

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 9/12, 2013, and ending 12/31, 2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C
 THE RUTH INSTITUTE
 663 S. RANCHO SANTA FE ROAD #222
 SAN MARCOS, CA 92078

D Employer identification number
46-3647313

E Telephone number
760-295-9278

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.RUTHINSTITUTE.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 163,472.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

		1	2	3	4	5 a	5 b	5 c	6 a	6 b	6 c	6 d	7 a	7 b	7 c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received																								161,535.			
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income																											
	5 a	Gross amount from sale of assets other than inventory															5 a												
	5 b	Less: cost or other basis and sales expenses															5 b												
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)															5 c												
	6	Gaming and fundraising events																											
	6 a	Gross income from gaming (attach Schedule G if greater than \$15,000)															6 a												
	6 b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)															6 b												
6 c	Less: direct expenses from gaming and fundraising events															6 c													
6 d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)															6 d													
7 a	Gross sales of inventory, less returns and allowances															7 a													
7 b	Less: cost of goods sold															7 b													
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															7 c													
8	Other revenue (describe in Schedule O) See Schedule O															8	1,937.												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															9	163,472.												
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)																								10			
	11	Benefits paid to or for members																								11			
	12	Salaries, other compensation, and employee benefits																								12	37,241.		
	13	Professional fees and other payments to independent contractors																								13			
	14	Occupancy, rent, utilities, and maintenance																								14			
	15	Printing, publications, postage, and shipping																								15	3,666.		
	16	Other expenses (describe in Schedule O) See Schedule O															16	17,968.											
17	Total expenses. Add lines 10 through 16															17	58,875.												
18	Excess or (deficit) for the year (Subtract line 17 from line 9)															18	104,597.												
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																								19	0.		
	20	Other changes in net assets or fund balances (explain in Schedule O)																								20			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															21	104,597.											

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

Form 990-EZ (2013)

Part II Balance Sheets (see the instructions for Part II) X
 Check if the organization used Schedule O to respond to any question in this Part II. X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	98,651.
23 Land and buildings	23	
24 Other assets (describe in Schedule O) See Schedule O	24	13,221.
25 Total assets	0. 25	111,872.
26 Total liabilities (describe in Schedule O) See Schedule O	0. 26	7,275.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 27	104,597.

Part III Statement of Program Service Accomplishments (see the instructions for Part III) X
 Check if the organization used Schedule O to respond to any question in this Part III. X

What is the organization's primary exempt purpose? See Schedule O
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 See Schedule O		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/> 28 a	58,875.
29		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/> 29 a	
30		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/> 30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/> 31 a	
32 Total program service expenses (add lines 28a through 31a)	32	58,875.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JENNIFER MORSE President	40	12,137.	0.	0.
JENNIFER THIEME Treasurer	40	12,096.	0.	0.
HENRY BINGHAM Secretary	35	10,625.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. [X]

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting requirements.

42 a The organization's books are in care of JENNIFER MORSE Telephone no. 760-295-9278 Located at 935 PARKWOOD AVENUE VISTA CA ZIP + 4 92081

Table for question 42 b and c regarding foreign financial accounts and offices. Includes Yes/No columns and a space for foreign country name.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. [] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43

Table for questions 44 a through 45 b regarding donor advised funds, hospital facilities, tanning services, and controlled entities. Includes Yes/No columns.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. []

47 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. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No X

b If 'Yes,' was the related organization a section 527 organization? 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: None.

f Total number of other employees paid over \$100,000. []

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: None.

d Total number of other independent contractors each receiving over \$100,000. []

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. [X] Yes [] No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: JENNIFER MORSE, President Date: []

Paid Preparer Use Only Print/Type preparer's name: Robert M. Caplan, Preparer's signature: Robert M. Caplan, Date: [], Check [X] if self-employed, PTIN: P00058206, Firm's name: Robert M. Caplan, CPA, Firm's address: 563 Pilgrim Drive, Suite D, Foster City, CA 94404-1211, ORIGINAL SIGNED BY ROBERT M. CAPLAN, CPA, EIN: 94-3142141, Phone no.: 650-573-5246

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization THE RUTH INSTITUTE	Employer identification number 46-3647313
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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 described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....	11 g (i)	
(ii) A family member of a person described in (i) above?.....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....	11 g (iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)					163,472.	163,472.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	0.	0.	0.	0.	163,472.	163,472.
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 amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						163,472.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.	0.	0.	0.	0.	163,472.	163,472.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						163,472.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	%
16 a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17 a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, 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 organization'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.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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.						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 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 IV.)						
13 Total support. (Add lns 9, 10c, 11 and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

19a **33-1/3% support tests – 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support tests – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

Area containing horizontal dashed lines for supplemental information.

SCHEDULE O
(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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

THE RUTH INSTITUTE

Employer identification number

46-3647313

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROMOTE MARRIAGE

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The Ruth Institute ("Institute") promotes marriage as a fundamental, lifelong union
between a

man and a Woman. The Institute advocates collaboration and cooperation between
women and

men. Basing the message on high quality scientific research, the Institute
educates the public as

to why marriage matters. The Institute advocates for the full participation of
women in all

aspects of society, With particular emphasis on family-u'riendly, free-market, and
faith-filled

forms of participation. The Institute Views human sexuality as a social force for
building up the
family.

The Institute provides speakers and other programs to college campuses and church
groups

around the country. The Institute assists students in forming their own pro-life
and pro-marriage

groups. The Institute produces seminars for students and young adults, giving them
the tools they

need to defend the family to their peers and to prepare for married life. The
Institute sponsors

Student Essay Contests, to identify young people who share the Institute's Vision.

Name of the organization

Employer identification number

THE RUTH INSTITUTE

46-3647313

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The Institute

produces, sells and distributes original materials, such as books, booklets, audio

CD's, and

videos. The Institute commissions, produces and disseminates research summaries on

topics

related to its mission. The Institute also holds conferences for experts in fields

related to its

mission.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or

indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or

indirectly, on a personal benefit contract?..... No

THE RUTH INSTITUTE

46-3647313

Form 990-EZ, Part I, Line 8
Other Revenue

.....	\$	1,937.
Total	\$	<u>1,937.</u>

Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings.....	\$	500.
CONTRACT SERVICES.....		5,824.
FACILITIES AND EQUIPMENT.....		5,627.
OPERATIONS.....		1,247.
PAYROLL EXPENSE.....		3,807.
Travel.....		183.
WORKERS COMP.....		780.
Total	\$	<u>17,968.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
DEPOSITS IN TRANSIT.....	\$ 0.	\$ 13,221.
Total	<u>\$ 0.</u>	<u>\$ 13,221.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
PAYROLL TAX LIABILITIES.....	\$ 0.	\$ 6,953.
SALES TAX PAYABLE.....	0.	24.
UNCLEARED CHECK LIABILITIES.....	0.	298.
Total	<u>\$ 0.</u>	<u>\$ 7,275.</u>