# 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public.

**V** Yes **V** 

Cat. No. 11282Y

Form **990** (2020)

Open to Public

OMB No. 1545-

Department of the

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

Inspection Treasury Internal Revenue Service For the 2020 calendar year, or tax year beginning 07-01-2020 and ending 06-30-2021 C Name of organization D Employer identification number **B** Check if applicable: Address change House of Ruth Inc 95-3276033 Name change Initial return Doing business as Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) (909) 623-4364 Application pending City or town, state or province, country, and ZIP or foreign postal code Claremont, CA  $\,$  91711  $\,$ **G** Gross receipts \$ 3,801,868 F Name and address of principal officer: H(a) Is this a group return for Pat Bell subordinates? PO Box 459 **H(b)** Are all subordinates Claremont, C A 91711 included? Tax-exempt status:  $\[ \ \ \]$  501(c)(3)  $\[ \ \]$  501(c) ( )  $\[ \ \]$  (insert no.)  $\[ \ \]$  4947(a)(1) or  $\[ \ \]$  527 If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: www.houseofruthinc.org L Year of formation: 1978 M State of legal domicile: CA K Form of organization: Corporation Trust Association Other Summary 1 Briefly describe the organization's mission or most significant activities: The prevention of domestic violence and the safety and well-being of those impacted by it. Activities & Governance Check this box  $\blacktriangleright$  if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 68 4 4 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 .  ${f b}$  Net unrelated business taxable income from Form 990-T, line 39 7h **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 4,811,152 3,681,684 Revenue Program service revenue (Part VIII, line 2g) . . 56,777 88,653 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,052 3 1 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 60,770 31,500 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,942,751 3,801,868 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 199,086 359.939 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,923,282 3,041,985 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) 564,330 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,097,557 886,410 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,008,778 4,499,481 933,973 -697,613 Revenue less expenses. Subtract line 18 from line 12 . Net Assets or Fund Balances **Beginning of Current End of Year** Total assets (Part X, line 16) . 5,424,865 4,890,716 1,583,752 Total liabilities (Part X, line 26) . 1,529,863 Net assets or fund balances. Subtract line 21 from line 20 . 3,895,002 3,306,964 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2022-05-12 Signature of officer Sign Pat Bell Executive Dir. Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check if P00644882 **Paid** self-employed Firm's name > Vasin Heyn & Company Firm's EIN > 95-4401626 **Preparer Use Only** Firm's address > 5000 N Parkway Calabasas 201 Phone no. (818) 222-3500 Calabasas, CA 91302

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

Form	n 990 (2020)			Page 3
Pa	rt IV Checklist of Required Schedules			
			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	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D,</i> Part I	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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, 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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete  Schedule D, Part VI.	11a	Yes	

Nο

Νo

Nο

Nο

Nο

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Form 990 (2020)

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12a

12b

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14a

14b

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20b

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Yes

Yes

Yes

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐 . . . . . . . . . . . . . . .

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែងរនិទាំ១៩៥នា និទ្ធាទាខែង និងកែន dependent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . . . 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 . . . . . . . . . . . . . . . . .

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

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

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

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

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addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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No

Yes

Yes

Form **990** (2020)

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28c

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35a

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1a

1b

Yes

Form 990 (2020) Page 4 Part IV Checklist of Required Schedules (continued) Yes No

enecklist of Required Schedules (continued)	
	_
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	als on
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>%</b>

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a 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 . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

 $\overline{ extsf{Did}}$  the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 . . . .

sections 301.7701-2 and 301.7701-3?

30

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

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b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Nο 36 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

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Pai	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	R	
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
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a	No
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, between the name of the foreign country:		
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (#\$#\text{the} organization a party to a prohibited tax shelter transaction at any time during the tax year?	Fo	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	N o N o
		5b	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a	N o
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	oa	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 <b>b</b>	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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	<u>)</u>	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
	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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b	-	
ь 11	Section S01(c)(12) organizations. Enter:	1	
а	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.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remuneration or excess parachute payment(s) during the year?	15	No
16	IS "theso" gameizastion cations largeticines for shirt the solution such jeed to leave the section 4968 excise tax on net investment income?	16	N o

Form 990 (2020) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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						
Se	ection A. Governing Body and Management						
					Yes	;	N
La	Enter the number of voting members of the governing body at the end of the tax	1a		10			
	Yethere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						

Enter the number of voting members included in line 1a, above, who are independent

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .

3 4

Yes

Νo

8b

10a

10b

11a

12a

12b

12c

13

15a

15b

16a

16b

Νo

Nο Νo Nο Nο Νo Nο

Νo

Nο

6 7a

Did the organization have members or stockholders? . . . . . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records:

Own website 🔽 Another's website 🔽 Upon request 🔲 Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

▶Krystal Minniefield Finance D PO Box 459 Claremont, C A 91711 (909) 623-4364

. . . . . . . . . . . . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

**b** Other officers or key employees of the organization . . . . . . . . .

List the states with which a copy of this Form 990 is required to be filed

taxable entity during the year? .

