Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

Α	For the 20	106 calendar year, or tax year beginning JUL 1, 2006 and e	nding JUN 30	, 2007	
В	Check if	Please C Name of organization		D Employer id	dentification number
	applicable	use IRS			
	Address Change	label or HOUSE OF RUTH, INC.	95-32	<u> 276033 </u>	
Ļ	Name change	type See Number and street (or P.O. box if mail is not delivered to street address)	E Telephone		
L	Initial return	Specific P.O. BOX 459		(909)	623-4364
Ļ	Final	tions City or town, state or country, and ZIP + 4		F Accounting met	10d Cash X Accrual
느	Amended	CHAREMONI, CA 31/11		Other (specify)	
L	Applicati Pending	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 			tion 527 organizations
		•	H(a) Is this a group r		
		WWW.HOUSEOFRUTHINC.ORG	H(b) If "Yes," enter nu		
		ion type (check only one) ► X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	H(c) Are all affiliates i (If "No," attach a		N/A Yes No
		e Light the organization is not a 509(a)(3) supporting organization and its gross	H(d) is this a separat	e return filed by	
		e normally not more than \$25,000. A return is not required, but if the organization of the areturn, be sure to file a complete return.	ganization cover		N/A
		o me a retarm, de dare te me a dempete retarm.			ion is not required to attach
L	Gross rece	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 2,829,739.	Sch. B (Form 99	•	•
_		Revenue, Expenses, and Changes in Net Assets or Fund Bala		.,	
نا	$\overline{}$	Contributions, gifts, grants, and similar amounts received:	····		
		Contributions to donor advised funds			
	Ь	Direct public support (not included on line 1a)	736,1	02.	
		Indirect public support (not included on line 1a)	55,7	28.	
	d	Government contributions (grants) (not included on line 1a) 1d	1,793,2	06.	
	е	Total (add lines 1a through 1d) (cash \$ 2,567,222. noncash \$	17,814.) 1e	<u>2,585,036.</u>
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	29,567.
	5	Dividends and interest from securities		5	7,117.
	1	Gross rents 6a			
	b	Less: rental expenses 6b	L		
ē	C	Net rental income or (loss). Subtract line 6b from line 6a		6c	
200gevenue	7	Other investment income (describe	1) 7	
Š	8 a	Gross amount from sales of assets other (A) Securities	(B) Other		
8		than inventory 8a	ļ		
7		Less; cost or other basis and sales expenses 8b			
	1	Gain or (loss) (attach schedule)	۱ -		
=		Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here		8d	
Z		Gross revenue (not including \$ 0 • of contributions reported on line 1b) 9a		65.	
Ϋ́		Gross revenue (not including \$ 0 • of contributions reported on line 1b) Less; direct expenses other than fundraising expenses 9b	24,3		
			STATEMENT		103,327.
SCANNED	1	Gross sales of inventory, less returns and allowances	}		
Ī	1	Less: cost of goods sold 10b			
K	1	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line	10a	10c	
S	I	Other respective (from Part VII, line 103)		11	80,354.
- 0	12	Total revenue Add Vines 40, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	2,805,401.
	13	Program services (from line 447 ook mn (B))		13	2,024,929.
Ses	14 8	Managenent endoregeral-from [66]44, column (C))		14	407,277.
Expenses	15	fundraising (from line 44, columby(b))		15	214,040.
Ä		Payments to affiliates (attach scheeule)		16	
		Total expendes. Add lines 16 and 44, column (A)		17	2,646,246.
ø,	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	159,155.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	2,835,239.
As		Other changes in net assets or fund balances (attach explanation)		20	0.
6230		Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	2,994,394.
01-1	001 18-07 L	.HA For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction	NS.		Form 990 (2006)

