THE CATING ACCOUNTING FIRM 126 JAMESTOWN STREET LAKE CHARLES, LA 70605

> The Ruth Institute 4845 Lake Street, No. 217 Lake Charles, LA 70605

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CLIENT'S COPY

MAY 13, 2020

THE RUTH INSTITUTE 4845 LAKE STREET NO. 217 LAKE CHARLES, LA 70605 RGOLDEN@RUTHINSTITUTE.ORG

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2019 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT SCHEDULE O, SUPPLEMENTAL INFORMATION

TAX PREPARATION FEE 2017-2019 CA FORM 199	\$ 300.00 150.00
TOTAL FEE	\$ 450.00

MAY 13, 2020

THE RUTH INSTITUTE 4845 LAKE STREET NO. 217 LAKE CHARLES, LA 70605

THE RUTH INSTITUTE:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE JULY 15, 2020.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

BRENT CATING

MAY 13, 2020

THE RUTH INSTITUTE 4845 LAKE STREET NO. 217 LAKE CHARLES, LA 70605

THE RUTH INSTITUTE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2019 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

BRENT CATING

THE RUTH INSTITUTE 4845 LAKE STREET NO. 217 LAKE CHARLES, LA 70605 Prepared by:

THE CATING ACCOUNTING FIRM 126 JAMESTOWN STREET LAKE CHARLES, LA 70605

2019 FORM 990

PLEASE SIGN AND MAIL ON OR BEFORE JULY 15, 2020.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Form 990
(Rev. January 2020)
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)

...

OMB No. 1545-0047 2 19 **Open to Public** Inspection

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.	

AI	or the	e 2019 calendar year, or tax year beginning and	l ending	_			
B	Check if applicabl	e: C Name of organization		D Employer identification number			
	Addre						
	Name	e Doing business as		46-3647313			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite				
	Final return termir		217	913 426	7150		
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	516195.		
	Amen return	Dake Charles, DA 70005		H(a) Is this a group re			
	Applic tion pendi			for subordinates	? Yes X No		
	-	same as C above		H(b) Are all subordinates in			
		empt status: $X 501(c)(3) = 501(c) () < (insert no.) = 4947(a)(1)$	or 527		list. (see instructions)		
-		te: NuthInstitute.org		H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 2013	State of legal domicile: CA		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: Prom	lote Ma	arriage			
Activities & Governance							
/err		Check this box		1 1	ssets. 3		
ğ					0		
<u>مە</u>		Number of independent voting members of the governing body (Part VI, line 1b)			4		
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)					
tivi		Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	D D	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		Current Year		
	8	Contributions and grants (Part VIII, line 1h)		273179.	494632.		
anc				0.	0.		
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
ň		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38667.	21563.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		311846.	516195.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		154910.	192742.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
bei		Total fundraising expenses (Part IX, column (D), line 25)	0.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		231802.	339653.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		386712.	532395.		
		Revenue less expenses. Subtract line 18 from line 12		<74866.	> <16200.>		
or				eginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		100640 1			
Fund Balances	21	Total liabilities (Part X, line 26)		4558.	5304.		
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		176082.	159884.		
		Signature Block					

Fart II Signature BIOCK 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, Presid Type or print name and title	ent	Date	
	Print/Type preparer's name	Preparer's signature		PTIN
Paid	Brent Cating		oon omployed	0415920
Preparer	Firm's name FITE CATING ACCOU		Firm's EIN ▶ 72 – 1	L284609
Use Only	Firm's address 126 JAMESTOWN ST	REET		
	LAKE CHARLES, LA	70605	Phone no.337 47	75 7576
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		🕻 Yes 🗌 No
		and the second stratements and		E 000 (0010)

Form	n 990 (2019) The Ruth Institute	46-3647313	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	The Ruth Institute promotes marriage as a fundament between a man and a woman. The institute advocates		
	cooperation between women and men. Basing the mess		
	scientific research, the Institute educates the pub		109
2	Did the organization undertake any significant program services during the year which were not listed	—	
	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.	ris to others, the total expenses, a	anu
4a) (Revenue \$)
	(Code:) (Expenses \$532395. including grants of \$		/
4b	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 532395.)	
<u>4e</u>	Total program service expenses 532395.	Eorm Q	90 (2019)
93200	01-20-20	FUIII	2019)
	2		
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Form 990 (2019)

Part IV Checklist of Required Schedules

The Ruth Institute

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
•	If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	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 98-19? 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,			x
	Part VI	11a		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	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,	10		
	column (A), lines 6 and 11e? 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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Form 990 (2				Institute
Part IV	Checklist	of Require	d Scheo	dules (continued)

