House of Ruth, Inc.

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Exempt Organization Income Tax Returns For the year ended June 30, 2022



March 13, 2023

CONFIDENTIAL

House of Ruth, Inc. 607 E. St. Catherine Street Louisville, KY 40203

Dear Mark:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Baldwin CPAs, PLLC

Filing Instructions

House of Ruth, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2022

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 6/30/22 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-EO, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Baldwin CPAs, PLLC

10180 Linn Station Road Suite 200

Louisville, KY 40223

Important: Your return will not be filed with the IRS until the signed Form

8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form 8879-TE

Department of the Treasury

Internal Revenue Service

Name of filer

IRS *e-file* Signature Authorization for a Tax Exempt Entity

7/01		6/30 20	22
, O T	2021 and anding	0/30 20	4 4

EIN or SSN

For calendar year 2021, or fiscal year beginning

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879TE for the latest information.

2021

OMB No. 1545-0047

-*1355 House of Ruth, Inc. Name and title of officer or person subject to tax Lisa Sutton Executive Director Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. ▶ |X| 1,864,218 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 1a Form 990 check here 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here ... \blacktriangleright **b Total tax** (Form 1120-POL, line 22) 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here \blacktriangleright 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) **9b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax X I am a person subject to tax with respect to (name Under penalties of perjury, I declare that I am an officer of the above entity or of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize __ __ to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax > Date • **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification ***** number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Christopher Hatcher ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

990

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>		e 2021 calendar year, or tax year beginning U	// 01/ 21	, and ending	06/30/2			
В	Check if a	applicable: C Name of organization					D Employer	identification number
Ш	Address	9	Ruth, Inc	•				
	Name cha	ange Doing business as				-		**1 355
Ħ	Initial retu	Number and street (or P.O. box if mail is not deliver 607 E. St. Catherine St		·)		Room/suite	E Telephone	587-5080
\Box	Final retu						302-	307-3000
	terminated	d						1 064 210
	Amended		KY 40203				G Gross rec	eipts
一	Application	· · ·				H(a) Is this a gro	oup return for s	subordinates? Yes X No
ш	Арріісаціої	LIDA DACCOII						uded? Yes No
		607 E. St. Catherin				H(b) Are all sub		uasa:
_		Louisville	KY -	40203		If "No,"	attach a list.	See instructions
<u></u>	Tax-exer		(insert no.)	4947(a)(1) or	527			
<u>J</u>	Website	<u> </u>				H(c) Group exer		er >
K	Form of	organization: X Corporation Trust Association	Other		L Ye	ear of formation: $oldsymbol{1}$	992	M State of legal domicile: KY
P	Part I	Summary						
	1 1	Briefly describe the organization's mission or most sign	gnificant activitie	es:				
a		House of Ruth provides housing	ig support	services	to indiv	riduals ar	nd fami	lies
ž		infected and affected by HIV						
Governance	'							
Š	2	Check this box ▶ if the organization discontinued						
		Number of voting members of the governing body (Pa					3	15
مخ ده	3	Number of independent voting members of the govern	nic vi, iiile ia)	\/L line 1h\			4	15
ties	# '	Number of independent voting members of the govern	ing body (Fait	vi, line ib)			5	32
Activities		Total number of individuals employed in calendar year	7 2021 (Part V,	line 2a)				50
ě		Total number of volunteers (estimate if necessary)					6	
	7a	Total unrelated business revenue from Part VIII, colur	mn (C), line 12				7a	0
	b	Net unrelated business taxable income from Form 99	0-T, Part I, line	<u> 11</u>	· · · · · · · · · · · · · · · · · · ·			0
		0			-	Prior Yea		Current Year
ē	8 9	Contributions and grants (Part VIII, line 1h)					7,390	1,742,069
enr	9 1	Program service revenue (Part VIII, line 2g)					5,247	99,092
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a				40	0,636	23,057
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9						0
		Total revenue – add lines 8 through 11 (must equal P					1,273	1,864,218
		Grants and similar amounts paid (Part IX, column (A)				442	2,822	600,421
	14	Benefits paid to or for members (Part IX, column (A),	line 4)					0
Ś	15 3	Salaries, other compensation, employee benefits (Par	t IX, column (A), lines 5–10)	L	924	1,278	906,383
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	e 11e)		L			0
<u>ē</u>		Total fundraising expenses (Part IX, column (D), line			575			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			386	5,112	458,141
	18	Total expenses. Add lines 13-17 (must equal Part IX,	, column (A), lin	e 25)		1,753		1,964,945
		Revenue less expenses. Subtract line 18 from line 12					1,061	-100,727
or Sec						Beginning of Cur		End of Year
sets	20	Total assets (Part X, line 16)				3,202	2,734	2,850,083
Net Assets or	21	Total liabilities (Part X, line 26)			l l	111	7,974	91,469
E Set	22	Net assets or fund balances. Subtract line 21 from lin			l l	3,084	1,760	2,758,614
	art II	Signature Block			•			
		nalties of perjury, I declare that I have examined this retur	n including acco	mpanying schedu	les and statement	ts and to the bes	st of my kno	wledge and belief it is
		ect, and complete. Declaration of preparer (other than office					•	J
Sig	nr	Signature of officer					Date	
He		Lisa Sutton			Fvecut	ive Dir	ector	
116	16	Type or print name and title			Execut	TAG DIT	<u>eccor</u>	
		Print/Type preparer's name	Preparer's signate	ure		Date		if PTIN
Paid	d		'				Check	□"
		Christopher Hatcher	Christopher	Hatcher			/23 self-em	
	parer		PLLC	- a - a - ' ·	202	F	irm's EIN	**-***6603
USE	Only	10180 Linn Sta		ad Suite	200			E00 E04 0E00
_		Firm's address Louisville, KY					hone no.	502-584-9793
May	y the IR	S discuss this return with the preparer shown above?	? See instruction	ns				X Yes No