95-3276033

HOUSE OF RUTH, INC.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •	1				
If this amount includes foreign grants, check here	22a				
2b Other grants and allocations (attach schedule					
(cash \$ 0 • noncash \$ 0 •	4 I				
If this amount includes foreign grants, check here	22b				
3 Specific assistance to individuals (attach					
schedule)	23				
4 Benefits paid to or for members (attach			}		
schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 4	05.0	183,440.	65,155.	87,917.	30,368.
· · ·	258	103,440.	05,155.	07,517	30,300.
b Compensation of former officers, directors, key	25b	0.	0.	0.	0.
employees, etc. listed in Part V-B • Compensation and other distributions, not included	-				
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in	1 1			ľ	
section 4958(c)(3)(B)	25c]	
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	1,387,397.	1,116,950.	161,996.	108,451.
27 Pension plan contributions not included on					
lines 25a, b, and c	27	7,978.	1,929.	3,943.	2,106
28 Employee benefits not included on lines	\Box				
25a · 27	28	239,307.	186,632.	33,408.	19,267.
29 Payroll taxes	29	146,479.	110,429.	23,144.	12,906.
30 Professional fundraising fees	30				
31 Accounting fees	31	12,505.		12,505.	
32 Legal fees	32	7,443.		7,443.	
33 Supplies	33	48,528.	44,207.	2,859.	1,462
34 Telephone	34	36,055.	29,221.	5,678.	1,156
35 Postage and shipping	35	10,959.	24 500	4,705.	6,254.
36 Occupancy	36	25,893.	24,520.	1,373.	005
37 Equipment rental and maintenance	37	13,916.	11,241.	1,770.	905.
38 Printing and publications	38	15,058.	1,914.	212.	12,932
39 Travel	39	11,599. 25,564.	5,848.	5,751. 2,135.	
40 Conferences, conventions, and meetings	40	25,564.	23,429.	2,133.	
41 Interest	41	111,653.	92,513.	12,668.	6,472
42 Depreciation, depletion, etc (attach schedule)	42	111,000.	94,313.	12,000.	0,412
43 Other expenses not covered above (itemize).	42.				
<u>a</u>	43a 43b				
0	43c				· · · · · · · · · · · · · · · · · · ·
<u> </u>	43d				
Δ	43e				
Ť	43f				
g SEE STATEMENT 3	43g	362,472.	310,941.	39,770.	11,761
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	2,646,246.	2,024,929.	407,277.	214,040
Joint Costs. Check If you are following			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Are any joint costs from a combined educational campa			oorted in (B) Program servi	ces? ►□	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co			(ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$	_		(iv) the amount allocated to		N/A
6230 11 01-23-07					Form 990 (2006

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Wh	at is the organization's primary exempt purpose? SEE STATEMENT 5	Program Service Expenses
All o	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
а	EMERGENCY AND TRANSITIONAL RESIDENTIAL PROGRAMS	
		1
]
		}
	(Grants and allocations \$) If this amount includes foreign grants, check here	968,651.
b	COMMUNITY SERVICES FOR BATTERED WOMEN AND CHILDREN INCLUDING	
	EMERGENCY HOTLINE, OUTREACH, CALWORKS AND COMMUNITY	-
	PREVENTION PROGRAMS.	1
		1
]
_	(Grants and allocations \$) If this amount includes foreign grants, check here	501,400.
С	COUNSELING SERVICES FOR BATTERED WOMEN AND CHILDREN OF DOMESTIC VIOLENCE AND CHILDREN EXPOSED TO VIOLENCE.	1
	DOMESTIC VIOLENCE AND CHIEDREN ENTODED TO VIOLENCE.	†
]
		-
	(Grants and allocations \$) If this amount includes foreign grants, check here	554,878.
d		
		4
		1
		<u> </u>
]
_	(Grants and allocations \$) If this amount includes foreign grants, check here	ļ <u>.</u>
е	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,024,929.
		Form QQQ (2006)

_	: Whe	re required, attached schedules and amounts with ald be for end-of-year amounts only	nin the	description column	(A) Beginning of year		(B) End of year
	45 46	Cash - non-interest-bearing Savings and temporary cash investments			97,075. 682,247.	45 46	92,715. 987,833.
		Accounts receivable Less allowance for doubtful accounts	47a 47b			 47c	
		Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b		200,000.	48c	
	49	Grants receivable			487,245.	49	373,342.
	50 a	Receivables from current and former officers, directly key employees		50a			
	b	Receivables from other disqualified persons (as	define	d under section			
Ş		4958(f)(1)) and persons described in section 495	8(c)(3)(B)		50b	
Assets	51 a	Other notes and loans receivable .	51a				
⋖	Ь	Less; allowance for doubtful accounts	51b	<u> </u>		51c	
	52	Inventories for sale or use				52	1 505
	53	Prepaid expenses and deferred charges	٠		1,785.	53	1,785.
		Investments - publicly-traded securities STMT		Cost X FMV	88,448.	54a	100,892.
	b	Investments - other securities STMT	7	Cost X FMV	118,363.	54b	369,117.
	55 a	Investments - land, buildings, and		1			
		equipment basis	55a				
			l				
	1	Less: accumulated depreciation .	55b			55c	
	56	Investments - other	l	1 2 062 200	 	56	
	l	Land, buildings, and equipment basis	57a	2,963,300.	2 259 006		2 155 267
		Less accumulated depreciation	57b	808,033.	2,258,906.	57c	2,155,267.
	58	Other assets, including program-related investments		,		58	
	_ ا	(describe >	<u> </u>	/	3,934,069.	59	4,080,951.
	59	Total assets (must equal line 74) Add lines 45 t	nroug	n 56 .	112,801.	60	103,720.
	60	Accounts payable and accrued expenses		• • •	112,001.	61	103,7200
	61 62	Grants payable	•	•	3,192.		
S	63	Deferred revenue Loans from officers, directors, trustees, and key	omnl	nvees -	3,132.	63	
Ě	l	a Tax-exempt bond liabilities	cilipi			64a	
Liabilities	l	Mortgages and other notes payable				64b	
	65	• •	E S	TATEMENT 6)	982,837.		982,837.
				,,	<u> </u>		
	66	Total liabilities. Add lines 60 through 65			1,098,830.	66	1,086, <u>557</u> .
	Orga	anizations that follow SFAS 117, check here	X	and complete lines		ł	
w		67 through 69 and lines 73 and 74					0 004 004
ĕ	67	Unrestricted			2,835,239.	67	2,994,394.
a <u>a</u> r	68	Temporarily restricted .				68	
Ã	69	Permanently restricted .			******	69	
Š	Orga	anizations that do not follow SFAS 117, check t	nere	▶ L and			
P	l	complete lines 70 through 74					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds				70	
SS	71	Paid-in or capital surplus, or land, building, and				71	
¥.	72	Retained earnings, endowment, accumulated in				12	
ž	73	Total net assets or fund balances. Add lines 67 throu			2,835,239.	73	2,994,394.
	74	(Column (A) must equal line 19 and column (B) must Total liabilities and net assets/fund balances.			3,934,069.		4,080,951.
	74	total liabilities and liet assets/fully balances	Auul	1103 00 and 70	3,334,003.	_ (4	=,000,001

