Form 990

Return of Organization Exempt From Income Tax

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

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.

2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, C Name of organization D Employer Identification number Address THE RUTHERFORD INSTITUTE Name change 52-1267484 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final P.O. BOX 7482 434-978-3888 894,019. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts S Amende CHARLOTTESVILLE, VA 22906-7482 H(a) Is this a group return Applica-F Name and address of principal officer: JOHN WHITEHEAD Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? 1 Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.RUTHERFORD.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Association Other L Year of formation: 1982 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: THE RUTHERFORD INSTITUTE IS A CIVIL LIBERTIES ORGANIZATION THAT PROVIDES FREE LEGAL SERVICES TO if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year Prior Year 742.819. 892,703. 8 Contributions and grants (Part VIII, line 1h) venue 2,254. 1.278. Program service revenue (Part VIII, line 2g) 36. 38. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. O. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 745,109. 894,019. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. O. 14 Benefits paid to or for members (Part IX, column (A), line 4) 617,888. 606,061. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 202,930. 215,761. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 820,818. 821,822. -76,713. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 509,357. 418,638. 20 Total assets (Part X, line 16) 135,637. 118,119. 21 Total liabilities (Part X. line 26) 373,720. 300,519. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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.

Signature of officer Sign JOHN WHITEHEAD. PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature 10/30/24 P00446788 FRANK BARCALOW Paid FRANK BARCALOW Firm's EIN 45-5310918 FRANK BARCALOW CPA, P.L.L.C. Preparer Firm's name 1434 DISPATCH STATION ROAD Firm's address Phone no. 804-557-5054 QUINTON, VA 23141 X Yes No May the IRS discuss this return with the preparer shown above? See instructions Form 990 (2023)

including grants of \$

			_
4d	Other program se	rvices (Describe on Schedule (Э.

) (Expenses \$ ___

including grants of S (Expenses \$

779,778. Total program service expenses

IQCHE-I	Market 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
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?			۱
	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, VIII, 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,		- V	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	$\langle \mathbf{x} \rangle$	7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Δ/	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		^
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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		-
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128	Schedule D, Parts XI and XII	12a	X	
ь.	Was the organization included in consolidated, independent audited financial statements for the tax year?			
IJ	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		Х
142	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		X

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Pa	rt IV Checklist of Required Schedules (continued)	-	Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ľ					
	Schedule K. If "No," go to line 25a	24a		X			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77			
	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			x			
	Schedule L, Part I	25b	_				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	ŀ					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_				
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			
00	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,		10				
28	instructions for applicable filing thresholds, conditions, and exceptions):						
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
a	"Yes," complete Schedule L, Part IV	28a		Х			
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f						
Ū	"Yes," complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	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			l			
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ا			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,			
	Part V, line 1	34	<u> </u>	X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	Х			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051					
	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?	26		x			
	If "Yes," complete Schedule R, Part V, line 2	36		 			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
00	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		X			
38		38	x				
Pa	Note: All Form 990 filers are required to complete Schedule O	1 30					
10.00	Check if Schedule O contains a response or note to any line in this Part V						
-	C. Co. A. Contocolo O Contocino a respessor or note to any line in the case .		Yes	No			
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		61-			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b ()	10	48			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
•	(nambling) winnings to prize winners?	1c	X				

Form 990 (2023) THE RUTHERFORD INSTITUTE

Part 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,		b-11	E 14				
	filed for the calendar year ending with or within the year covered by this return2a	4	18					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b					
	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	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).		M					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X			
С	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							
	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).				77			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay		7a		X			
þ	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	- 1			3.7			
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	-			v			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 1	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Λ			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	-	_			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	ا ?ز	7h	CT III	Barr			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 1	8	41				
_	sponsoring organization have excess business holdings at any time during the year?	···	-	SIL	E			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	- 1	9a					
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	···			4115			
а	Initiation fees and capital contributions included on Part VIII, line 12		Tasi					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			100				
11	Section 501(c)(12) organizations. Enter:	\neg	- 1					
а	Gross income from members or shareholders	- 1	-					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	\neg	14	n B				
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
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		10					
	organization is licensed to issue qualified health plans	_	18					
С	Enter the amount of reserves on hand	_			**			
14a		· · ·	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				v			
	excess parachute payment(s) during the year?	**	15		<u>X</u>			
	If "Yes," see the instructions and file Form 4720, Schedule N.		40		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	91	16		Λ			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		47					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		100			
	If "Yes," complete Form 6069.		_		(0000)			

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.