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The Ruth Institute

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			-	
			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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	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			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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			
	sections 301.7701-2 and 301.7701-3? 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			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	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			v
~~	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?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c		
932004	4 01-20-20		990	(2019)
	4		· ·	/

46-3647313 _F	Page 5
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Form	990 (2019) The Ruth Institute 46-3647	313	P	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 4				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			x	
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v	
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
-	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section $170(c)$.	7-		х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x	
	to file Form 8282?	7c			
	, , , , , , , , , , , , , , , , , , , ,	7-			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f			
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g			
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
_	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 				
0					
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:	30			
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.) 11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b			
	excess parachute payment(s) during the year?	15		х	
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.				
		Form	1 990	(2019)	

932005 01-20-20

Form 990 (2019)

The Ruth Institute

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

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			Yes	N
та	Enter the number of voting members of the governing body at the end of the tax year 1a	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2		2		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
4 5		5		
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		
		0		\vdash
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		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
b		76		
~	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.		
	The governing body?	8a		
	Each committee with authority to act on behalf of the governing body?	8b		
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 on Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	
0-	Did the experimetion have lead charters by another or efficience	10-	Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		┝
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14		
5	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		
	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	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		
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			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed None			
8	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)s only) avai	a
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finar	ncial	
	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			
	Rachael Golden - 913 426 7150			
	4845 Lake Street Suite 217, Lake Charles, LA 70605			
2006	01-20-20	Form	990	(2
٥n	6 513 352718 0168920 2019.03042 The Ruth Institute	014	5892	
υc	JIJ JJZ/IO UIDOJZU ZUIJ.UJU4Z THE KUEN INSELEUEE		,07,	4

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 VI

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.

See instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	er box, unless person is both an compensation compen					Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jennifer Morse	40.00									
President				X				99000.	0.	0.
(2) Rachel Golden	40.00									
Treasurer				X				38792.	0.	0.
(3) Norrie Vladuchick	7.00							6500		•
Secretary				X				6582.	0.	0.
		<u> </u>								
932007 01-20-20	-									Form 990 (2019)

7

	990 (2019) The Ruth	Institu	ite	9						46-36	547	313	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e ion ed
1b	Subtotal								144374.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 144374.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	oove	e) wł	no re	eceived more than \$100	0,000 of reportabl	e			0
3	Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	bloyee on	[Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								her compensation from			3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J f	for such individual	-		4		Х
	rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		Х
1	Complete this table for your five highest co the organization. Report compensation for	•	•								ipens	ation f	rom	
	(A) Name and business			ONE		VILLI			(B) Description of s		c	(C ompe	;) nsatio	n
								_						
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organized stress of the transmission of the transmission from transmi	•	ot li	mite	d to		se lis)	stec	l above) who received n	nore than		F - 1	000 //	010
												⊢orm	990 (2	∠∪19)

932008 01-20-20

Ра	rt v									
			Check if Schedule O	contains a	respons	e or note to any lin	ie in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
its	1	а	Federated campaigns		1a					
àrar oun					1b					
s, G			Fundraising events		1c					
Gift lar /			Related organizations		1d					
imi imi			Government grants (contr		1e					
tior * S		f	All other contributions, gifts,	grants, and						
ibu			similar amounts not included	above	1f	494632.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1a-1f	1g \$					
aŭ		h	Total. Add lines 1a-1f				494632.			
						Business Code				
ice	2	а								
erv ue		b								
m S ven		c								
gra Re		d								
Program Service Revenue		e 4								
-			All other program service							
	3	g	Total. Add lines 2a-2f Investment income (include							
			other similar amounts)							
	4		Income from investment of							
	5		Royalties							
			···· j -·····		Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)		►				
	7	а	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
Revenue			and sales expenses	7b						
eve			<i>, ,</i> , , , , , , , , , , , , , , , , ,							
er R			Net gain or (loss)			▶				
Othe	8	а	Gross income from fundraisi	-						
0			including \$ contributions reported on		of					
			Part IV, line 18	,						
		h	Less: direct expenses							
			Net income or (loss) from		····· <u> </u>	-				
			Gross income from gamin							
			Part IV, line 19	-		a				
		b	Less: direct expenses							
		с	Net income or (loss) from	gaming ac	tivities	►				
	10	а	Gross sales of inventory,							
			and allowances							
		b	Less: cost of goods sold		10)b				
		с	Net income or (loss) from	sales of inv	/entory					
sn			Minutes Del 1			Business Code	01560	01560		
neol	11		Mission Relat	ed			21563.	21563.		
ven		b								
Miscellaneous Revenue		c	A.U. 11							
Ï			All other revenue				21563.			
	12	e	Total. Add lines 11a-11d Total revenue. See instruction				516195.	21563.	0.	0.
	12		Total revenue. See monutul	הות		🚩	5101)3.	L 27202.	J .	