	instructions)								
	Total revenue, gains, and other support per audited financial statemer	nts				a	2.	805,4	01.
ь	Amounts included on line a but not on Part I, line 12:					H			
1	,		b1	1		1 1			
2	Donated services and use of facilities		b2		_				
3	Recoveries of prior year grants	• •	b3		_	1			
4			b 4			1			
	Add lines b1 through b4					ь			0.
C	Subtract line b from line a					С	2,	805,4	01.
d	Amounts included on Part I, line 12, but not on line a:								
1	Investment expenses not included on Part I, line 6b		d1						
2	Other (specify)		d2						
	Add lines d1 and d2				_	đ			0.
	Total revenue (Part I, line 12) Add lines c and d			_		е		805,4	01.
Pa	art IV-B Reconciliation of Expenses per Audited Fina	incial Statements	Wi	th Expenses	per	Retu			
8	Total expenses and losses per audited financial statements			•		a	2,	646,2	<u>46.</u>
b	Amounts included on line a but not on Part I, line 17								
1	Donated services and use of facilities .		b1	<u> </u>					
2	, , , , , , , , , , , , , , , , , , , ,		b2]]			
3	Losses reported on Part I, line 20		b3			1 1			
4	Other (specify).		b4	<u> </u>		Ш			
	Add lines b1 through b4					ь		= - = =	0.
C	Subtract line b from line a	•				<u> </u>	2,	646,2	46.
đ	Amounts included on Part I, line 17, but not on line a:					1 1			
1	Investment expenses not included on Part I, line 6b		d1						
2	Other (specify)		d2	L					_
	Add lines d1 and d2				_	d		646 0	0.
	Total expenses (Part I, line 17) Add lines c and d							646,2	40.
		· Francisco / · ·				e			
Pa	art V-A Current Officers, Directors, Trustees, and Ke				an of				
P ₂	or key employee at any time during the year even if they we	re not compensated) (3 (B) Title and average hou	See t	(C) Compensation		fficer,	direc	tor, truste	ense
Pa	art V-A Current Officers, Directors, Trustees, and Ke	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter	(D)Co emple plans	fficer,	directions to enefit erred	(E) Exp	ee, ense t and
Pa	or key employee at any time during the year even if they we	re not compensated) (3 (B) Title and average hou	See t	(C) Compensation	(D)Co emple plans	fficer,	directions to enefit erred	tor, truste	ee, ense t and
Pa	or key employee at any time during the year even if they we	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter	(D)Co emple plans	fficer,	directions to enefit erred	(E) Exp	ee, ense t and
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter	(D)Co emple plans compe	fficer,	ons to enefit erred plans	(E) Exp	ee, ense t and
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to enefit erred plans	(E) Exp	ense t and vances
	or key employee at any time during the year even if they we (A) Name and address	re not compensated) (3 (B) Title and average hou per week devoted to	See t	the instructions) (C) Compensation (If not paid, enter -0)	(D)Co emple plans compe	ntributi oyee be & defe	ons to sheft from the first from the	(E) Exp	ee, ense t and wances

	1990 (2006) 1 NOUSE OF ROTH, INC. 95-3270	0033	_	age /
	rt VI Other Information (continued)		Yes	No
02 8	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			v
	less than fair rental value?	82a		X
O	If "Yes," you may indicate the value of these items here. Do not include this			1
	amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			1
99 -		٠,,	х	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 83b	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a	Α	x
	Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	044		
U	37/3	046		
85	tax deductible? 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	84b 85a		├──
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		├──
U	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	650		 ,
	waiver for proxy tax owed for the prior year.			
^	Dues, assessments, and similar amounts from members 85c N/A]		
4	Section 162(e) lobbying and political expenditures 85d N/A	┪ '		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	1		
•	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1		{
,	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
H	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	1008		\vdash
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on	100		<u> </u>
	line 12 86a N/A			i
h	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1		1 i
87	501(c)(12) organizations Enter. a Gross income from members or shareholders 87a N/A	1		
	Gross income from other sources (Do not net amounts due or paid to other sources	1		ĺ
	against amounts due or received from them) 87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1		
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3?			,
	If "Yes," complete Part IX	88a		X X
ь	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	88b		Х
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			1
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			. !
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization			
6	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	L	X
ç	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	L	X
90 a	List the states with which a copy of this return is filed ▶ CA			
	Number of employees employed in the pay period that includes March 12, 2006	<u> </u>		44
91 a	The books are in care of ► SHARON MCGRATH-GOLD Telephone no. ► (909)	868		29
	Located at ► P.O. BOX 459, CLAREMONT, CA ZIP+4 ►	1 171		1 81
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
	and Financial Accounts	ل	000	لبيا
		Form	990	(2006)