	Check if Schedule O contains a response or note to any line in this Part VI							X
Sec	tion A. Governing Body and Management							
		ř	ĩ		c		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		_0		-84	
	If there are material differences in voting rights among members of the governing body, or if the governing				- 1	8		3.1
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	١			اء			7 51
b	Enter the number of voting members included on line 1a, above, who are independent	15			_	8		- 20
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip wit	th any	other				х
	officer, director, trustee, or key employee?				90000	2	_	
3	Did the organization delegate control over management duties customarily performed by or under the							x
	of officers, directors, trustees, or key employees to a management company or other person?					3	_	X
4	Did the organization make any significant changes to its governing documents since the prior Form					4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's as					5 6		X
6	Did the organization have members or stockholders?				(37.55)	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					ا ۔ ا		x
	more members of the governing body?	85115725				7a		A
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					I		x
	persons other than the governing body?				20022	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						х	
а	The governing body?					8a	X	
b	Each committee with authority to act on behalf of the governing body?				00000	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-							x
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	leven	ue Co	ae.)		_		
					i	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?				000000	10a		Α.
b	If "Yes," did the organization have written policies and procedures governing the activities of such of such control of the co	chapt	ers, a	miliates,		10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?							_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							101
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a								_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris					12b	Х	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					12c	х	
40	on Schedule O how this was done					13	X	-
13	Did the organization have a written whistleblower policy?					14	X	_
14	Did the organization have a written document retention and destruction policy?					14		-
15	Did the process for determining compensation of the following persons include a review and approx		ringel	Jenuent				15.00
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					15a	х	
a	The organization's CEO, Executive Director, or top management official					15b	X	
b	Other officers or key employees of the organization				****	100		72
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	men	t with	a		11,11		
16a				<u> </u>		16a		Х
_	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the entity of the organization of the entity of the organization of the entity o			cination		100		
Ö	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.	anizat	tion's	ограноп				D 1
	exempt status with respect to such arrangements?	ai iizu			ioverpu.	16b		
Sac	tion C. Disclosure	*******				700		
_	List the states with which a copy of this Form 990 is required to be filed VA							
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 9	90-T (section 501	(c)(3)	s only	avail	able
10	for public inspection. Indicate how you made these available. Check all that apply.	,	' \		. //)		
	Own website Another's website X Upon request Other (explain	n on :	Schen	lule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or				v, an	d finar	ncial	
13	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 be	ooks	and re	ecords				
20	CORPORATION - 434-978-3888							
	P.O. BOX 7482, CHARLOTTESVILLE, VA, CHARLOTTESVILL	LE.	VA	2290	06-	748	2	
			_					/0000

332006 12-21-23

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

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

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) (D) Position Reportable Reportable Estimated Name and title Average (do not check more than one compensation compensation amount of hours per box, unless person is both an officer and a director/trustee) from from related other week organizations compensation (list any the organization (W-2/1099-MISC/ from the hours for ual trustee or 1099-NEC) related (W-2/1099-MISC/ organization and related 1099-NEC) organizations organizations below Officer line) 40.00 (1) JOHN WHITEHEAD 0. X 227,849 0 X CHAIRMAN 1.00 (2) MICHAEL MASTERS, M.D. 0. X 0. 0 V.P. AND DIRECTOR 1.00 (3) THOMAS S. NEUBERGER, PA 0. 0 0. X SECRETARY/TREASURER Х 1.00 (4) WILL STRICKLAND 0. 0 0 Х DIRECTOR 1.00 (5) JULIE ESPOSITO 0 0. 0 BOARD OF DIRECTOR (6) THANE KERNER 1.00 0. 0. 0. Х DIRECTOR

