Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

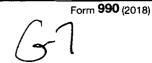
2018

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For th	e 2018 calendar year, or tax year beginning JUL 1, 2018 and ending	g JUN	30, 2019	
В	Check if applicab	C Name of organization	D	Employer identif	ication number
Г	Addre	RUTTER'S CHILDREN'S CHARITIES INC.			•
	Name			83-4	1045890
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) Room/ 2295 SUSQUEHANNA TRAIL	suite E	Telephone number (717	
-	termu ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	398,765.
	Amen	10RR, PA 17404	н(a) Is this a group i	
[2	Applic tion pendi	F Name and address of principal officer CTIKESTOFTIER TERRITARY	2	for subordinate	
		empt status	527	b) Are all subordinates If "No " attach :	included? Yes No a list. (see instructions)
		te: > HTTPS: //WWW.RUTTERS.COM/CATEGORY/CHARITAB		c) Group exemption	,
					M State of legal domicile: PA
P	art I	Summary			
•	1				GENERATIONS
Governance					OST.
er a	2	Check this box If the organization discontinued its operations or disposed of r	more than	1	1 _
Ž	3	Number of voting members of the governing body (Part VI, line 1a)		3	
~	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
jes	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		. 5	15
Activities &	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), like ECEIVED		7a	
Ac	/ a	Net unrelated business taxable income from Form 990 Tolline 38	7	76 7b	
_		Net differenced business taxable income from 1 offi 950 miles	1	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		11101 1041	301,034.
Revenue	9	Program service revenue (Part VIII, line 2g)	/		0.
9	10	Investment income (Part VIII, column (A), lines 3, 4, and Zd)OGDEN 117			0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<13,721.>
=	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			287,313.
, —	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			19,700.
)	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
ي ک	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		•	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		·	0.
Ď	ь	Total fundraising expenses (Part IX, column (D), line 25)			
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,874.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	ļ		22,574.
_	19	Revenue less expenses. Subtract line 18 from line 12	+		264,739.
S Or			Beginn	ing of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)	\vdash		264,739.
et S	3	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		-	264,739.
F	<u>† 22</u> art II	Signature Block			204,733.
_		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements	and to the best of m	v knowledge and helief it is
		et, and complete-Declaration of preparer (other than officer) is based on all information of which pre			y knowledge and benef, it is
1100	, 00	V (M) PAT	pu. 0		3/2020
Sig	n	Signature of officer)		Date	.,, .,,
He		CHRISTOPHER HARTMAN, PRESIDENT			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature .	Date	Check	PTIN
Pai	d	NIKKI L. BARDIN, CPA NIKKI L. BARDIN, CP	A 05/	20/20 self-emplo	P01256649
Pre	parer	Firm's name STAMBAUGH NESS, INC.		Fırm's EIN ▶	23-2846715
Use	Only	Firm's address 2600 EASTERN BLVD, STE 101			
_		YORK, 'PA 17402-2916		Phone no. 71	7-757-6999
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.



<u>Form</u>		<u>DREN'S CHARITIES</u>	INC.	83-4045890	Page 2
Pa	rt III Statement of Program Service Acc	omplishments			
	Check if Schedule O contains a response or no	ate to any line in this Part III			X
_ _		ne to any line in this t art in		•	
1	Briefly describe the organization's mission	DENI'G GUADIMIEG	TMO TO MO	INTERN THE OUT	
	THE GOAL OF RUTTER'S CHILD				
	FUTURE GENERATIONS OF CHILI				IT
	THE MOST. RUTTER'S CHILDRI	EN'S CHARITIES,	INC. WILL HEI	JP TO PROVIDE	
	MUCH NEEDED FUNDING TO EXEM	MPT ORGANIZATION	S DEDICATED T	O COMFORTING,	
2	Did the organization undertake any significant progra				
_		an services defining the year wind	on were not noted on the	□v _{aa}	X No
	prior Form 990 or 990-EZ?			res	T NO
	If "Yes," describe these new services on Schedule O				
3	Did the organization cease conducting, or make sign	ificant changes in how it condu	cts, any program service:	s? LYes	X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomp	lishments for each of its three la	argest program services.	as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are requ			• •	
		area to report the amount of gr	ants and anocations to ot	riers, the total expenses, a	iiu
	revenue, if any, for each program service reported	•	10 700		
4a		0 . including grants of \$	19,700.) (Re		<u> </u>
	GRANTS TO ORGANIZATIONS DE				NG
	AND MAKING A POSITIVE IMPAC	T ON THE CHILDR	EN IN OUR COM	MUNITY.	
					