Form 990 (2006) , HOUS	E OF RUTH,	INC				95-	3276033	Page 8
Part VI Other Information (co	ontinued)							Yes No
c At any time during the calendar year	ar, did the organizat	ion maint	tain an office outside of	the Ur	nited States?		91c	X
If "Yes," enter the name of the fore	ign country ▶_	_1	N/A					
92 Section 4947(a)(1) nonexempt char	ntable trusts filing Fo	orm 990 ı	n lieu of Form 1041- C	heck he	ere .			ightharpoons
and enter the amount of tax-exemp					>	92	N/2	<u>A</u>
Part VII Analysis of Income-	Producing Acti							
Note: Enter gross amounts unless other	wise		d business income		ed by section 512, 513	3, or 514	(E)	
ındıcated	l _{Bi}	JSINESS	(B) Amount	(C) Exclu-	(D) Amount		Related or (exempt
93 Program service revenue		code	Aniount	code			function in	1come
a								
b								
c								
d								
e								
f Medicare/Medicaid payments				\vdash				
g Fees and contracts from governmen	· —							
94 Membership dues and assessments	<u> </u>			1 4				
95 Interest on savings and temporary cash i	 			14		567. 117.		
96 Dividends and interest from securitie	· —			14		, 11 / •		
97 Net rental income or (loss) from real	estate	-		├─┤				
a debt-financed property	<u> </u>						 -	
b not debt-financed property								
98 Net rental income or (loss) from pers	sonal property			1				
99 Other investment income	· ··· ·	+		\vdash				
100 Gain or (loss) from sales of assets						ŀ		
other than inventory				01	103	327.		
101 Net income or (loss) from special ev102 Gross profit or (loss) from sales of in				1 01	103,	, 52, .		
103 Other revenue	verilory .			1				
a MISC. INCOME							2.	4,273.
b UNREALIZED GAINS				14	56	081.		1,2,5.
c Otticalization				+ = -1	30,	, 0011		
d				 				
e								
104 Subtotal (add columns (B), (D), and	(E))		0.	1	196.	092.	24	4,273.
105 Total (add line 104, columns (B), (D)				<u> </u>		D		0,365.
Note: Line 105 plus line 1e, Part I, should		on line 12	P, Part I	,	•	•		
Part VIII Relationship of Activ	vities to the Ac	compli	shment of Exemp	t Pur	poses (See the	instruction	ons)	
Line No. Explain how each activity for whi								n's
exempt purposes (other than by				·			-	
103A MISC PROGRAM RE	VENUES							
								
Part IX Information Regardi		osidiari		<u>ed Er</u>		instructioi		
(A) Name address and FIN of corporation	(B) Percentage of		(C) Nature of activities		Total incom	ne	(E) End-of-y	
Name, address, and EIN of corporation, partnership, or disregarded entity	ownership interest		Nature of activities		Total Incom	-	asset	iS
	%							
N/A	%							
	%							
	%							
Part X Information Regarding	ng Transfers A	ssocial	ted with Personal	Bene	efit Contracts	See the	instructions)	
(a) Did the organization, during the year, re	ceive any funds, direc	tly or indire	ectly, to pay premiums on	a perso	nal benefit contract	?	Yes	X No
(b) Did the organization, during the year, pa	• • • •		• • • •	ontract?			Yes	X No
Note: If "Yes" to (b), file Form 8870 and	Form 4720 (see in:	structions	s)					
							Form 9	990 (2006)
623163								
01-18-07								

	lotais		
		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and		
	annuities described in question 107 above?]	
Plea	The specific c. Cleans (item)	true, com	ect,
Sign Here	Signature of officer Date Date Date Date		
	Type or print name and title		

VICENTI, LLOYD & STUTZMAN, LLP

2210 E. ROUTE 66, SUITE 100

GLENDORA, CA 91740

Phone no. ► (626)857-7300 Form **990** (2006)

Preparer's SSN or PTIN (See Gen Inst X)