332007 12-21-23

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continuea)			
	(A)	(B)			(0	-			(D)	(E)		(F)	
	Name and title	(do not check more than one				Reportable		stimate					
	week				ss per id a di				compensation from	compensation from related	a	mount other	
		(list any ਤ੍ਰਿ							the	organizations	cor	npensa	
		hours for	r dire	43) pat	1	organization	(W-2/1099-MISC/		rom th	
		related organizations	o aalsr	trustee		au	pensa		(W-2/1099-MISC/	1099-NEC)		ganizat nd relat	
		below	nal Iri	tional		ploye	st com yee	_	1099-NEC)			anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
			Ī	Ī	Ť								
_			_		Н	-					\vdash		
			_	_	Ц		_				-		
			Г										
_			\vdash					-					
			_		L						-		
-													
			_								+		
1b	Subtotal						0),002	883	227,849.	0	-		0.
	Total from continuation sheets to Part V								227,849.	0			0.
	Total (add lines 1b and 1c) Total number of individuals (including but r	at limited to th		liote	ad al	bove	a) 14th	20.1			•1		
2	compensation from the organization	iot ikriited to ti	1036	illott	su ai	DOVE	C) WI	10 10	eceived more than proc	,,ooo or reportable			2
	Compensation from the organization											Yes	No
3	Did the organization list any former officer,	, director, trust	ee,	key (empl	loye	e, o	r hig	hest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for s	such individual	9								3		X
4	For any individual listed on line 1a, is the su											v	10
	and related organizations greater than \$15										4	X	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com										5		x
Sec	rendered to the organization? if res, control B. Independent Contractors	ipiete Scriedui	e J	OI S	ucn	pers	SOII ,				1 3		1
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comper	sation	from	
_	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithir		year.		-	
	(A) Name and business	address	N	ONI	E				(B) Description of s	services) Comp	C) ensatio	on
					_			7					
			_		_			-					
		_											
-			_					1					_
								-					
2	Total number of independent contractors (ot li	mite	d to		se li: 0	sted	d above) who received n	nore than			
	\$100,000 of compensation from the organi	ization		_			_	_			Form	990	(2023)

ra	LV	***		or note to any lin	a in this Part VIII			
			Check if Schedule O contains a response	e or note to any line	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and					
		g	similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	892,703.	892,703.			
<u> </u>			Total. Add lifes 1a 11	Business Code				
o l	2	_	PERIODICAL REVENUE	541100	1,278.	1,278.		
Program Service Revenue				31110				
ie je		b						
le S		С	·	-				
Pa Ba		d	7					
Š.		е	(
٦			All other program service revenue		1 070			
_		g	Total. Add lines 2a-2f		1,278.			
	3		Investment income (including dividends, inte	rest, and	2.0			٠,
			other similar amounts)		38.			38.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c				A 5.	
			Net rental income or (loss)	(ii) Other				
	7	а	Gross amount from sales of (i) Securities	(II) Other			7 7 7 7	The state of the s
			assets other than inventory 7a				State of the same	
_		b	Less: cost or other basis	1		The Daily Street	Total Indian	
ے ا			and sales expenses7b					
Ş		С	Gain or (loss) 7c					
윤			Net gain or (loss)					
Other Revenue	8	а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
			Part IV, line 18					- CO
		b	Less: direct expenses			W. V. 18 7	Egypt no 15	- FWS
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See			THE RESERVE OF THE PERSON NAMED IN	THE PARTY	
	Ŭ	_	Part IV, line 19					
		.	Less: direct expenses 9					
						TO STATE OF THE ST		100
	10	а	Gross sales of inventory, less returns		3			
			and allowances 10				1000	
			Less: cost of goods sold	Ы				
_	_	С	Net income or (loss) from sales of inventory					
<u>0</u>				Business Code			25	
ᅙᇶ	11	а	<u></u>					
ᇍ		b						
등등		С						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		894,019.	1,278.	0.	38.
33200		21.						Form 990 (2023

