For Paperwork Reduction Act Notice, see the separate instructions.

Form 990

Department of the

## **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493133003022

2020

Open to Public Inspection

Treasu	•	nue Service		<u>:.irs.gov/Form990</u> for instr	uctions and the	e latest info	rmation.		Inspection		
			<u>।</u> alendar year, or tax year	beginning 07-01-2020 , a	and ending 06-	30-2021					
<b>B</b> Che	ck if a	pplicable: change	<b>C</b> Name of organization House of Ruth Inc				1 ' '		fication number		
□ Na	ime ch itial rel	ange	Doing business as				95-327 —	6033			
		n/terminated					E Telephoi	ne numbei			
		d return on pending	Number and street (or P.O. PO Box 459	box if mail is not delivered to stree	t address)   Room/s	suite		23-4364			
			City or town, state or provin Claremont, CA 91711	ce, country, and ZIP or foreign pos	stal code		<b>G</b> Gross re	eceipts \$ 3	,801,868		
			F Name and address of p	rincipal officer:		H(a) Is t	his a group re	turn for			
			Pat Bell PO Box 459 Claremont, CA 91711			H(b) Are	ordinates? all subordina	tes	□Yes ☑No □Yes □No		
<b>I</b> Ta	x-exer	mpt status:	<b>☑</b> 501(c)(3) ☐ 501(c)	( ) <b>◀</b> (insert no.) ☐ 4947(a)	(1) or 527		luded? No," attach a	list. (see			
J W	ebsit	e:► ww	w.houseofruthinc.org	<u>, , , , , , , , , , , , , , , , , , , </u>	· ·	H(c) Gro	oup exemption	number	•		
<b>K</b> Fori	m of o	rganization	: 🗹 Corporation 🗌 Trust	☐ Association ☐ Other ►		L Year of for	rmation: 1978	M State	of legal domicile: CA		
D	art I	Sum	mary								
F	_			ssion or most significant activi	ities:						
90				and the safety and well-being		d by it.					
Jan	-										
lle/	-										
Activities & Governance				tion discontinued its operation overning body (Part VI, line 1a		more than 25	5% of its net a	assets.	10		
<b>×</b> 5	1		-	bers of the governing body (P	•			4	10		
168	1		-	d in calendar year 2020 (Part	•			5	68		
<u> </u>	1	Total nun		6	44						
AC	7a	Total unr	elated business revenue fro		7a	(					
	Ь	Net unrel	7b								
		Prior Year									
O)	8	Contribut	tions and grants (Part VIII, li	ne 1h)			4,811,	152	3,681,68		
Ravenue	9	Program	service revenue (Part VIII, I	ine 2g)			56,	777	88,65		
λċ	10	Investme	ent income (Part VIII, columi	n (A), lines 3, 4, and 7d )			14,	052	3		
ш	11	Other rev	venue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c, and	11e)		60,	770	31,50		
	12	Total rev	enue—add lines 8 through :	l1 (must equal Part VIII, colun	nn (A), line 12)		4,942,	751	3,801,868		
	13	Grants ar	nd similar amounts paid (Pa	art IX, column (A), lines 1–3)			199,	086	359,93		
	14	Benefits	paid to or for members (Pa	rt IX, column (A), line 4) .					(		
8	15	Salaries,	other compensation, emplo	yee benefits (Part IX, column	(A), lines 5-10)		2,923,	282	3,041,98		
SUS.	16a	Professio	onal fundraising fees (Part I)	(, column (A), line 11e) .							
Expenses	b	Total fundr	raising expenses (P <b>art</b> IX, colun	nn (D), line 25) ▶ <u>564,330</u>							
ш	17	Other exp	penses (Part IX, column (A)	, lines 11a–11d, 11f–24e) .			886,	410	1,097,55		
	18	Total exp	enses. Add lines 13–17 (m	ust equal Part IX, column (A),	line 25)		4,008,	778	4,499,48		
	19	Revenue	less expenses. Subtract line	e 18 from line 12			933,		-697,61		
Net Assets or Fund Balances						Beginni	ng of Current \	'ear	End of Year		
SS Bal	20	Total ass	ets (Part X, line 16)				5,424,	865	4,890,71		
돌	1		ilities (Part X, line 26) .				1,529,	863	1,583,75		
Zű	22		ts or fund balances. Subtrac	t line 21 from line 20			3,895,	002	3,306,96		
	art II		ature Block	e examined this return, includ	ing accompanyin	a schodulos :	and statement		the best of my		
know		and belie		mplete. Declaration of prepare							
uny n		l.									
		******	* ure of officer				2022-05-12 Date				
Sign		Jaginaci	ure or officer			L	Jate				
Here	3		Il Executive Dir.								
		17	Print/Type preparer's name	Preparer's signature	Т	Date		PTIN			
Dai	Ч		ring type preparer a flame	i reparer s signature			Check $igsqcup$ if	P0064488	2		
Paid			irm's name 🕨 Vasin Heyn & 🤇	l Company			self-employed   Firm's EIN ▶ 95	-4401626			
	pare On	51   .k.  -									
USE	. UII	'' <b>y</b>   F	irm's address ► 5000 N Parkwa	y Calabasas 201			Phone no. (818)	222-3500			
			Calabasas, CA	91302							
May t	he IR	S discuss	this return with the prepar	er shown above? (see instruct	ions)			<b>.</b> ✓ ·	Yes 🗌 No		

