officer or trustee	<del></del>	Date	- / 3/20	Title			See instruction		Yes	No
		/			(					_=		_
<u> </u>		Print/(ype preparer's na	ame	Preparer's	signature		Date	Ch	ieckif	PTIN		
Paid		JEFFREY D HAS	KELL	JEFFRI	EY D HASKI	EL <u>L</u>	10/1	7/2018 se	If-employed	P013	4577	0
Prepa	arer	Firm's name FC	OUNDATION S	SOURCE				Firm's Eli	v ▶5103	9834	7	
Use C	Only	Firm's address ▶ ON	NE HOLLOW	LN, STE 2	12							

11042

LAKE SUCCESS, NY

Phone no 800-839-1754 Form **990-PF** (2017)

## 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-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

Name of the organization		Employer identification number				
RUTH AND J.O. STONE	FOUNDATION	82-3471315				
Organization type (check or	ne)	02 34/1313				
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private	foundation				
	501(c)(3) taxable private foundation					
instructions  General Rule	(7), (8), or (10) organization can check boxes for both the General Rule	, and a openial real occ				
	on filing Form 990, 990-EZ, or 990-PF that received, during the year,	contributions totaling \$5,000				
or more (ın money contributor's total	y or property) from any one contributor. Complete Parts I and II. See contributions	instructions for determining a				
Special Rules						
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met to sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Found that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ,	orm 990 or 990-EZ), Part II, line ributions of the greater of (1)				
contributor, during	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributor, during contributions total during the year fo General Rule app	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't ust answer "No" on Part IV, line 2, of its Form 990, or check the box to certify that it doesn't meet the filing requirements of Schedule B (Fo	on line H of its Form 990-EZ or on its				

Name of organization RUTH AND J.O. STONE FOUNDATION

Employer identification number 82-3471315

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	STONE, RUTH P.  312 HARBOR VIEW LANE  LARGO, FL 33770	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	

Name of organization RUTH AND J.O. STONE FOUNDATION

Employer identification number 82-3471315

Part II Noncash Property (see instructions) Use duplicate copies of Part 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
_1	WAL-MART STORES INC WMT, 1000 SH.	\$99,370.	12/28/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_1_	ALGER FUND CAP APPREC PORT CL C ALCCX, 6940.513 SH.	\$136,798.	12/28/2017
(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
		\$	

Name of organization RUTH AND J.O. STONE FOUNDATION

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82-3471315

(c) Use of gift  (e) Transfer of gift  (c) Use of gift	(d) Description of how gift is held  Relationship of transferor to transferee  (d) Description of how gift is held	
(c) Use of gift		
(c) Use of gift	(d) Description of how gift is held	
(e) Transfer of gift	Relationship of transferor to transferee	
(c) Use of gift	(d) Description of how gift is held	
(e) Transfer of gift  Transferee's name, address, and ZIP + 4		
(c) Use of gift	(d) Description of how gift is held	
(e) Transfer of gift	Relationship of transferor to transferee	
	(c) Use of gift  (e) Transfer of gift  (c) Use of gift	

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

STOCK	1
CORPORATE	1777077700
1	
⊢	
<b>—</b>	

ENDING <u>FMV</u>	135,965. 98,750.	234,715.
ENDING BOOK VALUE	136,798.	236,168.
DESCRIPTION	ALGER FUND CAP APPREC PORT CL WAL-MART STORES INC	TOTALS

ATTACHMENT 1

RUTH AND J.O. STONE FOUNDATION

NAME AND ADDRESS

STONE, RUTH P. 312 HARBOR VIEW LANE LARGO, FL 33770

82-3471315

ATTACHMENT 2

ATTACHMENT 3	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	0.0	0.
	COMPENSATION	. 0	0
ERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRES / DIR / SEC / TREAS 1.00	GRAND TOTALS
FORM 990PE, PART VIII - LIST OF OFFICERS,	NAME AND ADDRESS	RUTH P STONE FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	