Section C. Disclosure

Did the organization have a written whistleblower policy? . . . . .

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

year by the following:

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Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

a The governing body? . . **b** Each committee with authority to act on behalf of the governing body?

**10a** Did the organization have local chapters, branches, or affiliates? .

Did the organization make any significant changes to its governing documents since the prior Form 990 was

Bild the organization become aware during the year of a significant diversion of the organization's assets? .

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2

## Form 990 (2020)

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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.

Check this box if neither the organization n	1	or guiniz	acion			113000	u u i i			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one	not bo: h ar or/ti	check, unland officerustee	ess er	(D) Reportable compensation from the organization (W-2/1099- MISC)	Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Pat Bell	40.00	)								
Executive Dir.	0.00			Х				123,664	0	10,535
(2) Melissa Pitts	40.00	_								
Program Director	0.00							94,648	0	7,160
(3) Krystal Minniefield Finance Dir	40.00			х				93,214	0	5,233
(4) Rhonda Beltran	40.00							93,214	0	409
Development Director	0.00							33,211		103
(5) Renee Young	0.50	×		Х				0	0	0
President	0.00									_
(6) Brian Kraatz	0.50	×		Х				0	0	0
Vice President	0.00	)								_
(7) Leslie Negritto 	0.50	X		х				0	0	0
(8) William Swartz Secretary	0.50	X		х				0	0	0
(9) Ehmandah Ramsey	0.50									
Member	0.00	X						0	0	0
(10) Thomas Allison	0.50	X						0	0	0
Member	0.00							Ü	U	U
(11) Julianne Baumann	0.50	×						0	0	0
Member	0.00	)								
(12) Robin Leonhard	0.50	×						0	0	0
Member	0.00									
(13) Lisa Phillips	0.50	×						0	0	0
Member	0.00									
(14) Lynn Sarf	0.50	×						0	0	0
Member	0.00									

\$100,000 of compensation from the organization  $\triangleright$  0

	hours per week (list person is both an officer any hours for and a director/trustee)  more than one box, unless compensation from the organization (W-organization (W-organiza						Reportable compensatio from related organization	S	( <b>F</b> ) Estima amount o compen from	ated of other sation the				
		related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	-MISC)	(W-2/1099- MISC)	-	organizat relat organiz	ted
	Sub-Total						•							
_	Total from continuation sheets to Pa Total (add lines 1b and 1c)		۱ 				<b>*</b>		4	04,740				23,337
2	Total number of individuals (includi					d al	bove)	who	received	more tha	n			
	The state of the s		941112461	-	_								Yes	No
3	Did the organization list any <b>forme</b> on line 1a? <i>If "Yes," complete Sched</i>				, ke	y er	nploye	e, o	r highest	compens	ated employee			
4	For any individual listed on line 1a, organization and related organizat	, is the sum of r	eportab	le co								3		No
	individual											4		No
5	Did any person listed on line 1a rec services rendered to the organizat											5		No
Se	ection B. Independent Contr	actors												
1	Complete this table for your five h compensation from the organization	-									' '		tax year	
	Name	(A) and business addre	ess							Desc	(B) ription of services		Compe	
2	Total number of independent contrac	tors (including l	out not	limite	ed to	o th	ose lis	ted	above) wh	no receiv	ed more than			

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

		(2020)  Statement	٠.٠	Davanua						Page <b>9</b>
Part	VIII				a res	ponse or note to a	any line in this Part	VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>8 2</b>		Federated campa	-		La 					
ran		Membership dues Fundraising even			lb lc					
s, G		Related organizat		<u> </u>	Ld					
Gift	е	Government grants (	contri	ibutions)	le	2,613,862				
Contributions, Gifts, Grants and Other Similar Amounts										
	f	All other contributions and similar amounts		cluded		1,067,822				
	g	above Noncash contributions	s inclu		Lf	1,007,822				
	<b>L</b>	lines 1a - 1f:\$  Total. Add lines 1	n 14	L	Lg	239,834				
		Total. Add filles 1	. a 1		•	Business Code	3,681,684			
	2a	Rental and training				900099	88,653	88,653		
ne						900099				
Nen	ь									
25										
L.	С									
Se	d									
Program Service Revenue										
Pro	е									
	f	All other program	ser	vice revenue	Э.					
	_	Total. Add lines				88,653	1		T	
		Investment income her	e (in	cluding divid	lends	, interest, and	31			31
		rimilareafrounita)es	tme	nt of tax-ex	empt	bond proceeds 🕨	0			
	5	Royalties				<b>.</b>	0			
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental								
		income or I <sup>(Nets</sup> rental incom	6c							
	_	Net rental incom		(i) Securi	• ties	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a							
	b	Less: cost or other basis and sales expenses	7b							
	_	Gain or (loss)	7c							
		Net gain or (loss	) .				0			
Other Revenue		Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on I	of line 1c).	8a					
Re		Less: direct expe Net income or (lo			<b>8b</b> sing e	events	0			
her		,				<b>•</b>	<b></b>			
ō	9a	Gross income from	m aa	amina						
		activities.	_	_	9a					
		See Part IV, line 1 Less: direct expe			9b	•••				
	C	Net income or (lo	55)	irom gaming	activ	ittles				
		Gross sales of invertering and allow Less: cost of goo	ance	es	10a 10b					
		Net income or (lo			finve	ntory	0			
		Miscellaneo	us R	Revenue		Business Code				
	11	<sup>a</sup> Other revenue				900099	31,500	31,500		
	b	)								
	c									
	4	All other revenue								
		Total. Add lines				<b>.</b>	_			
	12	Total revenue. Se	e in	structions			31,500			
					•	•	3,801,868	120,153		31 Form 900 (2020)