Paid

Preparer's

Use Only

Check if self-

employed >

EIN ▶

Preparer's

signature

yours if self-employed),

address, and ZIP + 4

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number

HOUSE OF RUTH, INC.			95 32760	J33
Part I Compensation of the Five Highest Paid En	nployees Other Than	Officers, Dire	ctors, and T	rustees
(See page 2 of the instructions. List each one. If there are none,				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEAN LEAVY	GRANT ADMINIS			
P.O. BOX 459, CLAREMONT, CA 91711	40.00	63,889.	1,923	<u>, </u>
MICHELLE ROBERTS	COMPLIANCE DI	RECTOR		
P.O. BOX 459, CLAREMONT, CA 91711	40.00	66,306.	1,995	,
KARINE BEESLEY	DEVELOPMENT D	IRECTOR		
P.O. BOX 459, CLAREMONT, CA 91711	40.00	76,033.	2,106	.
KIMBERLY MASON	RESIDENTIAL D	IRECTOR		
P.O. BOX 459, CLAREMONT, CA 91711	40.00	53,423.	1,777	· <u> </u>
Total number of other employees paid				1
over \$50,000	<u> </u>			
Part II-A Compensation of the Five Highest Paid Inc	dependent Contracto	rs for Professi	onal Servic	es
(See page 2 of the instructions. List each one (whether individual	als or firms). If there are none, e	nter "None.")		
(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of s	ervice	(c) Compensation
(a) name and address of sacriffication contractor paid more	than ¢oojooo	(5) . , po o		(0) 00
NONE				
			[
Total number of others receiving over				
\$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid Inc			ervices	
(List each contractor who performed services other than profes	sional services, whether individu	uals or		
firms. If there are none, enter "None." See page 2 of the instructi	ions.)			
(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of s	ervice	(c) Compensation
NONE			J	
NONE				
			l	
			-	
			Ì	
		····		
	·		1	
				
Total number of other contractors receiving over	 			
\$50,000 for other services	• 0			į

623101/01-18-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		ĺ	ĺ
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
	a Sale, exchange, or leasing of property?	2a	Ì	X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		Х
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
	e Transfer of any part of its income or assets?	2e		Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
	b Dd the organization have a section 403(b) annuity plan for its employees?	3b	X	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
	b Did the organization make any taxable distributions under section 4966?	4b		X
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Х
	d Enter the total number of donor advised funds owned at the end of the tax year			0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 tl	nrough 7 of the instructio	ns.)			
5 6 7 8 9	Ify that the organization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
10 11a	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)							
11b 12		Section 170(b)(1)(A)(vi). (Also complete the Support A community trust. Section 170(b)(1)(A)(vi). (Also com An organization that normally receives: (1) more than receipts from activities related to its charitable, etc., fur its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5	nplete the Support Scheo 33 1/3% of its support fro actions - subject to certain and business taxable incom	om contributions, membe n exceptions, and (2) no ne (less section 511 tax)	more than 33 from busines	1/3% of		
13								
	_	Provide the following information al	out the supported organ	izations. (See page 7 of	the instructio	ns.)		
	(a) Name(s) of supported organization(s) Employer identification number (EIN) Type of organization (described in lines organization issted in the support support organization's organization's governing documents?							
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiza	pported on listed in porting ration's	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiza	pported on listed in porting ration's	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	pported on listed in porting action's documents?	Amount of	
Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz governing	pported on listed in porting action's documents?	Amount of	

Par	Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting									
	dar year (or fiscal year ning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total				
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,379,758.	2,165,243.	2,215,923.	2,718,036.	9,478,960.				
16	Membership fees received									
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose									
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	13,477.	7,901.	6,402.	10,936.	38,716.				
19	Net income from unrelated business									
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge									
22	Other income. Attach a schedule.	25.555		SEE STATEME		240 042				
	sale of capital assets	96,656.		115,864. 2,338,189.		340,942. 9,858,618.				
23	Total of lines 15 through 22 Line 23 minus line 17		2,276,176.			9,858,618.				
25	Enter 1% of line 23	24,899.	22,762.		27,544.					
26	Organizations described on lines 1				▶ 26a	197,172.				
b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each p	erson (other than a gover	nmental					
	unit or publicly supported organization			ded the amount shown in	line 26a.					
	Do not file this list with your return				► 26b	0.				
	Total support for section 509(a)(1) t				▶ 26c	9,858,618.				
d	Add: Amounts from column (e) for I	ines: 18	38,716. 19 40,942. 26b	·	26d	379,658.				
_	Public support (line 26c minus line 2		40,542. 200		≥ 26e	9,478,960.				
•	Public support percentage (line 26	<u>-</u>	line 26c (denominator)	١	≥ 26f	96.1490%				
27	Organizations described on line 12									
	records to show the name of, and to									
	such amounts for each year:	N/A								
	(2005)	(2004)	•	2003)	(2002)					
b	For any amount included in line 17 t									
	and amount received for each year, described in lines 5 through 11b, as									
	the larger amount described in (1) of					amount 10001700 amo				
	(2005)	(2004)		2003)	(2002)					
C	Add: Amounts from column (e) for I	•		16						
	17	20		21	▶ 27c	N/A				
d	Add: Line 27a total		id line 27b total		276	N/A				
e	Public support (line 27c total minus		00 askur== (=)	▶ 074	N / A	N/A				
f	Total support for section 509(a)(2)				N/A ≥ 27g	N/A %				
9 h	Public support percentage (lin Investment income percentage				, 	N/A %				
28 1	Inusual Grants: For an organization	n described in line 10, 11	or 12 that received any	unusual grants during 20	02 through 2005, prepare	a list for your records to				
S	how, for each year, the name of the c	ontributor, the date and a	mount of the grant, and a	a brief description of the r	nature of the grant. Do no	t file this list with your				
	eturn. Do not include these grants in 1 01-18-07	Me 15.	ONE		Sched	ule A (Form 990 or 990-EZ) 2006				