Cat. No. 11282Y

Form **990** (2020)

Page <b>2</b>					990 (2020)	Form					
		nments	ervice Accomplisi	of Program Se	statement	Pa					
🗹	rt III	ny line in this Part III .	response or note to a	dule O contains a i	Check if Sche						
		•			Briefly describe the o	1					
	nd well-being of those impacted by it.	and the safety and wel	of domestic violence	to the prevention	se of Ruth is dedicated	Hous					
	ear which were not listed on	rices during the year wh	nificant program serv	undertake any sigi	Did the organization	2					
🗌 Yes 🗹 No				r 990-EZ?	the prior Form 990 o						
			n Schedule O.	ese new services or	If "Yes," describe the						
	Did the organization cease conducting, or make significant changes in how it conducts, any program										
services?											
			hedule O.	ese changes on Sch	If "Yes," describe the						
	three largest program services, as measu ount of grants and allocations to others, t	to report the amount o	izations are required	d 501(c)(4) organi		4					
)	\$ ) (Revenue \$	including grants of \$	994,456	) (Expenses \$	(Code:						
					See Additional Data						
)	\$ ) (Revenue \$	including grants of \$	746,650	) (Expenses \$	(Code:	4b					
					See Additional Data						
)	\$ ) (Revenue \$	including grants of \$	668,175	) (Expenses \$	(Code:	4c					
					See Additional Data						
			chedule O.)	ces (Describe in Sc	Other program servi	4d					
)	) (Revenue \$	\$	including grants of	727,569	(Expenses \$						
		50	3,136,8!	/ice expenses ▶	Total program serv	4e					
_		\$	chedule O.) including grants of	ces (Describe in Sc 727,569	Other program servi (Expenses \$	4d					

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Par	Checklist of Required Schedules			
_		$\longrightarrow$	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	Yes	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
	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		No
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		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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   \$\frac{\mathbf{S}}{2}\$	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
	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		No
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		No
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		No
	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		No

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

19

20a

20b

21

Nο

Nο

Νo

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19

orm 9	990 (2020)			Page <b>4</b>
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	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? <i>If "Yes," complete Schedule J</i>	23		No
	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 Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\ref{2}$	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pari				

3/	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

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

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Yes

17

0

1c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	No
Ь	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a	No
	solicit any contributions that were not tax deductible as charitable contributions?  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).		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
	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 to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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.   12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
C	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No

JIIII	990 (2	2020)			Page <b>0</b>
Pai	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines 🗸
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 10			
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b 10			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4		he organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	he organization have members or stockholders?	6		No	
7a	7a		No		
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7b		No
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
а	The g	overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
				Yes	No
L0a	Did th	he organization have local chapters, branches, or affiliates?	10a		No
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has to	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did th	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
L3	Did th	he organization have a written whistleblower policy?	13	Yes	
L4	Did th	he organization have a written document retention and destruction policy?	14	Yes	
L5	Did the perso	he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	r officers or key employees of the organization	15b	Yes	
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions).			
L6a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
b	in joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?			
_			16b		
<u>Se</u> L7		n C. Disclosure  the states with which a copy of this Form 990 is required to be filed▶			
- /	LISCU	CA			
L8		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			_
		Own website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
L9	policy	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest ,, and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records: stal Minniefield Finance D PO Box 459 Claremont, CA 91711 (909) 623-4364			