	n 990 (2020)				Page <b>10</b>
Pa	Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations must	complete all colum	ons All other organ	izations must comple	ete column (A)
	Check if Schedule O contains a response or note to	•	-	•	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	359,939	359,939		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	428,076	101,808	232,645	93,623
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,115,961	1,718,316	271,830	125,815
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
•	Other employee henefits	291,951	223,659	52,213	16,079
	Other employee benefits	205,997	151,291	38,093	16,613
	Payroll taxes	203,337	131,231	30,033	10,013
	Fees for services (non-employees):	0			
	Management	5,000		5,000	
	Legal	36,421	26,073	7,070	3,278
	Accounting	0	20,073	7,070	3,276
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
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
15	Royalties	0			
16	Occupancy	26,404	26,404		
	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	
20	Interest	0			
21	Payments to affiliates	0			
22	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>b</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
	Total functional expenses. Add lines 1 through 24e	4,499,481	3,136,850	798,301	564,330
	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).				

Forn	າ 990	(2020)					Page <b>11</b>
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part IX $ . $			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			890,057	1	504,834
	2	Savings and temporary cash investments			211,284	2	188,509
	3	Pledges and grants receivable, net			614,637	3	352,841
	4	Accounts receivable, net			515,904	4	553,737
	5	Loans and other payables to any current or for	rmer o	fficer, director, trustee,			
	6	key employee, creator or founder, substantial controlled entity or family member of any of t Loans and other receivables from other disqu	hese p	ersons		5	0
		under section $4958(f)(1)$ ), and persons described	ribed i	n section 4958(c)(3)(B)		6	0
S	7	Notes and loans receivable, net				7	0
ssets	8	Inventories for sale or use				8	0
As	9	Prepaid expenses and deferred charges .			2,843	9	3,436
•	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,252,178			
	b	Less: accumulated depreciation	10b	1,833,920	2,453,145	<b>10</b> c	2,418,258
	11	Investments—publicly traded securities .			736,995	11	869,101
	12	Investments—other securities. See Part IV, li	ne 11			12	0
	13	Investments—program-related. See Part IV, I			13	0	
	14	Intangible assets			14	0	
	15	Other assets. See Part IV, line 11				15	0
	16	Total assets: Add lines 1 through 15 (must e	qual li	ne 33)	5,424,865	16	4,890,716
	17	Accounts payable and accrued expenses .			440,531	17	458,882
	18	Grants payable		18	32,413		
	19	Deferred revenue			19	3,125	
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability. Complete	IV of Schedule D		21		
Liabilities	22	Loans and other payables to any current or for key employee, creator or founder, substantial	contri	butor, or 35%			
9.		controlled entity or family member of any of t		_		22	
	23	Secured mortgages and notes payable to unre		· —		23	
	24	Unsecured notes and loans payable to unrela		· —		24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D			1,089,332	25	1,089,332
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			1,529,863	26	1,583,752
Fund Balances		Organizations that follow FASB ASC 958, che lines 27, 28, 32, and 33.	ck her	e 🕨 🔽 and complete			
alar	27	Net assets without donor restrictions			2,437,564	27	2,260,398
nd E	28	Net assets with donor restrictions		1,457,438	28	1,046,566	
Fu		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌 and			
	29	complete lines 29 through 33. Capital stock or trust principal, or current fun			29		
sts	30	Paid-in or capital surplus, or land, building or		nent fund		30	
Assets or	31	Retained earnings, endowment, accumulated i				31	
	32	Total net assets or fund balances	TICOTHE	, or other fullus	3,895,002	32	3,306,964
Net	33	Total liabilities and het assets/fund balances		-	5,424,865	33	4,890,716
		· · · · · · · · · · · · · · · · · · ·			5,727,005	<b>J</b> J	Form <b>990</b> (2020)

**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.

Single Audit Act and OMB Circular A-133?