The Ruth Institute

932009 01-20-20

Form 990 (2019)

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46 - 3647313

Page **9**

The Ruth Institute

ecti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in	this Part IX		L
	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				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	177220.	177220.		
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	1167.	1167.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14355.	14355.		
0 1	Payroll taxes	14555.	14555.		
1 a	Fees for services (nonemployees): Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	13260.	13260.		
23	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	31506.	31506.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Contract Services	257259.	257259.		
b	Operations	23021.	23021.		
С	Facilities & Equipment	12028.	12028.		
d	Miscellaneous	2509.	2509.		
	All other expenses	70.	70.		
5	Total functional expenses. Add lines 1 through 24e	532395.	532395.	0.	
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	advactional comparian and fundraising colligitation				

932010 01-20-20

Check here

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educational campaign and fundraising solicitation.

_____ if following SOP 98-2 (ASC 958-720)

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<u>.....</u>..... **(B)** End of year

143223.

	Balance Sneet					
	Check if Schedule O contains a response or not	e to ar	y line in this Part X			
				(A) Beginning of year		
	Cash - non-interest-bearing			133147.	1	
	Savings and temporary cash investments				2	
	Pledges and grants receivable, net				з	
	Accounts receivable, net				4	
Loans and other receivables from any current or former officer, director,						
	trustee, key employee, creator or founder, subst	tantial (contributor, or 35%			
	controlled entity or family member of any of thes	se pers	ons		5	
	Loans and other receivables from other disquali	fied pe	sons (as defined			
	under section 4958(f)(1)), and persons described	d in sea	tion 4958(c)(3)(B)		6	
	Notes and loans receivable, net				7	
	Inventories for sale or use				8	
					9	
	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a				
	Less: accumulated depreciation	10b			10c	

The Ruth Institute

	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disqualit				
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
<	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		48400	14	01065
	15	Other assets. See Part IV, line 11		47493.	15	21965.
	16	Total assets. Add lines 1 through 15 (must equa		180640.	16	165188.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F		21		
ies	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
Liat		controlled entity or family member of any of thes		22		
-	23	Secured mortgages and notes payable to unrela		23		
	24	Unsecured notes and loans payable to unrelated		24		
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	4558.		5304.	
		of Schedule D		4558.	25	5304.
	26		ak hava N X	4550.	26	5504.
es		Organizations that follow FASB ASC 958, che	ck here 🕨 🖾			
anc	07	and complete lines 27, 28, 32, and 33.		176082.	27	159884.
3ala	27 28	Net assets without donor restrictions		170002.	27	1370040
B	20	Net assets with donor restrictions			20	
Fur		Organizations that do not follow FASB ASC 9	56, check here 🕨 🛄			
ç	29	and complete lines 29 through 33.			29	
ets		Capital stock or trust principal, or current funds				
Ass	30 31	Paid-in or capital surplus, or land, building, or eq			30 31	<u> </u>
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in		176082.	31	159884.
z	32 22	Total net assets or fund balances		180640.	32	165188.
	33	Total liabilities and net assets/fund balances		100040.	33	1001001

Form **990** (2019)

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Form	1 990 (2019) The Ruth Institute	46-364	7313	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			-	4 6 4 0 5
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16195.
2	Total expenses (must equal Part IX, column (A), line 25)	2		32395.
3	Revenue less expenses. Subtract line 2 from line 1	3		16200.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	T	76082.
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 on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
_	column (B))	10	1	59882.
Ра	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			····· <u> </u>
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	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			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	-		
	Act and OMB Circular A-133?		. 3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000 (0010)

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Van	ne of	f the organization யிட	Ruth Insti	+11+0					identification number 6-3647313
Da	rt I					ia nort) Cr	o instruction		0-304/313
							e instruction	S.	
	orga	anization is not a private found		. .	•	,			
1		A church, convention of ch					I)(A)(I).		
2		A school described in sect i							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	_	city, and state:							
5		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental ı	unit descrit	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov							
7	X	An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		_ section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	panization described	in section 170(b)(1)(A)	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10		An organization that norma	Ily receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	iired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) c	r section	509(a)(2).	See section	509(a)(3). (Check the box in
	_	lines 12a through 12d that	describes the type c	of supporting organization	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а	L	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,
	_	its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d	L	Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	requirement (see instruct	ions). You must con	nplete Part IV, Section	s A and D,	and Part	V .		
е	L	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ing organi:	zation.			
f		ter the number of supported o	•						
g	Pr	ovide the following information			(iv) Is the orga	nization listed	(a) Amount of	f man an at a m r	(ui) Amount of other
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 The Ruth Institute