		···			
					
				· · · · · · · · · · · · · · · · · · ·	
					
			","		
				•	
4b	(Code) (Expenses \$	including grants of \$) (Re	evenue \$)
				•	
	1				
		·			
		·			
4c	(Code) (Expenses \$	and advance are at a f	\ (p.	evenue \$	1
40	(Code) (Expenses \$	including grants of \$		ivenue a	
					
	•			· ·	
				•	
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	· ·				
	*				
	<u></u>	**	_		
4d	Other program services (Describe in Schedule O.)				
	(Expenses \$ including grant) (Revenue \$)	
4e	Total program service expenses	19,700.			
	-			Form 9	90 (2018)

Form 990 (2018)
Part IV | Che RUTTER'S CHILDREN'S CHARITIES INC. 83-4045890

Part IV	Checklist of Required	Schedules
		

			103	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office ⁷ If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u> </u>
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		••	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," approach School is 5	12b 13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-ra		<u> </u>
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e ⁹ If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
22000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			(2018)
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Form Par	990 (2018) RUTTER'S CHILDREN'S CHARITIES INC. 83-4045 TIV Checklist of Required Schedules (continued)	890	P	age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	 -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	 	
C	•	24c		
_	any tax-exempt bonds? Did the aggregation act as an "on behalf of" years for bonds outstanding at any time during the year?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	 	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	<u> </u>
p	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			١
	Schedule L, Part I	25b	-	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			i
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			İ
	of any of these persons? If "Yes," complete Schedule L, Part III	27	L	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ľ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	† — —	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
30		30	1	X
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
	If "Yes," complete Schedule N, Part I	31	 	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₩
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		١	
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	<u> </u>		Yes	No
4	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1.63	1.13
		-		1
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4	1	I

832004 12-31-18

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form **990** (2018)

(gambling) winnings to prize winners?

Page 5

Form 990 (2018)

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	'No" re	espons	se				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions		•					
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management		,					
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 5							
	If there are material differences in voting rights among members of the governing body, or if the governing	1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
ь								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	з		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		X`				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	•		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		<u>X</u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			 -				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
<u></u>	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶PA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	ıvaılab	le				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website Upon request Other (explain in Schedule O)	_						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	al					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	EARL ESHELMAN - (717) 771-5997							
	2295 SUSQUEHANNA TRAIL, YORK, PA 17404	_	990	00				
022000	10-21-10	Form	.7.71	ערווע				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter-0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if neither the organization nor any related of						nper	sate					
(A)	(B)	(C) Position						(D)	(E)	(F)		
Name and Title	Average	(do	do not check mor			than o	опе	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)					n an tee)	compensation	compensation	amount of		
	week		T			T	T .	from the	from related	other		
	(list any hours for	l ta				L	1	organization	organizations (W-2/1099-MISC)	compensation from the		
	related	50	iee			saec		(W-2/1099-MISC)	(***-2/1033-141130)	organization		
	organizations	Individual trustee or director	Institutional frustee		şe ,	age.		(** 2) 1000 111100)		and related		
	below	ag i	no In	<u>.</u>	Key employee	st co	₌	•		organizations		
	line)	Indivi	Instit	Officer	Key 6	Highest compensated employee	Former					
(1) CHRISTOPHER HARTMAN	1.00											
PRESIDENT	1	X		X				0.	0.	0.		
(2) CHRISTOPHER REED	1.00				ļ			_		_		
SECRETARY		Х	<u> </u>	Х	L	┞	L	0.	0.	0.		
(3) SCOTT MALOY	1.00											
TREASURER	1 00	Х	<u> </u>	X	_	┝	<u> </u>	0.	0.	0.		
(4) SUZANNE CRAMER	1.00	 					İ		_			
DIRECTOR PERMANA	1.00	X	⊢	_	\vdash		┞	0.	0.	0.		
(5) ROBERT PERKINS DIRECTOR	1.00	х					ĺ	0.	0.	0.		
DIRECTOR		₽	\vdash		_	\vdash	_	U •	0.	0.		
	-				1							
		\vdash	┝		 	\vdash	\vdash	· · · · · · · · · · · · · · · · · · ·	· . · · ·			
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		П				П			-			
								•		Farm 990 (2019)		