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 . П

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization no			ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.		
<b>(A)</b> Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of or/t	t ch unle ficei rust	ss pers r and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations	
(1) Pat Bell	40.00			х				123,664	0	10,535	
Executive Dir.	0.00				_						
(2) Melissa Pitts Program Director	40.00							94,648	0	7,160	
(3) Krystal Minniefield	40.00										
Finance Dir	0.00			Х				93,214	0	5,233	
(4) Rhonda Beltran	40.00										
Development Director	0.00							93,214	0	409	
(5) Renee Young President	0.50	х		х				0	0	0	
(6) Brian Kraatz Vice President	0.50	х		х				0	0	0	
(7) Leslie Negritto	0.50	×		х				0	0	0	
	0.00 0.50	_									
(8) William Swartz Secretary	0.00	×		х				0	0	0	
(9) Ehmandah Ramsey Member	0.50	х						0	0	0	
(10) Thomas Allison Member	0.50	х						0	0	0	
(11) Julianne Baumann	0.50										
Member	0.00	X						0	0	0	
(12) Robin Leonhard	0.50										
Member	0.00	×						0	0	0	
(13) Lisa Phillips Member	0.50	×						0	0	0	
(14) Lynn Sarf	0.50							0	0	0	
Member	0.00										
										Form <b>990</b> (2020)	

(A)

Name and title

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Estimated

(C) Compensation

Form **990** (2020)

(B) Description of services Page 8

		week (list any hours for related	ek (list								5	compens from	sation the
		Highest compensated employee  Key employee  Officer  Institutional Trustee or director					(W-2/1099- MISC)	(W-2/1099- MISC)		rganizati relati organiza	ed		
											+		
											$\downarrow$		
											+		
											+		
											工		
c ·	Sub-Total . Total from continuation sheets to F Total (add lines 1b and 1c)	art VII, Section	Α.			ı	<b>*</b>		404,740		+		23,337
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who	rece	eived more than \$1	00,000			
_	Dilli i i i i i i	cc: 1: 1										Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>			ee, K	ey e •	mpi •	oyee,	or ni	gnest compensated	employee on	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										4		Na
5	Did any person listed on line 1a rece services rendered to the organization		•						-		5		No No
Se	ection B. Independent Contrac	tors											
1	Complete this table for your five high	nest compensate	d indep	ender	nt co	ontra	actors	that	received more than	\$100,000 of cor	mpens	ation	

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

(B)

Average

from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address

compensation from the organization ▶ 0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

orm 9 Part		(2020) Statement	of F	Revenue						Page <b>9</b> 
		Check if Scheo	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
5 X	1a	Federated campaig	gns	1	.a			revenue		312 - 314
s, Grants Amounts	b	Membership dues			.b					
s, G	C	Fundraising events Related organization		<u> </u>	.d					
Gift ilar	e e	Government grants (			.a .e	2,613,862				
ons. Sim	f	All other contributions and similar amounts	s, gif	achidad						
outic her	_	above Noncash contribution:			Lf	1,067,822				
Contributions, Gifts, Grants and Other Similar Amounts	g	lines 1a - 1f:\$	3 11101		.g	239,834				
<u> </u>	h	Total. Add lines 1a	a-1f		•	•	3,681,684			
	3-	Rental and training				Business Code	88,653	88,653		
e	26	- Nental and Calling				900099				
even	b	•								
- <b>6</b> 2	,									
šervi										
Program Service Revenue	d									
	6									
	f	All other program	serv	rice revenue.						
	g	Total. Add lines 2	2a-2	f	<b>&gt;</b>	88,653				
		Investment income similar amounts)			nds, i •	nterest, and other		1		31
	I	Income from invest	tmer	nt of tax-exen	npt bo					
	5	Royalties	·	(i) Real	•	(ii) Personal	<u>`</u>			
	_ ا	Cuana wamba		(1) 11341		(,	7			
		Gross rents Less: rental	6a				+			
		expenses Rental income	6b				_			
		or (loss)	6с							
	ď	Net rental income	or	(loss) (i) Securit		· · · ▶	1	0		
	   7a	Gross amount		(i) Securit	162	(II) Other	-			
		from sales of assets other than inventory	7a							
	b	Less: cost or	7b				7			
		other basis and sales expenses	70							
	С	Gain or (loss)	7c							
	I	Net gain or (loss)						ס		
ne	88	Gross income from fu (not including \$		of						
ve H		contributions reporte See Part IV, line 18			8a					
r Re	ŀ	Less: direct expen	ses		8b					
Other Revenue	١ ،	: Net income or (los	ss) fr	om fundraisii	ng ev	ents 🕨	-	) 		
	9a	Gross income from See <b>Part</b> IV, line 19	gam	ing activities.						
		Less: direct expen			9a 9b		-			
	1	Net income or (los			ctiviti	es <b>&gt;</b>		o l		
	10	aGross sales of inve	entoi	rv. less						
		returns and allowa	nce	s	10a					
		Less: cost of good			10b					
	<b>–</b>	Net income or (los Miscellaneo			nvent	Business Code				
	11	<b>a</b> Other revenue				90009	9 31,500	31,500		
	١,									
	'	•								
		All other revenue								
		Total. Add lines 1				•	31,500	0		
	12	<b>! Total revenue.</b> S	ee ir	structions .	•	• • • •	3,801,868	120,153		31 Form <b>990</b> (2020)