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	Instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			1
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	ļ]]
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	L	ļ
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			}
		_		
		_	ŀ	
		<u> </u>	}	l i
32	Does the expensation mountain the fallouings	-		ļi
32 8	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		·
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	020		
·	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		一
•	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	,			
		_		
33	Does the organization discriminate by race in any way with respect to:	_		i
8	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
ħ	Other extracurricular activities?	33h		<u> </u>
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			Ιί
		_		
		_		
	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
b	Has the organization's right to such aid ever been revoked or suspended?	34b	<u> </u>	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	-		1
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	<u> </u>	Ц

4 / L

(To be completed ONLY by an eligible organization that filed Form 5768)

_	(To be completed ONLY by	y an eligible organization that file	eu Foriii 5/00)				
Che	eck 🕨 a 🔛 if the organization belon	gs to an affiliated group.	Check b	ıf	you che	cked "a" and "limited contr	of provisions apply.
		Lobbying Expenditu				(a) Affiliated group totals	(b) To be completed for all electing organizations
_						N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobb	oying)		36		
37	Total lobbying expenditures to influence	a legislative body (direct lobby)	ing)		37		
38	Total lobbying expenditures (add lines 3	6 and 37)			38		
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (add	1 lines 38 and 39)			40		
41	Lobbying nontaxable amount. Enter the	amount from the following table	e -				
	If the amount on line 40 is -	The lobbying nontaxable	amount is -				,
	Not over \$500,000	20% of the amount on line 40		٦			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the exce	ess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the exce	933 over \$1,000,000	•	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exces	ss over \$1,500,000				
	Over \$17,000,000	\$1,000,000)			
42	Grassroots nontaxable amount (enter 25	5% of line 41)			42		
43	Subtract line 42 from line 36. Enter -0- i	f line 42 is more than line 36			43		
44	Subtract line 41 from line 38. Enter -0- if	f line 41 is more than line 38			44		
	Caution: If there is an amount on en	ther line 43 or line 44, you m	ust file Form 4720.			······	1

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0
48 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Dort VI D	Lobbying	A ativity by	Monoloo	lina	Dublio	Chariti	
Pari VI-D	LODUVIIIU	ACHIVITY D	v iktirietet.				

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		· · · · · · · · · · · · · · · · · · ·
		0.

623151 01-18-07

Part \	/II Information Rec	garding Transfers To and	Transactions and	Relationships With No	oncharitable	<u> </u>	raye i
	Exempt Organiz	zations (See page 13 of the instru	uctions.)				
		rectly or indirectly engage in any of t					
	, ,	section 501(c)(3) organizations) or in ganization to a noncharitable exempt		inical organizations?		Yes	No
	i) Cash	gameation to a nononanaoio oxompt	organization of		51a(i)		Х
•	i) Other assets				a(ii)		X
-	her transactions:				1		
•	•	ts with a noncharitable exempt organ	ization		b(i)		X
•	i) Purchases of assets from a i) Rental of facilities, equipme	noncharitable exempt organization			b(ii)		X
•	 r) Reimar of facilities, equipme r) Reimbursement arrangeme 	·			b(iv)		X
•	Loans or loan guarantees				b(v)		X
		membership or fundraising solicitati	ons		b(vi)		Х
		mailing lists, other assets, or paid en			С	L	X
go	oods, other assets, or services	e is "Yes," complete the following sch given by the reporting organization. ent, show in column (d) the value of	If the organization received	less than fair market value in any		N/A	
(a)	(b)	(c)	80000,0		d)		
Line no.	Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transac		rangen	nents
		_	_				
			-				
					*		
	-						
			<u></u>				
	<u></u> .	<u> </u>				-	
C	the organization directly or in ode (other than section 501(c) "Yes," complete the following:		ne or more tax-exempt org	anizations described in section 50	↑ (c) of the Yes	X] No
	(a Name of or) ganization	(b) Type of organization	Description	(c) of relationship		
							-
							
							
							