Form **990** (2018)

Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ces,	anc	1 Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average		(C) Position (do not check more than one			than		(D) Reportable	(E) Reportable				
		hours per week					s both or/trus		compensation	compensation from related		ar	nount other	of
		(list any	director						the	organizations		con	pensa	tion
		hours for	or dire	, s			aled		organization	(W-2/1099-MIS	2)	l	rom th	
		related organizations	Individual trustee or	Institutional trustee		 ಜ	ubeus		(W-2/1099-MISC)				janizat d relat	
		below	daal	ntional		Key employee	stcon	a	,				anızatı	
		line)	휼	Instit	Officer	Keye	Highest compensated employee	Former						
_									,					
			_	<u> </u>	_		_	_	· <u>-</u>		_			
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				L										
1b	Sub-total							▶	0.		0.			0.
С	Total from continuation sheets to Part VI	l, Section A							. 0.		<u>0.</u>			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wn	o re	eceived more than \$100,	000 of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, or tru	ıstee	e. ke	v en	olar	vee.	or I	highest compensated er	mplovee on	ſ			
-	line 1a? If "Yes," complete Schedule J for si			,	,		,,				ľ	3		X
4	For any individual listed on line 1a, is the su		е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization	ſ			
-	and related organizations greater than \$150	0,000? If "Yes,	° co	mple	ete S	Sche	dule	J f	or such individual			4		X
5	Did any person listed on line 1a receive or a							elate	ed organization or individ	dual for services	ļ			
-	rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	pers	on.					5		X
1	tion B. Independent Contractors Complete this table for your five highest con	mnensated ind	900	ndor	at co	ntra	ector	e th	nat received more than \$	100 000 of compa		tion fr		
•	the organization. Report compensation for the	•	•							•	11301		,,,,	
	(A)								(B)			((
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	C	ompe	nsatio	n
				•										
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]						
								\Box						
2	Total number of independent contractors (in	_	ot lin	nitec	i to t	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation -				- 0	,							

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1b **b** Membership ducs 301,034. c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 301,034. Total, Add lines 1a-1f Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ 301,034. of contributions reported on line 1c). See 97,731 Part IV, line 18 ь 111,452. b Less direct expenses <13,721.> <13,721.> c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue Total. Add lines 11a-11d 0.<13,721.> 287,313. Total revenue. See instructions

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service , expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	19,700.	19,700.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				*
	organizations, foreign governments, and foreign				,
	individuals See Part IV, lines 15 and 16			, <u>*</u> ¢	
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	908.		908.	·
c	Accounting	1,950.		1,950.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		'		
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	 :			
13	Office expenses	• ••			
14	Information technology				
15	Royalties	-			
16	Occupancy				·
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	,			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK SERVICE CHARGES	16.		16.	
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,574.	19,700.	2,874.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)		<u> </u>		

	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	rt Y		
		Check is Schedule O contains a response or note to any line in this Pa	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	264,739
	2	Savings and temporary cash investments		2	
- 1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
١	5	Loans and other receivables from current and former officers, director		,	
ı		trustees, key employees, and highest compensated employees. Comp	olete		
ŀ		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as define		1	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and co	- I	} [
		employers and sponsoring organizations of section 501(c)(9) voluntary			
3		employees' beneficiary organizations (see instr). Complete Part II of S	ch L	6	
	7	Notes and loans receivable, net	-,	7	
۱ ۲	8	Inventories for sale or use	`	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other		1 1	
		basis. Complete Part VI of Schedule D		· -	
	Ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	,	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
4	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	264,73
ł	17	Accounts payable and accrued expenses		17	
١	18	Grants payable .		18	
1	19	Deferred revenue		19	
İ	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors, tru	stees,		
		key employees, highest compensated employees, and disqualified pe	sons.		
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		1 1	
		parties, and other liabilities not included on lines 17-24) Complete Pa	t X of	1 1	•
		Schedule D		25	
4	26	Total liabilities. Add lines 17 through 25	0.	26	
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌	☑ and	1	
		complete lines 27 through 29, and lines 33 and 34.	J	ļ	
١	27	Unrestricted net assets .		27	264,73
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here	▶		
		and complete lines 30 through 34.		. .	
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	0.	33	264,73
	34	Total liabilities and net assets/fund balances	0.	34	264,739