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

η-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	1			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1	
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
-		509,542.	484,065.	13,891.	11,586
7 8	Other salaries and wages	303/3121			
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	74,271.	70,558.	2,172.	1,541.
9 10		34,075.	32,372.	817.	886.
11	Payroll taxes Fees for services (nonemployees):	02/0.50			31.04.07.001
	Management				
	Legal	7,310.	7,310.		
	Accounting	11,397.	10,462.	935.	
	Lobbying		· ·		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,558.	3,380.		178.
13	Office expenses	6,321.	6,005.	289.	27.
14	Information technology	3,308.	3,142.	166.	
15	Royalties				
16	Occupancy	47,157.	44,799.	2,358.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	105.	100.	5.	
23	Insurance	5,640.	5,358.	282.	
24	Other expenses. Itemize expenses not covered	L MES EN UNIX D			
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),			The same of the sa	
	amount, list line 24e expenses on Schedule 0.)		10 500	4 202	1 303
а	POSTAGE AND DELIVERY	52,108.	49,502.	1,303.	1,303.
b	EQUIPMENT RENTAL AND RE	16,996.	16,146.	850.	
С	MISCELLANEOUS	16,389.	15,569.	820.	
d	INTERNET EXPENSE	10,949.	10,402.	547.	
е	All other expenses	21,692.	20,608.	1,084.	15 501
25_	Total functional expenses. Add lines 1 through 24e	820,818.	779,778.	25,519.	15,521
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023

	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	200 461	1	462 100
2	Savings and temporary cash investments	382,461.	2	463,102
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,		en #R	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	ones and the same
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net	40.000	7	F 050
8	Inventories for sale or use	10,389.	8	5,258
9	Prepaid expenses and deferred charges	6,808.	9	12,195
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 34,312.	Transfer International		
b	Less: accumulated depreciation 10b 34,312.	0.	10c	(
11	Investments - publicly traded securities	48 885	11	07 700
12	Investments - other securities. See Part IV, line 11	17,775.	12	27,702
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	4 005	14	1 100
15	Other assets. See Part IV, line 11	1,205.	15	1,100
16	Total assets. Add lines 1 through 15 (must equal line 33)	418,638.	16	509,357
17	Accounts payable and accrued expenses	22,739.	17	29,997
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to 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		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	05 000		105 646
	of Schedule D	95,380.	25	105,640
26	Total liabilities. Add lines 17 through 25	118,119.	26	135,637
	Organizations that follow FASB ASC 958, check here	MATERIAL PROPERTY.		
	and complete lines 27, 28, 32, and 33.	200 510	700	272 72
27	Net assets without donor restrictions	300,519.	27	373,720
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here		V 40	
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		31	202 000
32	Total net assets or fund balances	300,519.	32	373,720
33	Total liabilities and net assets/fund balances	418,638.	33	509,357

Form	990 (2023) THE RUTHERFORD INSTITUTE	52-	-1267484	Pag	ge 12				
	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI			****					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			19. 18.				
2									
3	140 MAY 1 CONTROL THE SAN OF THE								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	300),5	19.				
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,				20.				
	column (B)) 10								
Pa	rt XII Financial Statements and Reporting				,				
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.		114	SALI				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:		V = 1		1.00				
	Separate basis Consolidated basis Both consolidated and separate basis		1 = 3 =		Tigg!				
b	Were the organization's financial statements audited by an independent accountant?	******	2b	<u>X</u>					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	5,						
	consolidated basis, or both:		in the						
	X 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	e audi	t,		l				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	0.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				l				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

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.

Inspection

Employer identification number

Name of the organization

THE RUTHERFORD INSTITUTE 52-1267484 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) 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 to 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990) 2023 THE RUTHERFORD INSTITUTE 52-12674

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

이렇게 되고 있다면 어로워 있어 없다면서 맛이 있다면 그를 제속되면서 그렇게 되고 있는데 그는 이번에 있는데 가는데 그 없는데 그렇게 되는데 그렇게 되었다면 그렇게 그렇게 되었다면 그렇게		
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the orga	nization failed to qualify un	der Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)		