46-3647313 Page 2

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	207515.	217108.	410706.	260179.	494633.	1590141.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	207515.	217108.	410706.	260179.	494633.	1590141.
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)						
6	Public support. Subtract line 5 from line 4.						1590141.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	207515.	217108.	410706.	260179.	494633.	1590141.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1590141.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					
	ction C. Computation of Publ						100 00
	Public support percentage for 2019 (I						100.00 %
	Public support percentage from 2018						100.00 %
16a	33 1/3% support test - 2019. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 The Ruth Institute

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

(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 qualify under the tests listed below, please complete Part II.)

Section A. Pu	blic Support						
Calendar year (or fi	scal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants,	contributions, and						
membership	fees received. (Do not						
include any "	unusual grants.")						
merchandise formed, or fa any activity t	ts from admissions, sold or services per- cilities furnished in hat is related to the s tax-exempt purpose						
3 Gross receip	ts from activities that						
are not an ur	nrelated trade or bus-						
iness under s	section 513						
4 Tax revenues	s levied for the organ-						
ization's ben	efit and either paid to						
or expended	on its behalf						
5 The value of	services or facilities						
furnished by	a governmental unit to						
the organizat	tion without charge						
	nes 1 through 5						
	luded on lines 1, 2, and						
3 received fro	om disqualified persons						
from other than d exceed the greate	d on lines 2 and 3 received lisqualified persons that er of \$5,000 or 1% of the 3 for the year						
	and 7b						
	ort. (Subtract line 7c from line 6.)						
Section B. To	tal Support						
Calendar year (or fi	scal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from	m line 6						
securities loa	e from interest, ayments received on ans, rents, royalties, from similar sources						
b Unrelated busi	ness taxable income						
(less section 5	11 taxes) from businesses						
acquired after	June 30, 1975						
c Add lines 10a	a and 10b						
activities not	rom unrelated business included in line 10b, ot the business is ried on						
or loss from t	e. Do not include gain the sale of capital ain in Part VI.)						
· · ·	(Add lines 9, 10c, 11, and 12.)						
14 First five yea	ars. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	n 501(c)(3) organiz	zation,
check this bo	ox and stop here	-					
Section C. Co	mputation of Publi						
15 Public suppo	ort percentage for 2019 (li	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public suppo	ort percentage from 2018	Schedule A, Part	III, line 15			16	%
Section D. Co	omputation of Invest	stment Incom	e Percentage				
17 Investment in	ncome percentage for 20	19 (line 10c, colur	nn (f), divided by l	ine 13, column (f)))	17	%
18 Investment in	ncome percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% sup	port tests - 2019. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than 3	33 1/3%, and line ⁻	17 is not
	3 1/3%, check this box ar						
	port tests - 2018. If the						and
	more than 33 1/3%, che						
20 Private foun	dation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	
932023 09-25-19							0 or 990-EZ) 2019
				15			-

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1

2

3a

3b

3c

4a

Yes

No

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 Supporting Organizations

- 1 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.
- 2 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*) *and* (*c*) *below.*
- **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")? *If* "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? If "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).*
- 8 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.)

932024 09-25-19

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	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			<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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			
	the supported organization(s).	1		
Sec	tion D. All Type III 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			
	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			
	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		
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 yea(see instructions)	-		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Í	
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			
	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			
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	24		
000000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-25-19 Schedule A (Form 9	3b	יד ב .00	2010
9 3202	5 09-25-19 Schedule A (Form 9	JU UI 35	/U-LZ)	2019

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Schedule A (Form 990 or 990 EZ) 2019 The Ruth Institute

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1 2 3 4 5 6 7 8 11a	(A) Prior Year	(B) Current Year (optional)
3 4 5 6 7 8	(A) Prior Year	· · ·
4 5 6 7 8	(A) Prior Year	· · ·
5 6 7 8	(A) Prior Year	· · ·
6 7 8	(A) Prior Year	· · ·
7 8	(A) Prior Year	· · ·
7 8	(A) Prior Year	· · ·
7 8	(A) Prior Year	· · ·
8	(A) Prior Year	· · ·
	(A) Prior Year	· · ·
1a	(A) Prior Year	· · ·
1a		
1a		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	1b 1c 1c 1d 2 3 4 5 6 7 8 1 2 3 4 5 3 4 5 6 7 8 1 2 3 4 5 6	1b 1c 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa (See instructions.)	, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part I d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; rt V, Section E, lines 2, 5, and 6. Also complete this	part for any additional information.
, , , , , , , , , , , , , , , , ,		
		Cabadula A (Faura 000 au 000 F7)
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(Form 990)

Department of the Treasury Internal Revenue Service

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.