За

3b

Yes

Yes (2020)

Form 990 (2020) **Additional Data** Return to Form **Software ID:** 20011551 Software Version: 2020v4.0 Form 990, Special Condition Description: **Special Condition Description** 

## (Form 990 or 990EZ) Department of the Treasury

**SCHEDULE A** 

### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Employer identification number

Schedule A (Form 990 or 990-EZ) 2020

	al Reven <b>e of th</b> e of Ruth	ue Service e organization					Employer identifica	tion number		
110030	. Or IXuti	The					95-3276033			
	rt I	Reason for Public						ns.		
The	organiz	ration is not a private fo	oundation beca	use it is: (For lines 1	through 12, che	eck only one bo	x.)			
1		A church, convention of	of churches, or	association of churc	hes described ir	section 170(b	)(1)(A)(i).			
2		A school described in	section 170(b)	(1)(A)(ii). (Attach S	chedule E (Forn	n 990 or 990-E	Z).)			
3		A hospital or a coopera	ative hospital s	service organization o	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).			
4		A medical research org hospital's name, city, a	'	rated in conjunction w	ith a hospital d	escribed in <b>sec</b>	tion 170(b)(1)(A)(iii	). Enter the		
5		An organization operat 170(b)(1)(A)(iv). (Co		-	versity owned o	r operated by a	a governmental unit d	escribed in <b>section</b>		
6		A federal, state, or loc	al government	or governmental unit	described in <b>se</b>	ction 170(b)(1	)(A)(v).			
7	<b>~</b>	An organization that no described in <b>section 1</b>				m a governmer	ntal unit or from the g	eneral public		
8		A community trust des	cribed in <b>secti</b>	on 170(b)(1)(A)(vi).	(Complete Part	t II.)				
9		An agricultural researd university or a non-lan								
10	university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:  An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organization organi	zed and operat	ted exclusively to test	for public safe	ty. See <b>section</b>	509(a)(4).			
12		An organization organizone or more publicly sthe box in lines 12a th	upported orgar	nizations described in	section 509(a)	(1) or section 5	09(a)(2). See section	<b>509(a)(3).</b> Check		
а		<b>Type I.</b> A supporting of supported organization organization. <b>You mus</b>	(s) the power	to regularly appoint o	r elect a majorii					
b		Type II. A supporting of management of the su must complete Part IV	pporting organ	ization vested in the						
С		Type III functionally i supported organization	-		•	·	, -	rated with, its		
d		<b>Type III non-functiona</b> not functionally integral (see instructions). <b>You</b>	ated. The organ	nization generally mu	st satisfy a dist	ribution require				
e		Check this box if the o integrated, or Type III	5				s a Type I, Type II, Ty	ype III functionally		
f	Enter	the number of supporte		, 3 11	3 3					
g		Provide the following in	nformation abo	ut the supported orga	nization(s).					
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see		organization or governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				instructions))	Yes	No				
			_							

Cat. No. 11285F

16,854,269

401,520

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**(b)** 2017

Schedule A (Form 990 or 990-EZ) 2020

The value of services or facilities

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from

Section B. Total Support

securities loans, rents, royalties and income from similar sources

business activities, whether or not the business is regularly carried 10 Other income. Do not include gain

> or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

(or fiscal year beginning in)

Amounts from line 4. . Gross income from interest, dividends, payments received on

Net income from unrelated

line 4.

Calendar year

furnished by a governmental unit to the organization without charge...

Section A. Public Support

Calendar year (or fiscal year beginning in)

Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the

2,562,988 organization's benefit and either paid to or expended on its behalf

(a) 2016

2,562,988

56,974

128,461

Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

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

Section C. Computation of Public Support Percentage

(a) 2016

2,562,988

401,520 3,237,682

**(b)** 2017

3,237,682

26,969

213,707

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 

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

2,836,162

(c) 2018

3,195,557

3.195.557

(c) 2018

3,195,557

36,037

31,512

(d) 2019 4,817,712

(d) 2019

4,817,712

4.817.712

(e) 2020

14,052

34,594

(e) 2020

3,441,850

31

31,500

Schedule A (Form 990 or 990-EZ) 2020

12

14

15

3,441,850

3,441,850

17,255,789

(f) Total

17,255,789 (f) Total

17,255,789 134,063

439,774

17,829,626

96.780 %

91.680 %

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

-		3		,		
	box and <b>stop here.</b> The orga	nization qualifies as a publicly	supported organization			
17a	10%-facts-and-circumstance	es test—2020. If the organizati	on did not check a box or	n line 13, 16a, or :	16b, and line 14	
	is 10% or more, and if the o	rganization meets the "facts-a	nd-circumstances" test,	check this box and	d <b>stop here.</b> Expla	i
	in Part VI how the organizat	ion meets the "facts-and-circu	ımstances" test. The orga	anization qualifies	as a publicly supp	)
	organization					
b	10%-facts-and-circumstand	ces test—2019. If the organizat	ion did not check a box o	on line 13, 16a, 16	b, or 17a, and line	9
	15 is 10% or more, and if t	he organization meets the "fac	cts-and-circumstances" t	est, check this box	k and <b>stop here.</b>	