							
						_	

Schedule A (Form 990 or 990-EZ) 2006

623152 01-18-07

FOOTNOTES

STATEMENT

1

SECURITY LIEN BY HOUSING AUTHORITY OF THE COUNTY OF LOS LOS ANGELES FOR FINANCING OF HOUSING UNITS. PROMISSORY NOTE DATED FEBRUARY 17, 2000 SECURED BY REAL PROPERTY. PAYMENTS ARE SCHEDULED TO BEGIN MARCH 15, 2001, BUT ARE LIMITED TO 50% OF THE RESIDUAL RECEIPTS FROM HOUSING UNITS. MANAGEMENT DOES NOT EXPECT THERE TO BE PAYMENTS REQUIRED AS THERE ARE NO RECEIPTS FROM THE HOUSING UNITS. INTEREST IS CHARGED AT 3% PER ANNUM, AND THE LOAN MATURES ON MARCH 15, 2030. LOAN COVENANTS ARE THAT THE ORGANIZATION MUST USE THE HOUSING UNITS FOR THE PURPOSE OF PROVIDING TRANSITIONAL HOUSING FOR VICTIMS OF DOMESTIC VIOLENCE. THE BALANCE AS OF JUNE 30, 2007 AND 2006 WAS \$318,000.

SECURITY LIEN BY THE FEDERAL HOME LOAN BANK OF SAN FRANCISCO FOR FINANCING AFFORDABLE HOUSING. PROJECT WAS AWARDED IN CONNECTION WITH PFF BANK AND TRUST TO FINANCE THE REHABILITATION OF REAL PROPERTY PURCHASED IN 1999. THE ORGANIZATION AGREES TO USE THE PROPERTY TO PROVIDE AFFORDABLE HOUSING FOR A PERIOD OF 15 YEARS. REPAYMENT OF PRINCIPAL AND INTEREST IS REQUIRED ONLY IF PROPERTY IS NOT USED IN COMPLIANCE WITH TERMS OF AFFORDABLE HOUSING PROGRAM AGREEMENT. THE BALANCE AS OF JUNE 30, 2007 AND 2006 WAS \$600,000.

SECURITY LIEN BY DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT FOR FINANCING THE COST OF SHELTER EQUIPMENT AND IMPROVEMENTS WAS AWARDED TO THE ORGANIZATION IN 2002. THE ORGANIZATION AGREES TO USE THE PROPERTY TO PROVIDE HOMELESS SHELTER SERVICES FOR A PERIOD OF 5 YEARS. REPAYMENT OF PRINCIPAL AND INTEREST IS REQUIRED ONLY IF PROPERTY IS NOT USED IN COMPLIANCE WITH TERMS OF AGREEMENT. THE BALANCE AS OF JUNE 30, 2007 AND 2006 WAS \$64,837.

FORM 990	SPECIAL EVE	NTS AND ACTI	VITIES	ST	ATEMENT 2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VARIOUS SPECIAL EVENTS	127,665.	-	127,665.	24,338.	103,327.
TO FM 990, PART I, LINE	9 127,665.		127,665.	24,338.	103,327.
FORM 990	ОТН	ER EXPENSES		ST	'ATEMENT 3
	(A)	(B) PROGRAM	(C) MANAGEI	MENTO.	(D)
DESCRIPTION	TOTAL	SERVICES			UNDRAISING
FOOD/FINANCIAL ASST/CHILD CARE CONSULTING FEES INSURANCE RECRUITMENT ADVERTISING/PROGRAM	78,404. 46,199. 44,382. 3,525. 446.	78,40 33,09 33,92 3,52	6. 1: 7. 5.	3,103. 8,139.	2,316.
FUNDRAISING MEMBERSHIP DUES UTILITIES MISCELLANEOUS	4,872. 1,685. 84,395.	76,41		843. 5,284.	4,872. 842. 2,701.
EXPENSE REPAIRS EQUIP/FURNISHINGS	13,735. 63,981. 20,848.	4,26 60,93 19,92	5.	9,466. 2,016. 919.	1,030.
TOTAL TO FM 990, LN 43	362,472.	310,94	1. 3:	9,770.	11,761.

FORM 990

STATEMENT

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SHARON MCGRATH-GOLD	79,813.	2,399.		82,212
A. PROGRAM SERVICES	23,944.	720.		24,664
B. MANAGEMENT AND GENERAL	55,869.	1,679.		57,548
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SUE AEBISCHER	98,272.	2,956.		101,228
A. PROGRAM SERVICES	39,309.	1,182.		40,491
B. MANAGEMENT AND GENERAL	29,482.	887.		30,369
C. FUNDRAISING	29,481.	887.		30,368
TOTAL PROGRAM SERVICES				65,155
TOTAL MANAGEMENT AND GENERA	AL			87,917
TOTAL FUNDRAISING				30,368
TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	D ON PART II	, LINE 25A	183,440

OFFICER COMPENSATION ALLOCATION

EXPLANATION

TO ADVOCATE FOR AND ASSIST WOMEN AND CHILDREN VICTIMIZED BY DOMESTIC VIOLENCE BY PROVIDING SHELTER, PROGRAMS, OPPORTUNITY, AND EDUCATION; TO CONTRIBUTE TO SOCIAL CHANGE THROUGH INTERVENTION, EDUCATION, PREVENTION PROGRAMS, AND COMMUNITY AWARENESS.