Form 990 (2020)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must c		=		mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	359,939	359,939		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	428,076	101,808	232,645	93,623
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	2,115,961	1,718,316	271,830	125,815
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	291,951	223,659	52,213	16,079
<b>10</b> Payroll taxes	205,997	151,291	38,093	16,613
11 Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	5,000		5,000	
c Accounting	36,421	26,073	7,070	3,278
d Lobbying	, 0	,	·	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0		<u> </u>	
g Other (If line 11g amount exceeds 10% of line 25, column	0			
(A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	27,755	5,038	2,323	20,394
13 Office expenses	25,044	15,427	6,856	2,761
14 Information technology	34,170	24,350	6,778	3,042
<b>15</b> Royalties	0			
<b>16</b> Occupancy	26,404	26,404		
17 Travel	5,845	4,846	448	551
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	199	139	60	
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	101,805		101,805	
23 Insurance	70,122	50,488	13,323	6,311
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a In-kind, goods	239,834	3,994		235,840
b Repairs & Maintenance	155,460	136,349	10,046	9,065
c Utilities	116,517	108,667	4,617	3,233
d Telephone	58,520	41,295	10,471	6,754
e All other expenses	194,461	138,767	34,723	20,971
25 Total functional expenses. Add lines 1 through 24e	4,499,481	3,136,850	798,301	564,330

**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).

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32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 Page **11** 

504.834

188,509 352.841

553.737

2,418,258

4,890,716

458.882 32.413

3.125

1.089.332

1.583.752

2,260,398

1,046,566

3,306,964

4,890,716

Form 990 (2020)

869.101

0

0

0

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

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Grants payable .

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 33) . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here ▶ 🗹 and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ▶ ☐ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

	Beginning of year		End of
Cash-non-interest-bearing	890,057	1	
Savings and temporary cash investments	211,284	2	
Pladges and grants resolvable, not	614 637		

2 3 Pledges and grants receivable, net . 515.904 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled 5 entity or family member of any of these persons . . . . . . . . . . . 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 Notes and loans receivable, net . . . 7

10b

0 0 Assets 0 Inventories for sale or use . 8 Prepaid expenses and deferred charges . 2.843 9 3,436 10a Land, buildings, and equipment: cost or other 10a 4,252,178 basis. Complete Part VI of Schedule D

1,833,920

2,453,145

5,424,865

440.531

1,089,332

1.529.863

2,437,564

1.457.438

3,895,002

5,424,865

736.995

10c

11 12

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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3h Yes

## Additional Data

**Software ID:** 20011551

**Software Version:** 2020v4.0 **EIN:** 95-3276033

Name: House of Ruth Inc.

Form 990 (2020)

### Form OOO Bart III Line 4

Form 990, Part III, Line 4a:

Residential Emergency and Transitional Shelter Programs: House of Ruth operates an emergency and transitional residential shelter program providing safe housing, food and living essentials. Residents can receive 24-hour crisis intervention support, trauma informed care from counselors and case managers, legal advocacy, and children's advocacy. Transitional shelter provides residents up to 18 months of housing while they complete school or maintain employment. Access to our services can be obtained through our 24- crisis hot-line.

## Form 990, Part III, Line 4b:

Housing Services: House of Ruth's housing department is operated out of the Pomona outreach office. Once referred to housing, clients have access to a Case Manager and

Housing Navigator who work together to find permanent housing, assist with the move-in process, and provide rental subsidy for 6 to 12 months depending upon the client's needs

# Form 990, Part III, Line 4c: Community Services: House of Ruth operates two outreach centers in Pomona and Ontario to assist survivors in the community. We offer support groups and classes, case management, child care, legal advocacy, access to a business resource center, food pantry and access to clothing and other living essentials. House of Ruth interacts with

middle school, high school and college age youth to provide education on healthy relationships, teen dating violence, consent, self-esteem, and other important topics

through wellness circles and small group discussion.