 $r_{
m a}$  10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14is 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

	dule A (Form 990 or 990-EZ) 2020						Page
P	Support Schedule f						
	(Complete only if you						fy under Part
_	II. If the organization	fails to qualify	y under the te	sts listed below	ı, please compl	ete Part II.)	
	ection A. Public Support		T	T	_	1	1
	endar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in)	. ,	. ,	1, ,	. ,	,	,
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
	T			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
_	The section of the se						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.			+			
	Add lines 7a and 7b.						
8	<b>Public support.</b> (Subtract line 7c						
-	from line 6.)						
	ection B. Total Support	Т	1		Т	1	1
	endar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	fiscal year beginning in) 🕨	. ,	. ,	, ,	, ,	,	,
9	Amounts from line 6						
.0a	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.				+		1
С	Add lines 10a and 10b.		ļ	1			
11	Net income from unrelated						
	business activities not included in						
	line 10b, whether or not the						
	business is regularly carried on.						
12							
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1	1		1	1
13	<b>Total support.</b> (Add lines 9, 10c,						
	11, and 12.)		1	1			<u> </u>
14	First 5 years. If the Form 990 is for t						
	check this box and <b>stop here</b>	<u> </u>	<u></u> .	<u></u> .	<u> </u>	<u> </u>	▶
Se	ection C. Computation of Publ	ic Support P	ercentage	<u> </u>			<u> </u>
15	Public support percentage for 2020 (			2 13, column (f))		. 15	
	Public support percentage from 201	•	•				
16						16	
Se	ection D. Computation of Inve						
17	Investment income percentage for 2	<b>2020</b> (line 10c, co	olumn (f) divided	by line 13, colur	nn (f))	. 17	
18	Investment income percentage from	2019 Schedule	A, Part III, line	17		18	
	<b>331/3% support tests—2020.</b> If the o	rganization did r	not check the bo	x on line 14, and	line 15 is more tl		line 17 is not
	more than 33 1/3%, check this box ar						

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶

Page 4

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you mplete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

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

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

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

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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

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

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of

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

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

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)

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

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

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

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

	(Complete only if you checked a
cked	hox 12h of Part I com

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

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

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

	(Complete only if you checked a
hecked	box 12b, of Part I, con
to a set of the	121 (5.1.1.

⁄es	No

1 2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990 or 990-EZ) 2020

3b and 3c below.

made the determination.

Supporting Organizations (continued)

Part IV

Yes

Page 5

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		
b	A family member of a person described in 11a above?	11b		
c		11c		
5	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
-	Section C. Type II Supporting Organizations			
	Control of 17pc 21 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		103	140
-	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	1		
	ection <sup>z</sup> d <sup>io</sup> Aff)Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <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 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	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 inst	tructio	ns):	
	a 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.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)	(see		
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</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
	<b>b</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.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Section A - Adjusted Net Income

Schedule A (Form 990 or 990-EZ) 2020

(A) Prior Year

Page **6** 

(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		
a	short tax year or assets held for part of year):  Average monthly value of securities	1 1a		
Ь	Average monthly value of securities	1a		
b	Average monthly value of securities  Average monthly cash balances	1a 1b		
the contract of the contract o	Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets	1a 1b 1c		
the contract of the contract o	Average monthly value of securities  Average monthly cash balances  Fair market value of other non-exempt-use assets  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	1a 1b 1c		

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

<b>b</b> Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see

instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035

7 Recoveries of prior-year distributions

1

3

4

7

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A)

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency

Enter 85% of line 1

Minimum asset amount for prior year (from Section B, line 8, Column A)

1 2 3 4

4

5 6

7

8

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

**Current Year** 

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D<sup>O</sup>r อาการสาเสียน์เกิดกร

b Excess from 2017. . . . .
 c Excess from 2018. . . . .
 d Excess from 2019. . . . .
 e Excess from 2020. . . . .

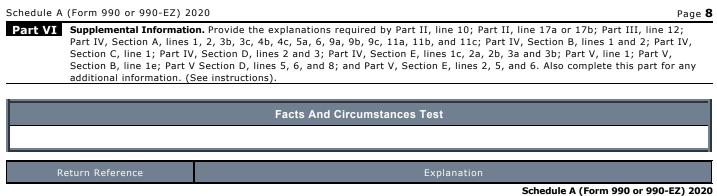
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

(continued)

1

Page 7

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
purposes of supported organ	izations	3		
		4		
red - provide details in <b>Part V</b>	<b>I</b> )	5		
•	-,			
tions		6		-
		7		
which the organization is res	sponsive	8		
		9		
		10		
(2)	(i			(iii)
(I) Excess Distributions	Underdist	tributio	ons	Distributable Amount for 2020
				Amount for 2020
	purposes of supported organized - provide details in <b>Part V</b> tions  which the organization is res	purposes of supported organizations  red - provide details in Part VI)  tions  which the organization is responsive  (i) (i) Underdist	purposes of supported organizations  4  red - provide details in Part VI)  5  tions  6  7  which the organization is responsive  8  9  10  (ii)  Inderdistribution	purposes of supported organizations  4  red - provide details in Part VI)  5  tions  6  7  which the organization is responsive  8  9  10  (i)  Excess Distributions  Underdistributions



#### Schedule B Schedule of Contributors (Form 990, 990-EZ, or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

**2020 Employer identification number** 

95-3276033

Name of the organization House of Ruth Inc Organization type (check one):

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990,

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

OMB No. 1545-0047

Form 990 or 990-EZ

Filers of:

Form 990-PF

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

Section:

527 political organization

501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**.

Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**General Rule** 

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or

other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules** 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	For Paperwork Reduction Act Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990, 99
990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990	or on its Form 990PF, Part I, line 2, to certify that it doesn't mee	•	

Name of organization House of Ruth Inc

**Employer identification number** 95-3276033

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

No. from

## **Employer identification number** 95-3276033

(c)

FMV (or estimate)

Part I	Description of noncash property given	(See instructions)	Date received
-		\$	_
(a) No. from	(b)	(c) FMV (or estimate)	(d)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date receive
-		\$	
(a)	45	(c)	(-1)

Description of noncash property given

		(000 111011 00110110)	
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<del>-</del>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

- =		_  -	\$	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
- =		_	\$	
(2)			(0)	

No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Part I	Description of noncash property given	(See instructions)	Date received
-		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-		\$	9
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	

-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Page 3

(d)

Date received

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4	
Name of o House of F	rganization			Employer identification number	
	Xutii iiic			95-3276033	
Part III	Exclusively religious, charitable, etc., con total more than \$1,000 for the year from a line entry. For organizations completing of \$1,000 or less for the year. (Enter this is Use duplicate copies of Part III if additional span	ny one contributor. ( Part III, enter the tota nformation once. Se	Complete colum I of e <i>xclusively</i> r	ns (a) through (e) and the following eligious, charitable, etc., contributions	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held	
-		(e) Transfe	-		
-	Transferee's name, address, and ZIF		Relations	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	c) Use of	f gift	(d) Description of how gift is held	
-	Transferee's name, address, and ZIF	(e) Transfer	-	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held	
-	Transferee's name, address, and ZIF	(e) Transfer	-	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held	
-	Transferee's name, address, and ZIF	` '	(e) Transfer of gift Relationship of transferor to transferee		
			Sche	edule B (Form 990, 990-EZ, or 990-PF) (2020)	

Additional Data		Return to Form
	<b>Software ID</b> : 20011551	
	Software Version: 2020v4.0	

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

1100.	of Rain Inc		95-	3276033
Pa	t I Organizations Maintaining Donor Ac			or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, ling (a) Donor advised funds		(h) Funda and ather accounts
1	Total number at end of year	(a) Donor advised funds		(b) Funds and other accounts
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi	sors in writing that the assets he	ld in donor adv	icod fundo aro
,	the organization's property, subject to the organization	_		
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dono impermissible private benefit?	or or donor advisor, or for any oth	her purpose con	ferring
Par	t II Conservation Easements.  Complete if the organization answered "	Yes" on Form 990, Part IV, li	ne 7.	
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation			ically important land area
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	a qualified conservation contrib	ution in the form	n of a conservation  Held at the End of the Year
а	Total number of conservation easements		. 2a	neid at the End of the Year
b	Total acreage restricted by conservation easements		2b	
			<u> </u>	
С	Number of conservation easements on a certified hist	, ,	<u> </u>	
d	Number of conservation easements included in (c) according to the National Register		a <b>2d</b>	
3	Number of conservation easements modified, transfer tax year	red, released, extinguished, or to	erminated by th	ne organization during the
4	Number of states where property subject to conserva	ation easement is located 🕨		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ease			Yes No
5	Staff and volunteer hours devoted to monitoring, inspyear	pecting, handling of violations, ar	nd enforcing cor	nservation easements during the
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and en	forcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2 (B)(i) and section $170(h)(4)(B)(ii)$ ?			70(h)(4)
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	the footnote to the organization's		•
Par	Organizations Maintaining Collection Complete if the organization answered "			her Similar Assets.
1a	If the organization elected, as permitted under FASB of art, historical treasures, or other similar assets hel service, provide, in Part XIII, the text of the footnote	ASC 958, not to report in its rev ld for public exhibition, education	venue statemen n, or research ir	n furtherance of public
b	If the organization elected, as permitted under FASB art, historical treasures, or other similar assets held provide the following amounts relating to these items	ASC 958, to report in its revenu for public exhibition, education, o	e statement an	d balance sheet works of
(	Revenue included on Form 990, Part VIII, line 1 · ·			. •\$
(ii	) Assets included in Form 990, Part X · · · · · · · ·			. <b>&gt;</b> \$
2 `	If the organization received or held works of art, histo			
	following amounts required to be reported under FAS			
а	Revenue included on Form 990, Part VIII, line 1 $\cdot$ $\cdot$			▶\$
b	Assets included in Form 990, Part X $\dots$		<u> </u>	
or P	aperwork Reduction Act Notice, see the Instructions f	for Form 990.	Cat. No. 52283D	Schedule D (Form 990) 202