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization is behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Surface lines from line 4. 8 Gross income from line 4 9 Gross income from similar sources. 9 Net income from similar sources. 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 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 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	Sec	ction A. Public Support						
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization'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 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. Substative's free lines. Section B. Total Support Calendar year (or fleat) year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities learns, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assesses (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(x)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2022 Schedule A, Part II, line 14 15a 31/3% support test- 2023. If the organization in qualifies as a publicly supported organization of Stop here have greatly applied or public support percentage the organization of public support percentage from 2022 Schedule A, Part II, line 14 15a 31/3% support test- 2023. If the organization in qualifies as a publicly supported organization or line 13, and line 14 is 33 1/3% or more, check this box and stop here.	_		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 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. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and 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? It rough 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 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 from 2022 Schedula A, Part II, line 14 15 a 3 1/3% support test - 2023. If the organization duralifies as a publicly supported organization at 5top here. The organization qualifies as a publicly supported organization at 5top here. The organization qualifies as a publicly supported organization.			(4) 2010	(2) 2323	(4/,	1		
1 1 1 1 1 1 1 1 1 1	•	, ,						
2 Tax revenues levide for the organization's benefit and either palot 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 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. 8-object live 5 from line 4 8 Gross income from fiscal year beginning in) 7 Amounts from line 4 9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form Pollic Support Percentage Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14 16 3 1/3% support test - 2023. If the organization id id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.			914,553.	978,197.	876,881.	745,073.	890,981.	4405685.
or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 VL). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 980 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 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.	2	A. A						
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and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		•						
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b							10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the								
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization								
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 Schedule A (Form 990) 2023	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 1/t	o, check this box a		

Schedule A (Form 990) 2023 THE RUTHERFORD 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.)

quality drider the tests listed b	olo iii piodeo o o iii					
					T / 1 2222	TO T I I
	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
merchandise sold or services per-						
formed, or facilities furnished in						
Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
, -						
the organization without charge						
Total. Add lines 1 through 5						
Amounts included on lines 1, 2, and						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
Add lines 7a and 7b						
Public support. (Subtract line 7c from line 6.)						
ction B. Total Support						
ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
dividends, payments received on						
securities loans, rents, royalties,						
acquired after June 30, 1975				U		
activities not included on line 10b,						
whether or not the business is						
Other income. Do not include asia						
Total support. (Add lines 9, 10c, 11, and 12.)						
First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here				*******************		L
The state of the s			column (f))		15	%
						%
				(4-171-171)-644-771-44-14	101	70
					147	0/
Investment income percentage for 20						<u>%</u>
mirodanone moomo porodinago ioi ==		Dort III line 17			18	%
Investment income percentage from						
Investment income percentage from					33 1/3%, and line	17 is not
Investment income percentage from 2 33 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than		17 is not
Investment income percentage from 3 and 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box a	organization did n	ot check the box organization quali	on line 14, and lin ifies as a publicly s	e 15 is more than supported organiz	ation	Ц
Investment income percentage from 3 1/3% support tests - 2023. If the more than 33 1/3%, check this box a 3 3 1/3% support tests - 2022. If the	organization did n nd stop here. The organization did n	ot check the box organization quali ot check a box or	on line 14, and lin ifies as a publicly : n line 14 or line 19	e 15 is more than supported organiz a, and line 16 is m	ation ore than 33 1/3%,	and
Investment income percentage from 3 and 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box a	organization did nonder organization did nonganization did none this box and st	oot check the box organization quali not check a box or op here. The orga	on line 14, and lin ifies as a publicly s n line 14 or line 19 unization qualifies	e 15 is more than supported organiz a, and line 16 is m as a publicly supp	ation ore than 33 1/3%, orted organization	and
	ction A. Public Support Indar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons of amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Cotion B. Total Support Findar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business acquired after June	cition A. Public Support Indar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization's fi check this box and stop here extion C. Computation of Public Support Per Public support percentage from 2022 Schedule A, Part extion D. Computation of Investment Incom	cition A. Public Support indar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either poid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from other than disqualified persons and another than disqualified persons and another than disqualified persons between the persons of t	indar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2021 (d) 2021 (d) 2021 (e) 2021 (e) 2021 (d) 2021 (d) 2021 (e) 2021 (e) 2021 (e) 2021 (e) 2021 (e) 2021 (f) 20	indar year (or fiseal year beginning in) diffus, grants, contributions, and membership fees received. (Do not include any "unusual grants.") directorize from admissions, merchandise solid or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from admissions, merchandise solid or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons and a secret of the services	Another included on lines 1, 2, and 3 received from discussified persons furnished by a governmental unit to the organization without on whoth organization is benefit and either paid to orexpended on without provided on lines 10, and 3 received from the state of the year. Another include any funded on lines 1, 2, and 3 received from the state of the year. Another include any funded on lines 1, 2, and 3 received from the state of the year. Another include any funded on lines 1, 2, and 3 received from the state of the year. Another included on lines 1, 2, and 3 received from the state of the year. Another included on lines 1, 2, and 3 received from the state of the year. Another included on lines 1, 2, and 3 received from the year and year (in the year and year (in the year) and year (in t