efil	e GR	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493133003022
SCI	4FD	ULE A	- Dublic (	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe  Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2020
		f the Treasury	► Go to <u>www.irs.</u>	gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
lam	<del>ll Reven</del> <b>e of th</b> of Ruth	nie Service he organiza	tion				Employer identific	<u> </u>
iouse	or Ruti	n Inc					95-3276033	
	rt I		for Public Charity Statu				See instructions.	
_	rganiz		private foundation because	•	-			
1		·	onvention of churches, or ass				(A)(I).	
2			scribed in <b>section 170(b)(1</b>		•	, ,		
3		A hospital o	or a cooperative hospital serv	ice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r name, city,	esearch organization operate and state:	d in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the benefit ( <b>iv).</b> (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7	<b>✓</b>		ation that normally receives a <b>(O(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ıral research organization de rant college of agriculture. Se					ege or university or a
10		from activit investment	ation that normally receives: ies related to its exempt fund income and unrelated busing see section 509(a)(2). (Col	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations d through 12d that describes	escribed in <b>section 5</b>	09(a)(1) or se	ction 509(a)(2	). See <mark>section 509(</mark> a	
а		<b>Type I.</b> A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		manageme	supporting organization supents of the supporting organiza plete Part IV, Sections A a	tion vested in the sar				
c		Type III f	unctionally integrated. A sorganization(s) (see instruction	upporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated. The organization ). You must complete Part	I. A supporting organi generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported organ	
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determin	ation from the I		pe I, Type II, Type II	I functionally
f	Enter						<u> </u>	_
g	Provi	de the follow	ing information about the su		Γ'			
	(i) Name of supported organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
_								
Tota			tion Act Notice, see the In		Cat. No. 11285		 Schedule A (Form 9	

	(or insear year beginning in)							
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	2,562,988	2,836,162	3,195,557	4,817,712	;	3,441,850	16,854,269
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		401,520					401,520
4	<b>Total.</b> Add lines 1 through 3	2,562,988	3,237,682	3,195,557	4,817,712	,	3,441,850	17,255,789
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							0
	amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							17,255,789
s	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2	2020	(f) Total
7	Amounts from line 4	2,562,988	3,237,682	3,195,557	4,817,712		3,441,850	17,255,789
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56,974	26,969	36,037	14,052		31	134,063
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	128,461	213,707	31,512	34,594		31,500	439,774
11	<b>Total support.</b> Add lines 7 through 10							17,829,626
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for t	he organization's f	first, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(	3) organiz	ation, check
	this box and <b>stop here</b>					>	<u>, 🗆</u>	
S	ection C. Computation of Public							
14	Public support percentage for 2020 (li	ne 6, column (f) di	vided by line 11,	column (f))		14		96.780 %

91.680 %

Schedule A (Form 990 or 990-EZ) 2020

Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . .

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

P	art IIII Support Schedule for	Organization	s Described in	Section 509(	a)(2)		
	(Complete only if you cl						der Part II. If
	the organization fails to	qualify under	the tests listed l	pelow, please co	omplete Part II.	)	
Se	ction A. Public Support		Γ		ı		
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose  Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6 7-	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
50	from line 6.) ction B. Total Support						
30	Calendar year						T
	(or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975.						
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First 5 years. If the Form 990 is for th						
	check this box and <b>stop here</b>			<u> </u>	<u> </u>	<u> </u>	▶ 🗆
Se	ction C. Computation of Public S						
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ction D. Computation of Investr			li 40 . 1	2) )	1 1	
17	Investment income percentage for 202	•			* *	17	
18	Investment income percentage from 20	•				18	
	<b>331/3% support tests—2020.</b> If the o						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the						

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . .  $\blacktriangleright$ **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ □

Page 4

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Vec No

				'''
L	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
,	Did the examination have any supported examination that does not have an IRS determination of status under costion 500		-	
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 <b>Part VI</b> 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.			
	is 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.			
ŧa	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			

acternment.	3b				
If Yes, explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
checked box 12a or 12b in Part 1, answer lines 4b and 4c below.					
Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.					
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 <b>Part VI</b> what controls the organization used to ensure that all support					
			<del>                                     </del>		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections	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.  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.  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.  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	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.  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.  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.  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 When I would in the Board MT what control at the consensation must be also be account on the control of the						
	f "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.						
<b>4</b> a	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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.						
С	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 <b>Part VI</b> 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.	4c					

	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с			
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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.				
С	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 <b>Part VI</b> 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 <b>Part VI</b> , 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Ρā	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in 11a above?	11a		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
	VI.			
S	Section B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		res	NO
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
_	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing	1		
	documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2		
•	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	c	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3b		

Page 6

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
<u></u>	Average mentally each balances	16		

8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		

1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		С	current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
		1		

Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

7 instructions) Schedule A (Form 990 or 990-F7) 2020

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions if any for years prior to 2020				

8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions					
9 Distributable amount for 2020 from Section C, line 6				9	
10 Line 8 amount divided by Line 9 amount				10	
Section E - Distribution Allocations (see instructions)  (i) (ii) Underdistribution Pre-2020				ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
<b>b</b> From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
<b>b</b> From 2016		
c From 2017		
<b>d</b> From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2020 distributable amount		

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
<b>\$</b>		
<ul> <li>a Applied to underdistributions of prior years</li> </ul>		
<b>b</b> Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