Page 2

3	collection items (check all that apply):	ssion, and ot	ner records, (			_	icant use or	its	
а	Public exhibition		d	Loan	or exchange prog	rams			
b	Scholarly research		е	Other					
C	Preservation for future generations								
4	Provide a description of the organization's Part XIII.	collections	and explain h	ow they furth	er the organization	n's exempt	purpose in		
5	During the year, did the organization solid assets to be sold to raise funds rather that						☐ Yes	- No	
Pa	rt IV Escrow and Custodial Arra								
	Complete if the organization a Part X, line 21.	nswered "Y	es" on Form	n 990, Part 1	V, line 9, or rep	oorted an	amount on	Form	990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?						Yes	No	
b	If "Yes," explain the arrangement in Part	XIII and com	nplete the foll	owing table:		А	mount		
С	Beginning balance				1c				<del></del>
d	Additions during the year				1d				_
е	Distributions during the year								_
f	Ending balance								
2a	Did the organization include an amount o				<u></u>	int linbility	√ Yes I	- No	_
Za	•••	11 FUIII 990,	rait X, iiile 2	1, IOI ESCIOW	or custodial accor	ant nability:	,		
b	If "Yes," explain the arrangement in Part	XIII. Check	here if the ex	planation has	been provided in	Part XIII	🗆		
Pa	rt V Endowment Funds.								
	Complete if the organization a					T			
	5	(a) Curre		b) Prior year	(c) Two years back				
	Beginning of year balance		486,995	474,201	449,387	'	440,202		405,927
	Contributions		109,571	12,794	24,814		9,185		34,275
С	Net investment earnings, gains, and losse	S	109,371	12,794	24,014		9,163		34,273
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance		596,566	486,995	474,201		449,387	4	440,202
2	Provide the estimated percentage of the o	urrent year e	end balance (I	ine 1g, colum	n (a)) held as:				
а	Board designated or quasi-endowment	100.000	%						
b	Permanent endowment	_							
c	Term endowment ▶								
	The percentages on lines 2a, 2b, and 2c	should equal	100%.						
3a	Are there endowment funds not in the pos	session of th	ie organizatio	n that are hel	d and administere	d for the			
	organization by:  (i) Unrelated organizations						3a(i)	Yes	No No
	(ii) Related organizations						3a(ii)		No
ь	If "Yes" on 3a(ii), are the related organiz			· · · · · · n Schedule R?	• •		3b		No
								1	
4	Describe in Part XIII the intended uses of		ation's endow	ment funds.					
Pa	t VI Land, Buildings, and Equip		· - II =		N/ 1: 44 C		0 D- 1 1/		2
	Complete if the organization a  Description of property  (a) Cost or or (invest)	ther basis		ner basis (other)	· '			ook valu	
	(IIIVC30	,							
<b>1</b> a	Land		İ						450,000
				450,000					
b	Buildings			450,000 3,346,668		1,460,324		1	1,886,344
	Buildings Leasehold improvements			•		1,460,324		1	1,886,344

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

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form	000 Part IV	line 11h See Form	000 Part V line 12
	(a) Description of security or category	(b) Book	(c) Meth	od of valuation:
(1) Financi	(including name of security) al derivatives	value •	Cost of end-	of-year market value
	-held equity interests	·		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	<b>b</b>		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form  (a) Description of investment	n 990, Part IV	(b) Book value	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form  (a) Description	990, Part IV,	line 11d. See Form 9	90, Part X, line 15. <b>(b)</b> Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colu	umn (b) must equal Form 990, Part X, col.(B) line 15.)			. •
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form See Form 990, Part X, line 25.	990, Part IV,	line 11e or 11f.	·
1.	(a) Description of liability			(b) Book value
(1) Federal (4)	income taxes			
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col.(B) line 25.)			1,089,33
2. Liability	for uncertain tax positions. In Part XIII, provide the text of the		ne organization's financ	ial statements that reports th
XIII	n's liability for uncertain tax positions under FIN 48 (ASC 740)	). Check here i	the text of the footnot	te has been provided in Part

che	dule D (Form 990) 2020				Page <b>4</b>
Pa	Reconciliation of Revenue per Audited Financial State Return.  Complete if the organization answered 'Yes' on Form 990, Page 1990, P			ie per	
1	Total revenue, gains, and other support per audited financial statements .			1	3,911,443
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	109,5	75	
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
					' !
е	Add lines <b>2a</b> through <b>2d</b>			2e	109,575
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,801,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12	.) .		5	3,801,868
Par	<b>TXII</b> Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Page 1990, Page 1990, Page 200, Page		•	ses per	Return.
1	Total expenses and losses per audited financial statements			1	4,499,481
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
			•		1
е	Add lines 2a through 2d			2e	

d	Other (Describe in Part XIII.)	2d				
e	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				3	4,499,481
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)			5	4,499,481
Pai	t XIII			•		