Nam	e of the organization The Ruth Institute		Employer identification number 46-3647313			
Par		r Similar Funds o				
	organization answered "Yes" on Form 990, Part IV, line 6.		·			
	(a) Donor adv	ised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised	funds			
-	are the organization's property, subject to the organization's exclusive legal control					
6	Did the organization inform all grantees, donors, and donor advisors in writing that					
-	for charitable purposes and not for the benefit of the donor or donor advisor, or fo					
	impermissible private benefit?					
Par						
1	Purpose(s) of conservation easements held by the organization (check all that app		,			
-	Preservation of land for public use (for example, recreation or education)		nistorically important land area			
	Protection of natural habitat		certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation con	tribution in the form of	a conservation easement on the last			
-	day of the tax year.		Held at the End of the Tax Year			
а						
	Number of conservation easements on a certified historic structure included in (a)					
	Number of conservation easements included in (c) acquired after 7/25/06, and not					
u			2d			
3						
5	vear	or terminated by the or				
4	Number of states where property subject to conservation easement is located					
5	Does the organization have a written policy regarding the periodic monitoring, insp					
5			Yes No			
6						
U	Starr and volumeer rours devoted to morntoning, inspecting, nariding of violations	, and emotioning conserv	valion easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	enforcing conservation	n easements during the year			
•	► \$	childreing conscivation	n casements during the year			
8	Does each conservation easement reported on line 2(d) above satisfy the requiren	nents of section 170(h)((A)(B)(i)			
0						
٥	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its re	wonuo and ovnonco st	atomont and			
9	balance sheet, and include, if applicable, the text of the footnote to the organizatio					
		ITS III anciai Statement	is that describes the			
Par	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical	Treasures or Oth	er Similar Assets			
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
10	If the organization elected, as permitted under FASB ASC 958, not to report in its	rovonuo statomont and	l balanco shoot works			
Id	of art, historical treasures, or other similar assets held for public exhibition, educat					
			•			
h	service, provide in Part XIII the text of the footnote to its financial statements that					
a	If the organization elected, as permitted under FASB ASC 958, to report in its reve					
	art, historical treasures, or other similar assets held for public exhibition, education	i, or research in furthera	ance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		N A			
~	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treasures, or other simila		ain, provide			
	the following amounts required to be reported under FASB ASC 958 relating to the					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X	<u></u>				
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2019			
93205	1 10-02-19					

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Par	t III Organizations Maintaining C	Collections of A	rt, Historic	al Tr	easures, or	Other	Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	c	Loan		hange program						
b	Scholarly research	e	• L Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they fu	rther t	he organization's	s exem	pt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of								_		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	nizatio	n answered "Ye	s" on F	orm 990), Part IV,	line 9, oi	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:								
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F						y?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Par	t V Endowment Funds. Complete i								() [heel
4.	De sinsis e de seu la dese	(a) Current year	(b) Prior y	ear	(c) Two years ba	аск (а	i) Three y	Pears Dack	(e) Fou	years	DACK
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland		umn (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	· · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held a	nd administered	I for the	e organiz	zation	1		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment funds								
Par	t VI Land, Buildings, and Equipm						10				
	Complete if the organization answere		· · · · ·					. 1			
	Description of property	(a) Cost or c basis (investr		•	or other (other)	• •	cumulate eciation		(d) Boo	k valu	Э
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B)	, line 1	0c.)						0.

Schedule D (Form 990) 2019

932052 10-02-19

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(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

(a) Description of investment	(b) BOOK value	(c) Method of Valuation. Cost of end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX 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) Book value
(1) Deposits in Transit	21965.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	21965.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, lin	ie 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll Tax Liabilites	5242.
₍₃₎ Sales Tax	62.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5304.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 The Ruth Institute		46-3647313 Page 4		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	er Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047	
Name of the organization Employer		identification number 647313		
Form 990, Part III, Line 1, Description of Organization Mission:				
marriage matters. The Institute advocates for the full participation				
of women in all aspects of society. With particular emphasis on family				
friendly, 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 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 and				
produces and sells material.				
Form 990, Pa	rt VI, Section B, line 11b:			

No review was or will be conducted

Form 990, Part VI, Section C, Line 19:

No other documents available to the public.

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

Schedule O (Form 990 or 990-EZ) (2019)

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