SCHEDULE D

## **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. OMB No. 1545-0047 **2020** 

DLN: 93493133003022

(Form 990)

-	rtment of the Treasury	► Go to www.irs.gov/Form	Attach to Form 9 1990 for instruction		rmation	Open to Public
	me of the organ		ioi mstructio	me and the latest MIO		Inspection identification number
	use of Ruth Inc				-	
Ρź	art I Organi	zations Maintaining Donor Advis	sed Funds or Ot	her Similar Funds o	95-327603 or <b>Account</b>	
		te if the organization answered "Ye			or Account	<b>5.</b>
			(a) Donor	advised funds	(b) F	unds and other accounts
1		end of year				
2	Aggregate value	of contributions to (during year)				
3		of grants from (during year)				
4	Aggregate value	at end of year				
5		ation inform all donors and donor advisor roperty, subject to the organization's ex				are the  Yes No
6	charitable purpo private benefit?	ation inform all grantees, donors, and do oses and not for the benefit of the donor · · · · · · · · · · · · · · · · · · ·	or donor advisor, o	r for any other purpose		
Pa		vation Easements. te if the organization answered "Ye	s" on Form 990, I	Part IV, line 7.		
1	Purpose(s) of co	onservation easements held by the organ	nization (check all th	nat apply).		
	☐ Preservation	on of land for public use (e.g., recreation	or education)	☐ Preservation of an	historically i	mportant land area
	☐ Protection	of natural habitat		Preservation of a	certified histo	oric structure
	☐ Preservation	on of open space				
2		2a through 2d if the organization held a elast day of the tax year.	qualified conservati	on contribution in the fo		ervation Id at the End of the Year
а		conservation easements			2a	id de the End of the Tear
b	Total acreage re	stricted by conservation easements			2b	
С	Number of conse	ervation easements on a certified historic	c structure included	in (a)	2c	
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, a	and not on a historic	2d	
3	Number of consortax year ►	ervation easements modified, transferre	d, released, extingu	ished, or terminated by	the organiza	tion during the
4	Number of state	es where property subject to conservatio	n easement is locat	ed ▶		
5	Does the organi	zation have a written policy regarding th	ne periodic monitorii	ng, inspection, handling	of violations,	
		nt of the conservation easements it holds				☐ Yes ☐ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of vic	plations, and enforcing c	onservation e	easements during the year
7	Amount of expe  ▶ \$	nses incurred in monitoring, inspecting,	handling of violation	ns, and enforcing conser	vation easem	nents during the year
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?			70(h)(4)(B)(	i) 🗌 Yes 🗌 No
9	balance sheet, a	scribe how the organization reports cons- and include, if applicable, the text of the n's accounting for conservation easement	footnote to the orga			
Pai		zations Maintaining Collections te if the organization answered "Ye			er Similar	Assets.
1a	historical treasu	ion elected, as permitted under FASB AS Ires, or other similar assets held for publ ext of the footnote to its financial stateme	ic exhibition, educa	tion, or research in furth		
b	historical treasu	ion elected, as permitted under FASB AS ires, or other similar assets held for publ nts relating to these items:				
(	(i) Revenue includ	led on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
		in Form 990, Part X				
2	If the organizati	ion received or held works of art, historicates required to be reported under FASB A	cal treasures, or oth	er similar assets for fina		
а	Revenue include	ed on Form 990, Part VIII, line 1			▶\$	i
b	Assets included	in Form 990, Part X			🕨 :	\$
For		uction Act Notice, see the Instruction				Schedule D (Form 990) 2020

 ${f c}$  Leasehold improvements

d Equipment . . . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**e** Other .