### Supplemental Information

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

Return Reference	Explanation
Part V, Line 4: Intended uses of the endowment fund.	The quasi-endowment was established to provide future funding for House of Ruth's services to people impacted by domestic violence.
Part X : FIN48 Footnote	The Organization is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and California income taxes under section 23701(d) of the California Revenue and Taxation Code. The IRS classified the organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described 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 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 years ended 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 Return, 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.
	Schodula D (Form 990) 2020

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **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 Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** House of Ruth Inc 95-3276033 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes ✓ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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 (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization (if applicable) cash noncash assistance or assistance arant or government assistance other) (1)(2) (3) (5) (6)(7) (8)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . . . . . . . Cat. No. 50055P For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2020

Part III	Grants and Other Assistance to	<b>Domestic Individuals.</b> Co	mplete if the organization	answered "Yes" on Forr	n 990, Part IV, line 22.
	Part III can be duplicated if a	Iditional space is needed.			

(1) Financial assistance

(1)

(2)

(3)

(4)

(6)

(7)

Part IV

Return Reference

Grants are Used

(a) Type of grant or assistance						
Financial assistance						

**Explanation** 

out.

(b) Number of

recipients

66

(c) Amount of

cash grant

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

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

359,939

(d) Amount of

noncash assistance

Book

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

Schedule I (Form 990) 2020

Page 2

(e) Method of valuation

(book, FMV, appraisal, other)

(f) Description of noncash assistance

**SCHEDULE M** (Form 990)

## **Noncash Contributions**

▶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.

**2020** 

OMB No. 1545-0047

Open to Public

31

32a

Νo

Νo

	al Revenue Service						Inspe	ctio	n
	e of the organization				Emplo	yer identificat	tion nur	nber	
Hous	e of Ruth Inc				05 22	76022			
Pa	rt I Types of Property			l	93-32	276033			
	туров ст. тторогсу	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		Method of o oncash contri		-	nts
1	Art—Works of art			3	1				
	Art—Historical treasures .				1				
3	Art—Fractional interests						-		
4	Books and publications						-		
	Clothing and household goods								
6	Cars and other vehicles					-	-		
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .								
10	Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts								
	Scientific specimens				+				
	Archeological artifacts Other (Goods for	Х	123	239,83	4 F M V				
25	▶ shltr)								
	Other ► ()				<del> </del>				
	Other ► ()				<del> </del>				
28	Other ▶ ()				+				
29	Number of Forms 8283 received by for which the organization complete				29				П
						1.06.11		Yes	No
30a	During the year, did the organizate it must hald for at least three yea exempt purposes for the entire ho	rs from the	date of the initial contribut						l
b	If "Yes," describe the arrangemen						30a		No

31 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

**b** If "Yes," describe in Part II.

Additional Data		Return to Form
	<b>Software ID:</b> 20011551	
	Software Version: 2020v4.0	

## **SCHEDULE 0**

Department of the Treasur

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Inspection

OMB No. 1545-0047

House of Ruth Inc.

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

**Employer identification number** Notarmel Bethneeorgainezation 95-3276033 Return **Explanation** Reference Form 990. OTHER PROGRAM SERVICES 4: Other programs include prevention education and volunteer services. Total expenses for other Part III. Line programs were \$244,943 OTHER PROGRAM SERVICES 5: Counseling services for adults and children: House of Ruth offers 4d: Other both adults and children's counseling services using a trauma informed approach. CHAT is a child abuse treatment program Program that offers counseling to children who have witnessed or experienced violence of any kind. Individual counseling and Services therapeutic support groups are available for all clients. Total program expenses were \$482,626 Description Form 990. House of Ruth has an Executive Committee that is made up of 5 members who are Officers of the Organization. Each member Part VI, Line of the Executive Committee can serve up to six consecutive years. 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 bylaws. 1a: Explanation of The Board retains the right to amend and action taken by the Executive Committee. Delegated Broad Authority to Committee Form 990, The Form 990 is reviewed by the Audit/Finance Committee with the assistance of the Finance Director and copies are Part VI, Line distributed to the Board. 11b: Form 990 Review **Process** Form 990. As part of the orientation process, members of the Board of Directors and all employees complete the conflict of interest form. Part VI, Line In addition, updated conflict of interest forms are required for all members of the Board of Directors and employees annually. 12c: Explanation of Monitoring and Enforcement of Conflicts Form 990. The Board President and the Board's Executive Committee, with input from the Board Members, prepare an evaluation and Part VI. Line determine compensation of the Executive Director annually. 15a<sup>-</sup> Compensation Review & Approval Process -CEO, Top Management Form 990, The House of Ruth's Executive Management Team oversees the Organization's compensation plan. The plan details the Part VI, Line process of determining appropriate salary ranges for all positions in the agency as well as procedures for annual 15b: compensation decisions. Salary ranges are reviewed annually based on salary studies of agencies similar to the House of Ruth. Compensation Review and Approval Process for Officers and Key **Employees** Form 990. Governing documents and financial statements are available to the public by request and are regularly reviewed by auditors Part VI. Line from government funding agencies. 19: Other Organization **Documents** Publicly Available