FORM 990	C	THER LIABIL	ITIES		STATEMENT	6	
DESCRIPTION					AMOUNT		
SECURITY LIENS - SEE	FOOTNOTE			-	982,8	37.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B					982,837		
FORM 990	OT	HER SECURIT	IES		STATEMENT	7	
SECURITY DESCRIPTION				COST/FMV	OTHER SECURITIE:	S	
MUTUAL FUNDS ENDOWMENT INVESTMENT	S			FMV FMV	1,1 368,0		
TO FORM 990, LINE 54	B, COL B			-	369,1	17.	
FORM 990	NON-G	OVERNMENT SI	ECURITIES		STATEMENT	8	
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITI		
CORPORATE STOCK	FMV	100,892.			100,8	92.	
TO FORM 990, LINE 54	A, COL B	100,892.			100,8	92.	

TRUSTEES	AND KEY EMPLOYEE		SIAII	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
ARLENE ANDREW P.O. BOX 459 CLAREMONT, CA 91711	TREASURER 4.00	0.	0.	0.
AMY TAULBEE FASS P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF DIRECT	ror	0.	0.
HENRY PACHECO P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF DIRECT	TOR 0.	0.	0.
CECILIA A. CONRAD P.O. BOX 459 CLAREMONT, CA 91711	PRESIDENT 4.00	0.	0.	0.
ANITA COMTOIS P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF DIREC	TOR 0.	0.	0.
JERRY IRISH P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF DIREC	TOR 0.	0.	0.
STEPHEN JONES P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF DIREC	TOR 0.	0.	0.
ROBIN LEONHARD P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF DIREC 4.00	TOR 0.	0.	0.
MARY FRASER WEIS P.O. BOX 459 CLAREMONT, CA 91711	VICE-PRESIDENT 4.00	0.	0.	0.
CYNTHIA SULLIVAN P.O. BOX 459 CLAREMONT, CA 91711	SECRETARY 4.00	0.	0.	0.
CAROL TANENBAUM P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF DIREC	TOR 0.	0.	0.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT

HOUSE OF RUTH, INC.				g	5-3276033
SHARON MCGRATH-GOLD P.O. BOX 459 CLAREMONT, CA 91711	FINANCE I	OIR	79,813.	2,399.	0.
SUE AEBISCHER P.O. BOX 459 CLAREMONT, CA 91711	EX-DIRECT	ror	98,272.	2,956.	0.
SHIRLEY ABRAMS P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF 4.00	DIRECTOR	0.	0.	0.
PAMELA ARCHER LUX P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF 4.00	DIRECTOR	0.	0.	0.
LESLIE DAVIDSON PEARCE P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF 4.00	DIRECTOR	0.	0.	0.
LAURENCE HUETH P.O. BOX 459 CLAREMONT, CA 91711	BOARD OF 4.00	DIRECTOR	0.	0.	0.
TOTALS INCLUDED ON FORM 990,	PART V-A		178,085.	5,355.	0.
SCHEDULE A	OTHER INC	OME		STAT	PEMENT 10
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	200 AMOU		2002 AMOUNT
	96,656.	103,03	2. 115	,864.	25,390.

96,656.

103,032.

115,864.

25,390.

TOTAL TO SCHEDULE A, LINE 22

FIXED ASSETS		BEGINNING BALANCE	ADDITIONS	DELETIONS	ENDING BALANCE
	OFFICE EQUIPMENT	516,440	8,015	226,708	297,747
	VEHICLES	25,005			25,005
	NEW BUILDING	2,457,580			2,457,580
	SITE IMPROVEMENTS	57,304	-		57,304
	SHELTER EQUIPMENT	156,034		30,370	125,664
		3,212,363	8,015	257,078	2,963,300
ACCUMULATE	DEPRECIATION				
	OFFICE EQUIPMENT	470,451	40,756	226,708	284,499
	VEHICLES	25,005	•	·	25,005
	NEW BUILDING	323,673	51,476		375,149
	SITE IMPROVEMENTS	6,571	1,469		8,040
	SHELTER EQUIPMENT	127,758	17,952	30,370	115,340
		953,458	111,653	30,370	808,033
	•	NE	T BOOK VALU	JE	\$ 2,155,267

EIN: 95-3276033

House of Ruth, Inc. Governmental Funding June 30, 2007

5,195 98,521 64,237
20,262 78,280 157,701 424,196
96,751
4,400 4,000 16,160 7,600 10,000 30,000 18,000 181,439 61,911 333,510
26,214
8,000
298,530 187,931 494,461

\$ 1,375,132

Total Federal Grants

House of Ruth, Inc. Governmental Funding June 30, 2007

	\$	2,025 4,400
		32,118
		65,000
		64,285
		28,917
	_	221,329
otal State and Local Awards	\$	418,074