Par	t III	Organizations Main	taining Collections o	of Art, Histor	rical T	reasur	res, or Othei	Similar As	sets (cont	tinued)
3		the organization's acquisite (check all that apply):	tion, accession, and other	records, check	any of	the foll	owing that are	a significant u	ise of its co	llection
а		Public exhibition		d		Loan c	or exchange pro	grams		
b		Scholarly research		е		Other				
c		Preservation for future ge	nerations							
4	Provid Part >	de a description of the orga KIII.	anization's collections and	explain how th	ney furt	her the	organization's e	exempt purpo	se in	
5		g the year, did the organiz s to be sold to raise funds							☐ Yes	□ No
Pa	rt IV		ial Arrangements. ization answered "Yes	" on Form 99	0, Part	IV, lin	e 9, or report	ed an amou		
1a		e organization an agent, tru ded on Form 990, Part X? .							Yes	□ No
b	If "Ye	es," explain the arrangeme	nt in Part XIII and comple	ete the followin	g table:			A	mount	
С		ning balance	•		_		1c			
d	-	ions during the year					. 1d			
е		butions during the year .								
f		g balance								
2a	Did th	ne organization include an	amount on Form 990, Par	t X, line 21, fo	r escrov	v or cus	todial account l	iability?	☐ Yes	□ No
b	If "Ye	s," explain the arrangeme	nt in Part XIII. Check here	e if the explana	tion ha	s been r	provided in Part	XIII		
Pa	rt V	Endowment Funds.		'						
		Complete if the organ	ization answered "Yes							
			(a) Currer		Prior yea		c) Two years back			Four years back
	-	ing of year balance		486,995	47	4,201	449,38	7	440,202	405,927
b	Contrib	outions								
C	Net inv	estment earnings, gains, a	and losses	109,571	1	2,794	24,81	4	9,185	34,275
d	Grants	or scholarships								
e		expenditures for facilities ograms								
f	Admini	strative expenses								
g	End of	year balance		596,566	48	5,995	474,20	1	449,387	440,202
2 a	Board	de the estimated percentaged designated or quasi-endo	•	l balance (line :	1g, colu	mn (a))	) held as:			
b	Perm	anent endowment 🟲								
С	Term	endowment >								
	The p	ercentages on lines 2a, 2b	, and 2c should equal 100	0%.						
3a	organ	nere endowment funds not nization by:	·	organization th	at are h	eld and	administered f	or the		Yes No
	• •	nrelated organizations .							3a(i)	
b		elated organizations .es" on 3a(ii), are the relate			 Jedule R	?			3a(ii) 3b	No No
4		ribe in Part XIII the intende	-	•		-		· •		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	rt VI	Land, Buildings, and	d Equipment.							
			ization answered "Yes							
	Descri	ption of property	(a) Cost or other basis (investment)	(b) Cost or othe	er basis (	other)	(c) Accumulated	depreciation	(d) E	Book value
1a	Land				4	50,000				450,000
h	Buildin	as			3.3	46.668		1.460.324		1.886.344

455,510

81,914

2,418,258

373,596

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990,	Part IV	ine 11h	See Form 990 P	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book		(c) Method	l of valuation: year market value
I V Einansia	l derivatives	value			
2) Closely-	held equity interests				
3)					
E)					_
D)					
≣)					
=)					
G)					
٦)					
I)					
		<b>•</b>			
Part VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, l	ne 11c		
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market
1)					value
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
otal. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		-
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, lii	ne 11d.	. See Form 990, Parl	: X. line 15.
1)	(a) Description	,			(b) Book value
2)					
3) 4)					
<b>4)</b> <b>5)</b>					
6) 7)					
8)					
9)					
10)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>
Part X	Other Liabilities.		20.11	or 11f Coo Form (	<u> </u>
	Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability	-art IV, lii	ie 116	or 111.5ee Form 9	(b) Book
<b>1)</b> Federal	income taxes				value
2) Condition 3) Pavcheck	nal grants k Protection Loan				318,500 452,832
4) Security					318,000
4)					
5)					
6)					
7)					
8)					
9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footno	te to the o	rganizat		1,089,332 nents the organization

e Add lines 2a through 2d . . 2e 109.575 3 3 3,801,868 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

2c

2d

2a 2b

2c

2d

4a

4b

4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a b 4b Add lines **4a** and **4b** . . . . . . . C 40

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Recoveries of prior year grants . . .

Other (Describe in Part XIII.) . . . . . .

Total expenses and losses per audited financial statements . . . Amounts included on line 1 but not on Form 990, Part IX, line 25:

1 2 Donated services and use of facilities .

Prior year adjustments . . . . . c

Other (Describe in Part XIII.) . d Add lines 2a through 2d .

e Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1:

3 Investment expenses not included on Form 990, Part VIII, line 7b . . .

4

b

Add lines **4a** and **4b** . . . . . . . . . . . . C

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . 5

Supplemental Information

Part XIII

Schedule D (Form 990) 2020

d

Return Reference See Additional Data Table

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

Explanation

Page 4

3,801,868

4,499,481

4,499,481

4.499.481

Schedule D (Form 990) 2020

1

2e

3

4c

5

chedule D (Form 990) 2020	Page <b>5</b>
Part XIII Supplemental Inform	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

### **Additional Data**

**Software ID:** 20011551 Software Version: 2020v4.0

**EIN:** 95-3276033

Name: House of Ruth Inc.

**Supplemental Information** 

Return Reference

Explanation

Part V, Line 4: Intended uses of The quasi-endowment was established to provide future funding for House of Ruth's services to people the endowment fund. impacted by domestic violence.