332023 12-21-23

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

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	rm 990

Schedule A (F

Pa	Supporting Organizations (continued)		1	
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			= 17
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		11.00	T. A.
	11c below, the governing body of a supported organization?	11a	-	
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		10-1	100
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		0.0	a chall
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		35	413
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			7
	organization, describe how the powers to appoint and/or remove officers, 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	1		1,72
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1.7	
	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	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Y. 33		
	or management of the supporting organization was vested in the same persons that controlled or managed	The A		he i
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		145	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1 3 10		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	3 30		1.5
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	30.0	100	
	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			111
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		100	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			979
3	significant voice in the organization's investment policies and in directing the use of the organization's	-18		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- B	1 1	
	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	<u> </u>		
	The organization satisfied the Activities Test. Complete line 2 below.	,-		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization is the parent of each of its supported organizations. Semplets line a governmental entity (see in	nstructio	ns).	
C	Activities Test. Answer lines 2a and 2b below.	GEN. H. S. B. S.	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		. 2	10.
	those supported organizations and explain how these activities directly furthered their exempt purposes,	AB		1
	how the organization was responsive to those supported organizations, and how the organization determined	H DATE	11	
		2a		
	that these activities constituted substantially all of its activities.			3717
b			200	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	P		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	AL		
	these activities but for the organization's involvement.	2b		7.83
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	TO SEE THE SEE WAS SECURED FOR THE SECURED SECURITIES OF THE SECUR		-	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_		

Schedule A (Form 990) 2023

instructions)

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number Name of the organization 52-1267484 THE RUTHERFORD INSTITUTE Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

SCHEDULE D

(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.

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

Name of the organization

THE RUTHERFORD INSTITUTE

Employer identification number 52-1267484

Pai			is or Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bollot advised failes	(b) since and since assessed
1	Total number at end of year Aggregate value of contributions to (during year)		
2 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 adv	vised funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	***************************************	2b
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	uired after July 25, 2006, and not	
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation ea		•
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	· · · · · · · · · · · · · · · · · · ·		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
_		470	NEV 4V (DV2)
8	Does each conservation easement reported on line 2d above		
_	and section 170(h)(4)(B)(ii)?		*****************************
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ments that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art. Historical Treasures, or (Other Similar Assets.
I ai	Complete if the organization answered "Yes" on Form		outer carrier resource
12	If the organization elected, as permitted under FASB ASC 95		t and balance sheet works
Ia	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		
h	If the organization elected, as permitted under FASB ASC 95		
D	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	o oxination, oddoddor, or rocodion in the	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for finance	ial gain, provide
~	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

332051 09-28-23

Schedule D (Form 990) 2023

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		34,312.	34,312.	0.
e Other				
Fotal. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, line 1	0c, column (B))		0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE RUTHERFO	ORD INSTITUTE	5	2-1267484 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1 (b) Book value	1b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or example.	and of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of e	mu-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	27,702.	END-OF-YEAR MARKE	T VALUE
(A) (B)	2.7.020		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	27,702.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			,
(6)			
(7)			
(8)			
(9)	house will		
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		1
Part X Other Liabilities Complete if the organization answered "Yes" of the organization and the or	on Form 000. Boot IV. line 1	10 or 11f Soo Form 000 Part V line	25
7 P. 1 W.	JII FORM 990, Fart IV, line 1	Te or TTI. See Form 990, Fart X, line	(b) Book value
URYN UR I I I I I I I I I I I I I I I I I I			(b) Book value
(1) Federal income taxes (2) ANNUITIES PAYABLE			101,331
THE PROPERTY OF THE PARTY OF TH	TERM		4,309
- 5/	111111		1,505
(4)			
(5)			
(6) (7)			
(8)			