	1990 (2018) RUTTER'S CHILDREN'S CHARITIES INC.	83-	<u>4045890 </u>	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	287		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, <u>5</u> 7	
3	Revenue less expenses. Subtract line 2 from line 1	3	264	,73	<u> </u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	•		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	264	<u>,73</u>	<u> 39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			ŀ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		ŀ	
	separate basis, consolidated basis, or both		1 1	- 1	
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		l	
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	-		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	: [
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form \$	990 ₍₂	2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of	lame of the organization Employer identification number									
			REN'S CHARIT					3-4045890		
Part I	Reason for Public	Charity Status(All organizations must co	omplete th	ıs part.) Se	e instructions	3.			
The orga	nization is not a private found	lation because it is (For lines 1 through 12, c	heck only	one box)			\wedge		
1 🗀	A church, convention of ch	urches, or association	n of churches described	l in sectio	n 170(b)(1)(A)(ı).	- 1			
2 🔲	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		()		
з 🗔	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		,		
4 🔲	A medical research organiz	ation operated in coi	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and state			,						
5	An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nıt describe	ed in		
	section 170(b)(1)(A)(iv). (0	Complete Part II.)		•						
6.	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X		-					ne general p	oublic described in		
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									
8 🗔	A community trust describe	•	(1)(A)(vi). (Complete Par	t II)						
9 🗀	An agricultural research org				ed in conju	nction with a	land-grant	college		
	or university or a non-land-	=		•	-		-	=		
	university				•		-			
10 🗔	An organization that norma	illy receives (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersh	nip fees, an	d gross receipts from		
	activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of it	ts support f	rom gross investment		
	income and unrelated busin							=		
	See section 509(a)(2). (Co	mplete Part III)	,		·		•			
11 🗀	An organization organized	• • • • • • • • • • • • • • • • • • • •	vely to test for public sa	fety. See	section 50	9(a)(4).				
12 🗔	An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to ca	rry out the	purposes of one or		
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section (509(a)(3). (Check the box in		
	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g			
a 🗀	Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its supp	orted orga	anızatıon(s), ty	pically by	giving		
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting		
	organization. You must o	complete Part IV, Se	ections A and B.							
ь 🗀	Type II. A supporting org	janization supervised	or controlled in connect	on with its	s supporte	d organizatioi	n(s), by hav	ring ,		
	control or management o	of the supporting orga	anization vested in the sa	ame persoi	ns that cor	ntrol or manag	ge the supp	ported		
	organization(s) You mus	t complete Part IV,	Sections A and C.							
c [Type III functionally inte	grated. A supportin	g organization operated	ın connect	ion with, a	nd functional	ly integrate	d with,		
	its supported organization	n(s) (see instructions). You must complete i	Part IV, Se	ctions A,	D, and E.				
d \square	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rth its suppor	ted organiz	zation(s)		
	that is not functionally int	tegrated. The organiz	ation generally must sat	sfy a distri	bution req	uirement and	an attentiv	reness		
	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .				
e [Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	II, Type III			
	functionally integrated, or	r Type III non-functioi	nally integrated supporti	ng organiza	ation.					
f Ent	er the number of supported o	organizations								
	vide the following information			<i>r</i>						
	(i) Name of supported	(iı) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	=	(vi) Amount of other		
	organization '		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)		
							:			
	,									
	<u> </u>			-						
Total		-								