Return Reference	Explanation	
Part X : FIN48 Footnote	The Organization is exempt from Federal income taxes under Section 501(c)(3) of the Intern al Revenue Code and California income taxes under section 23701(d) of the California Reven ue and Taxation Code. The IRS classified the organization as one that is not a private fou ndation within the meaning of section 509(a) of the Code because it is an organization des cribed in section(s) 509(a)(1) and 170(b)(1)(A)(vi). The Organization has adopted Financial Accounting Standards Board Accounting Standards Codification (ASC) Section 740-10, which clarifies the accounting for uncertainty in income taxes. ASC Section 740-10 prescribes a recognition threshold and measurement attribute for the financial statement recognition and different measurement of a tax position taken or expected to be taken in a tax return. ASC Section 740-10 requires that an organization recognize in the financial statements the impact of the tax position if that position will more likely than not be sustained on audit, based on the technical merits of the position. As of and for the year ended June 30, 2021, the Organization had no material unrecognized tax benefits, tax penalties or interest. The Organizations Forms 990, Return of Organization Exempt from Income Tax, for each of the tax year sended June 30; 2020, 2019, 2018, are subject to examination by the IRS, generally for 3 years after they were filed. The Organizations Forms 199, California Exempt Organization Re	

turn, for each of the tax years ended June 30, 2020, 2019, 2018, and 2017, are subject to examination by the Franchise Tax Board, generally for 4 years after they were filed.

DLN: 93493133003022 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization **Employer identification number** House of Ruth Inc 95-3276033 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other)

(2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 

House of Ruth's Administration department and Program department work together to monitor contract expenditures and client services. At the onset of every contract,

we have a team meeting to review contract goals and budget. Program staff track services provided in our client tracking software, Apricot. The grant analyst prepares

monthly invoices and maintains a fund balance report to track total expenditures year to date on every contract to ensure maximum spend out.

# (5)

(6)

(7)

Part IV

Grants are Used

Return Reference

Grantmaker's Description of How

Explanation

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I (Form 990) 2020

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133003022 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) **2020** ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** House of Ruth Inc 95-3276033 Part I **Types of Property** (c) (d) (a) (b) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . Art-Historical treasures **3** Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . Qualified conservation contribution-Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . Χ 239,834 FMV Goods for 123 Other ▶ ( shltr 25 Other ▶ ( \_\_\_\_\_ 28 Other ▶ (. Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2020) Cat. No. 51227J

edule M (F	rdule M (Form 990) (2020)				
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization				
	is reporting in Part I, colu complete this part for an	umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.			
Return Reference		Explanation			
		Schedule M (Form 990) (2	2020)		

Sche P

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN:	93493133003022
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spending form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.	ecific questions on I information.	OMB No. 1545-0047  2020 Open to Public Inspection
Name & the organization louse of Ruth Inc 95-3276033		' '	ification number
990 Schedule Return Reference	e O, Supplemental Information  Explanation		
Form 990, Part III, Line 4d: Other Program Services Description	OTHER PROGRAM SERVICES 4: Other programs include prevention education and volunteer servic es.Total expenses for other programs were \$244,943 OTHER PROGRAM SERVICES 5: Counseling se rvices for adults and children: House of Ruth offers both adults and children's counseling services using a trauma informed approach. CHAT is a child abuse treatment program that o ffers counseling to children who have witnessed or experienced violence of any kind. Indiv idual counseling and therapeutic support groups are available for all clients. Total program expenses were \$482,626		

Return Reference	Explanation
1a:	House of Ruth has an Executive Committee that is made up of 5 members who are Officers of the Organization. Each member of the Executive Committee can serve up to six consecutive y ears. They may exercise all the powers and authority of the Board in the management of the business and affairs of this Organization, except where expressly prohibited in the bylaw s. The Board retains the right to amend and action taken by the Executive Committee.

Return
Reference

The Form 900 is reviewed by the Audit/Finance Committee with the assistance of the Finance.

Process

Form 990,
Part VI, Line
11b: Form
990 Review

and Enforcement of Conflicts

Reference	Explanation
Form 990, Part VI, Line 12c: Explanation of Monitoring	As part of the orientation process, members of the Board of Directors and all employees co mplete the conflict of interest form. In addition, updated conflict of interest forms are required for all members of the Board of Directors and employees annually.

Evalonation

Return Reference	Explanation
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	The Board President and the Board's Executive Committee, with input from the Board Members , prepare an evaluation and determine compensation of the Executive Director annually.

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and	The House of Ruth's Executive Management Team oversees the Organization's compensation pla n. The plan details the process of determining appropriate salary ranges for all positions in the agency as well as procedures for annual compensation decisions. Salary ranges are reviewed annually based on salary studies of agencies similar to the House of Ruth.