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) 2023

105,640.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

per R	52- eturi	12674 1	484	Pag	je 4	ļ
	1	1,6	548	,76	6.	
747.						
	2e 3		754 894	,7 <u>4</u>	7 . 9 .	
	4c 5		894	,01	0.	•
es per	Hetu 1		575	, 56	5.	
747.						
*******	2e 3		75 <u>4</u> 820	,74 ,81	7 . 8 .	
	4c 5	{	320	,81	0.	
t V, line 4	4; Part	X, line 2	; Part	XI,		
						1

	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	1,648,766.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	LV 56			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		754,747.		
С	Recoveries of prior year grants			E	
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		*************************	2e	754,747.
3	Subtract line 2e from line 1			3	894,019.
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.)			166	_
С	Add lines 4a and 4b	POWERS W-		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	894,019.
Pai	t XII Reconciliation of Expenses per Audited Financial Stat	ements Wit	h Expenses per	Retu	m
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	1,575,565.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	754,747.		
b	Prior year adjustments				
С	Other losses			351	
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	754,747.
3	Subtract line 2e from line 1			3	820,818.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			134	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		123	
	Other (Describe in Part XIII.)				
	Carlot (December 111 and 11 an	ATAKAS:			_
C	Add lines 4a and 4b			4c	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	820,818.
Pa i Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information de 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	5	820,818.
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information	Part IV, lines 1b	and 2b; Part V, line	5	820,818.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information de 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	5	820,818.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information de 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	5	820,818
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information de 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	5	820,818.
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information de 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	5	820,818
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information de 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	5	820,818
Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information de 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	5	820,818

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

THE RUTHERFORD INSTITUTE

Employer identification number 52-1267484

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			19
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	100	. 64	
	Travel for companions Payments for business use of personal residence	1	0.57	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	Ga S		12.5
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
2	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, including the OLO/Executive Director, regarding the items checked of fine fat:	100		
2	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		Cu i	16
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			35.11
			5	100
	establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract			
			-71	of the second
			V 18	3.
	X Form 990 of other organizations X Approval by the board or compensation committee			
	D. I. H. Sanda and Sanda and France 2000. Deat VIII. Continue A. Since do with respect to the filling	151	20	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		1.5	
	organization or a related organization:	40		х
a		4a 4b	_	X
b	1/2-12	40 4c		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	40		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	5100	1.5	-
	Only and End/aV(s) End/aV(s) and End/aV(s) are an institute must complete lines 5.0			914
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	50		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
0.50	contingent on the revenues of:	5a		Х
	The organization?	5b	-	X
b	Any related organization?	30		1.
_	If "Yes" on line 5a or 5b, describe in Part III.		XI I	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		. 7	
	contingent on the net earnings of:	6a		х
	The organization?		-	X
b	Any related organization?	6b		27
	If "Yes" on line 6a or 6b, describe in Part III.	100	1011	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
	not described on lines 5 and 6? If "Yes," describe in Part III	7	_	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		N. V	
	Populations coction 52 4059.6(e)2	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Page 2

THE RUTHERFORD INSTITUTE

Schedule J (Form 990) 2023 THE RUTHERFORD INSTITUTE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-	W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN WHITEHEAD	ε	227,849	0	0	0	0.0	227,84	0
CHAIRMAN		D	>	0	0		Ö	0
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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE DISTRIBUTED FOR THE DISTRIBUTE

Employer identification number 52-1267484

THE RUTHERFORD INSTITUTE 32 120/404
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PEOPLE WHOSE CONSITUTIONAL AND HUMAN RIGHTS HAVE BEEN THREATENED OR
VIOLATED.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS. THE INSTITUTE PROVIDES ITS LEGAL SERVICES AT NO CHARGE TO
THOSE WHOSE CONSTITUTIONAL AND HUMAN RIGHTS HAVE BEEN THREATENED OR
VIOLATED.
FORM 990, PART VI, SECTION B, LINE 11B:
RETURN IS REVIEWED BY THE GOVERNING BODY ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS, DIRECTORS AND KEY EMPLOYEES DISCLOSE ANY CONFLICTS OF INTEREST ON
AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
BOARD OF DIRECTORS APPROVES SALARIES OF KEY EMPLOYEES REVIEW FOR
REASONABLENESS.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.
990 PART XI, LINE 2C
THE AUDIT IS REVIEWED AND APPROVED BY THE BOARD ON AN ANNUAL BASIS.

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

Schedule O (Form 990) 2023