Schedule A (Form 990 or 990-EZ) 2018 RUTTER'S CHILDREN'S CHARITIES INC. 83-4045 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	1	`				
	membership fees received. (Do not		,	•			
	include any "unusual grants ")					301,034.	301,034.
2	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to	1					
	or expended on its behalf				<u> </u>	<u> </u>	
3	The value of services or facilities						
	furnished by a governmental unit to		ļ				
	the organization without charge					201 024	201 024
	Total. Add lines 1 through 3					301,034.	301,034.
5	The portion of total contributions						
	by each person (other than a	'					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	1	ŀ				
	amount shown on line 11,		ļ				17 274
_	column (f)				-		17,374. 283,660.
	Public support. Subtract line 5 from line 4	<u> </u>	l	<u> </u>	1		203,000.
	· · · · · · · · · · · · · · · · · · ·	(2) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(6) 2013	(6) 2010	(0) 2017	301,034.	301,034.
	Gross income from interest,				†	301,0310	301/0310
0	dividends, payments received on						
	secunties loans, rents, royalties,						
	and income from similar sources					ļ	
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1				•	
	assets (Explain in Part VI.)	}				,	
11	Total support. Add lines 7 through 10						301,034.
12		etc (see instruction	ons)		•	12	97,731.
	First five years. If the Form 990 is for			d, fourth, or fifth t	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	p here			-		▶ X
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		-				▶[]
b	33 1/3% support test - 2017. If the	organization did no	ot check a box on I	ine 13 or 16a, and	d line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstant	ces" test, check th	is box and stop	here. Explain in Pa	rt VI how the organ	iization
	meets the "facts-and-circumstances"	-					▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶⊣
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2018

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to
and 6 and do should be desired below along a complete Double 11 \

Se	qualify under the tests listed b	elow, please comp	piete Part II.)				/-
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(4) 2014	15/2010	(6) 2010	(0,201)	10,2010	1,13,5
•	membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	,					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	,					
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)			X		1	
Se	ction B. Total Support		/	· · · · · · · · · · · · · · · · · · ·	T	,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			-			
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				,		
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			_			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12)		<u> </u>	<u> </u>		1	<u></u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ex year as a section	n 501(c)(3) organiz	ation,
Sec	check this box and stop/here	c Support Per	centage		 .		
	Public support percentage for 2018 (I			column (fl)		15	<u> </u>
	Public support percentage from 2017			Column (1))		16	%
	ction D. Computation of Inves					1 .01	
	Investment income percentage for 20			ine 13, column (f))	. · ·	17	%
	Investment income percentage from	•	•	, ,,,		18	%
	33 1/3% support tests - 2018. If the			on line 14, and line	15 is more than	<u> </u>	
	more than 33 1/3%, check this box ar	•	•				ightharpoons
t	33/1/3% support tests - 2017. If the	•	•				and
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	▶□
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Support	ting Organizations
------------------------	--------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status •under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? [f "Yes." answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Pai	rt IV Supporting Organizations (continued)			N-
	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			İ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			Ī
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		—
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			-
<u></u>	supervised, or controlled the supporting organization.	2	L	L
Sec	tion C. Type II Supporting Organizations		V	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
	don 277di 17po in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			٠.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		၁၁	ŀ
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3_	L	L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	i).		
a	The organization satisfied the Activities Test Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions,		No.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
_	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>
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chedule A (Form 990 or 990-EZ) 2018 RUTTER'S CHILDREN'S CHA	ARITIES		83-4045890 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI.) See instructions. Al
other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
ection A - Adjusted Net Income	1	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		•	
maintenance of property held for production of income (see instructions)	6	<u>. </u>	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			<u> </u>
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		,
e Discount claimed for blockage or other			,
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5	•	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		•
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	•	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990-I	EZ) 2018 RUTT	ER'S CHI	LDREN S	CHARITIES	INC.	83-4045890 Page 8
Part VI	Supplementa Part IV, Section A line 1, Part IV, Se	I Information. I, lines 1, 2, 3b, 3c ction D, lines 2 an I, 6, and 8, and Pa	Provide the exp , 4b, 4c, 5a, 6, 9 d 3; Part IV, Sec	planations requ Pa, 9b, 9c, 11a, ction E, lines 1c	iired by Part II, line 1 11b, and 11c, Part	10, Part II, line 17a IV, Section B, lines , Part V, line 1, Par	or 17b, Part III, line 12, (5) s 1 and 2, Part IV, Section C, t V, Section B, line 1e, Part V
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

RUTTER'S CHILDREN'S CHARTTES INC

Employer identification number 83-4045890

Pa		d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	le 6 (a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Borior advised failes	(b) Turius and outer decounts
1 2	Total number at end of year Aggregate value of contributions to (during year)	*	
3	Aggregate value of grants from (during year)		· · · · · · · · · · · · · · · · · · ·
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	Leverting that the assets held in donor advised i	funds
3	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		·
	impermissible private benefit?	donor advisor, or for any other purpose con	Yes No
Pa		ganization answered "Yes" on Form 990. Par	
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a .
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	, .	
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	Iling of violations, and enforcing conservation	easements during the year
-	▶\$		Ç
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	1
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	GC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

_		S CHILDREN						83-40			age 2
Pai	rt III Organizations Maintaining C										
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	are a sign	ificant u	use of its o	ollection	items	s
	(check all that apply)										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	,	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	•						se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, his	storical treas	sures, or other	r sımılar as	ssets		_	_	_
	to be sold to raise funds rather than to be ma								Yes		_ No
Pai	TIV Escrow and Custodial Arrang	-	ete if the	organizatio	n answered "`	Yes" on Fo	orm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par			•							
1a	Is the organization an agent, trustee, custodic	an or other intermed	lary for o	contributions	s or other asse	ets not inc	luded		_	_	_
	on Form 990, Part X?								Yes	L	_i No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able							
					,				Amount	<u> </u>	
С	Beginning balance						<u>1c</u>				
d	Additions during the year					,	' <u>1d</u>				
е	Distributions during the year						1e				
f	Ending balance						_1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	istodial accou	int liability	?		Yes	느	_ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo					1		
		(a) Current year	(b) F	rior year	(c) Two years	s back (d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs								<u> </u>		
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1ç	g, column (a)) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
c	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held an	nd administere	ed for the	organiz	ation			
	by·									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations					•			3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3ь		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Par	rt VI Land, Buildings, and Equipm	ent.						_			
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a S	ee Form 990,	Part X, lin	e 10				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	ed	(d) Bool	k valu	ie
		basis (investr	nent)	basis	(other)	depre	eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										•
	Add lines 1a through 1e. (Caliuma (d) must e	Co. Co.	V	(D) line 11	00.1						0.

Schedule D (Form 990) 2018

Part VIII Investments - Other Securities. Copreled it the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	Schedule D (Form 990) 2018 RUTTER'S CH	IILDREN'S CH	HARITIES INC.	83-	-4045890 Page
(a) Description of security or category inclusing name of secures) (b) Book value (c) Closely-held equity interests (d) Cherry (h) (G) (G) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (G		<u>-</u>		<u> </u>	
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.	•
(2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	of-year market value
(2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives				
(3) Other (A) (B) (C) (C) (C) (E) (F) (F) (G) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
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(B) (C) (C) (D) (E) (E) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(C) (D) (E) (F) (G) (H) (G) (H) (G) (H) (F) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (G) (H) (G) (G) (H) (G) (G) (H) (G) (G) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part XZ Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (b) Book value (1) (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year value (c) Method of valuation Cost or end-of-year value (c) Method of valuation Cost or end-of-year value (c) Method of valuation Cost or end-of-year v				•	
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part XZ Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (b) Book value (1) (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year value (c) Method of valuation Cost or end-of-year value (c) Method of valuation Cost or end-of-year value (c) Method of valuation Cost or end-of-year v	(D)				
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1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	Part X Other Liabilities.	-	•		
(1) Federal income taxes (2)		on Form 990, Part IV		990, Part X, line 25	-
(2)	1. (a) Description of liability		(b) Book value		
	(1) Federal income taxes			ļ	
(3)	(2)			1	
	(3)		`		

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

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(7)(8)

Schedule D (Form 990) 2018 RUTTER'S CHILDREN'S CHARITIES INC. [Part XIII Supplemental Information (continued)	83-40 <u>4</u> 5890 Page 5
Part XIII Supplemental Information (continued)	
FUNDRAISING EXPENSES .	-111,452.
FUNDRAISING EXFENSES	-111,452.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	,
FUNDRAISING EXPENSES	111,452.
FUNDRAISING EXFENSES	111,452.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** RUTTER'S CHILDREN'S CHARITIES INC. 83-4045890 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а b Internet and email solicitations Solicitation of government grants c Phone solicitations Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? □No __ Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	an Ci	of fundraising event contributions and great	-	EZ, lines 1 and 6b. List	events with gross receip	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF OUTING			col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	398,765.			398,765.
	2	Less Contributions	301,034.			301,034.
	3	Gross income (line 1 minus line 2)	97,731.			97,731.
	4	Cash prizes				
v	5	Noncash prizes	,			
pense	6	Rent/facility costs	104,657.			104,657.
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	6,795.			6,795.
	10	Direct expense summary. Add lines 4 through			>	111,452.
<u> </u>	11	Net income summary Subtract line 10 from li				<13,721.>
H, c	irt i	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
	_	\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant	1	(d) Total gaming (add
<u>n</u>			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				l
S	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
٥	_	.			•	
_	5	Other direct expenses	%			
	6	Volunteer labor	% No	No No	No No	D
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)	•	•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fot	ter the state(s) in which the organization condu	icts damind activities			
^		he organization licensed to conduct gaming ac		states?		Yes No
		No," explain				
				•		
		ere any of the organization's gaming licenses re	•	-	year?	Yes No
	_					
	_					
9220		-03-18			Schedule G (Fo	rm 990 or 990-EZ\ 2018

Schedule G (Form 990 or 990-EZ) 2018 RUTTER'S CHILDREN'S CHARITIES INC. 83-4045	890	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes [No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		•
to administer charitable gaming?	Yes [☐ No
13 Indicate the percentage of gaming activity conducted in.		
a The organization's facility		%
b An outside facility 13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	.=	
,		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [☐ No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party		
Name		
·		
Address >		
16 Gaming manager information:		
Name ►		
•		
Gaming manager compensation > \$		
Description of services provided		
		
Director/officer Employee Independent contractor	,	
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes [□ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	-	
organization's own exempt activities during the tax year > \$,
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line	es 9. 9b.	10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
,		

Schedule Gifform 990 or 990 EZI RUTTER'S CHILDREN'S CHARITIES INC. 83-4045890 Page 4 Part IV Supplemental Information (continued)	Schedule G	(Form 990 or 990-EZ)	RUTTER'S	CHILDREN'S	CHARITIES	INC.	83- <u>4045890</u>	Page 4
	Part IV	Supplemental Infor	mation _{(continu}	ed)				
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SCHEDULE I (Form 990) Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2018	Open to Public	Inspection

OMB No 1545-0047

Employer identification number

Schedule I (Form 990) (2018) ŝ 83-4045890 DRGANIZATION TO OPERATE (h) Purpose of grant or assistance SDUCATIONAL PROGRAMS ROVIDE SUPPORT FOR ŕ X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 5,000, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CHARITIES INC. (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table RUTTER'S CHILDREN'S 20-1061394 Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government EDUCATION - 4945 HORN RD - HELLAM, HORN FARM CENTER FOR AGRICULTURAL Name of the organization PA 17406-9019 Part II

83-4045890	
'S CHILDREN'S CHARITIES INC.	
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Form 9	
Schedule 1 (:

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Gan be duplicated if additional space is needed.

I	ı	I	, I	ı				ļ [ì	ı	ı	I	i
(f) Description of noncash assistance														
(e) Method of valuation (book, FMV, appraisal, other)	V			-	iditional information								:	
(d) Amount of non- cash assistance			,		(b), and any other ad									
(c) Amount of cash grant					e 2, Part III, column					,				
(b) Number of recipients					quired in Part I, lin				•					
(a) Type of grant or assistance					Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information				•	· ·				

Schedule I (Form 990) (2018)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 18 Open to Public Inspection

Name of the organization

RUTTER'S CHILDREN'S CHARITIES INC.

Employer identification number

83-4045890 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATING, INSPIRING AND MAKING A POSITIVE IMPACT ON THE CHILDREN IN OUR COMMUNITIES. THE PRIMARY SOURCE OF CONTRIBUTIONS WILL BE FROM AN ANNUAL GOLF TOURNAMENT. FORM 990, PART VI, SECTION A, LINE 2: ALL BOARD MEMBERS - BUSINESS RELATIONSHIP FORM 990, PART VI, SECTION B, LINE 11B: BOARD OF DIERCTORS RECEIVE A COPY OF THE TAX RETURN FOR APPROVAL BEFORE FILING IS COMPLETE. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY INCLUDES THE FOLLOWING ELEMENTS: * ANY DIRECTOR, OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST SHALL BE DEEMED TO BE AN "INTERESTED PERSON" FOR PURPOSES OF THE CONFLICT OF INTEREST POLICY * IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF ANY COMMITTEE WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. * AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

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Name of the organization RUTTER'S CHILDREN'S CHARITIES INC.	Employer identification number 83-4045890
MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.	
* AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOAR	D OR COMMITTEE
MEETING, BUT AFTER THE PRESENTATION, HE OR SHE SHALL LEAVE	THE MEETING
DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION	OR ARRANGEMENT
INVOLVING THE POSSIBLE CONFLICT OF INTEREST.	
* THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-D	ELEGATED POWERS
SHALL CONTAIN (1) THE NAMES OF THE PERSONS WHO DISCLOSED C	ONFLICTS OF
INTEREST, (2) THE NATURE OF THE CONFLICT, (3) ANY ACTION T	AKEN TO DETERMINE
WHETHER A CONFLICT OF INTEREST EXISTED, AND (4) THE BOARD'	S OR COMMITTEE'S
DECISION AS TO WHETHER A CONFLICT OF INTERST IN FACT EXIST	ED.
·	`
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE BY REQUEST. TH	E ORGANIZATION
INCLUDES A COPY OF ITS FINANCIAL STATEMENTS WITH THE STATE	REGISTRATION
FILED WITH THE PENNSYLVANIA DEPARTEMENT OF STATE, BUREAU O	F CHARITABLE
ORGANIZATIONS. THESE DOCUMENTS ARE A MATTER OF PUBLIC REC	ORD AND CAN BE
VIEWED AT THE BUREAU OFFICE.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

RUTTER'S CHILDREN'S CHARITIES INC.

2018	
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OMB No 1545-0047

Inspection

Employer identification number 83-4045890

Schedule R (Form 990) 2018 (g) Section 512(b); 13) ş controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. ε Direct controlling entity End-of-year assets status (if section 501(c)(3)) **e** Public charity Total income Exempt Code Ð section Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity or Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part Part II

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RUTTER'S CHILDREN'S CHARITIES INC.

Schedule R (Form 990) 2018

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 83-4045890

Page 2

General or Percentage managing ownership partner? 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportionate Yes No allocations? Ξ (g)
Share of end of-year assets (f)
(Share of total 1)
Income Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>e</u> Name, address, and EIN of related organization (a)

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(2)	(p)	(a)	Θ	(6)	ε	€	
Name, address, and EiN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Shar	Share of end-of-year	Percentage ownership	Section 512(b)(13) controllad entry?	- 6₽.
		country)		(legal)		doodlo		Yes	2
RUTTER'S HOLDINGS, INC 20-2436406					,				
2295 SUSQUEHANNA TRAIL, SUITE C		_							
YORK, PA 17404	MANAGEMENT SERVICES	PA	N/A	c corp	N/A	N/A	N/A		×
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Page 3

Partive Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Vac
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed II	n Parts II-IV?	_
a Receipt of (i) interest, (ii) annuities, (III) royaltles, or (iv) rent from a controlled entity	•			1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
· c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)	n			1e X
 Dividends from related organization(s) 				×
g Sale of assets to related organization(s)		•		1g X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				1 X
j Lease of facilities, equipment, or other assets to related organization(s)				1j
k Lease of facilities, equipment, or other assets from related organization(s)				×
	nization(s)			=
m Performance of services or membership or fundralsing solicitations by related organization(s)	nization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			Ь—
o Sharing of paid employees with related organization(s)				10 X
p Reimbursement paid to related organization(s) for expenses				t X
q Reimbursement paid by related organization(s) for expenses				1q X
r Other transfer of cash or property to related organization(s)				1+
اء.				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered r	elationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved
(E)		,		
(2)				
(3)		•	•	
(4)				
(5)				
(9)				
832163 10-02-18	r •		Schedule	Schedule R (Form 990) 2018

Page 4

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b) (c) (d)	(0)	(p)	(e)	ε	(6)	Œ	3	9	(£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant incom (related, unrelated,	B partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage Indiate amount in box 20 managing ownership	General c managini partner?	Percentage ownership
		country)	excluded from tax und sections 512-514)	Yes No	_	assets	Yes No	Form 1065)	Yes No	
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								Schedule	R (For	Schedule B (Form 990) 2018
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