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission: House of Ruth provides housing support services to individuals a infected and affected by HIV and AIDS.	nd families
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
 If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 	
4a (Code:) (Expenses \$ 490,006 including grants of \$) (Revenue \$ HOPWA - Served 537 Unduplicated clients. Developed housing stabi with HOR staff to establish goals and action steps for securing maintaining stable housing. Provided emergency financial assista Provided supportive housing in rental units owned by community powners. 27 households and 44 individuals were housed, receiving rent and case management.	and nce. property
Program Revenue - \$0 Program Expense - \$490,006	
4b (Code:) (Expenses \$ 169,878 including grants of \$) (Revenue \$ HwH Long term housing - supportive housing in 13 scattered-site deed restrictions and no mortgage. These house HIV positive peo lives are further complicated by homelessness. 19 households wi adults and 9 children were housed and received subsidized rent, management and emergency financial assistance. The unit utilizat was 87%.	ple whose th 23 case
Program Revenue - \$15,614 Program Expense - \$169,878	
4c (Code:) (Expenses \$ 209,789 including grants of \$) (Revenue \$ Glade House - short-term housing (single room occupancy- SRO). Reservices with 10 beds. Provides short term housing for up to two y Services provided include intensive case management, mental heal counseling, monthly TARC passes, life skills education, individual group counseling. 12 clients were served, 6 exited to long term one exited to a substance abuse program and 5 remain in SRO. Besutilization rate is 67%. Program Revenue - \$28,170 Program Expense - \$209,789	Residential rears. th and housing,
4d Other program services (Describe on Schedule O.)	
(Expenses \$ 784,911 including grants of \$ 600,421) (Revenue \$ 50,5 4e Total program service expenses ▶ 1,654,584	96)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 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 X 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Х 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11d Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х If "Yes," complete Schedule G, Part III. 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a **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

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

Х

•	One of the dame of the dame (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,5
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1 20		
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>├</u> ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	22		x
22		32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		1
J-T		34		x
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	L
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	-		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		1

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	32	1	х		
b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
3a				3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author			_			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account,	ount)?		4a		X	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	,	,	5a		х	
5a							
b	16 (5 / 5 / 5 / 5 / 5 / 5 / 6 / 5 / 5 / 5 /			5b 5c		X	
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30			
va				6a		x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			- Ua			
	nifts were not toy deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).			0.5			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
u	and any transport to the discount			7a		х	
b	and services provided to the payor? 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		х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	xt?		7e		_x_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X	
g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi		orm 1098-C?	7h			
8	,						
	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.						
а				9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-			
11	Section 501(c)(12) organizations. Enter:	المد					
	Gross income from members or shareholders	11a		-			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	11b					
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104			12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			IZa			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		1			
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						
	· · · · · · · · · · · · · · · · · · ·	13b					
С	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b			
15							
	excess parachute payment(s) during the year?						
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incorporation	ne?		16		X	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

-*1355 Form 990 (2021) House of Ruth, Inc. Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 15 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 15 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 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 C. Disclosure KY 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records >

Lisa Sutton 607 E. St. Catherine Street
Louisville KY 40203

502-587-5080

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

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

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

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box	k, unle	ess pe	r ition more rson i	than one s both an or/trustee)	n)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Lisa Sutton	40.00									
Executive Director	40.00			x				01 075	0	9,218
(2) Aaron Butler	0.00			^			\dashv	81,875	0	9,210
(2) Adion Bucier	2.00									
Board Member	0.00	x						0	0	0
(3) Greg Guelda							\dashv			
,, -	2.00									
Board Member	0.00	X						0	0	0
(4) Eric Hunstinger										
	2.00									
Board Member	0.00	X					_	0	0	0
(5) Harriet James										
	2.00									
Board Member	0.00	Х					4	0	0	0
(6) Cathy Lester	2.00									
Board Member	0.00	x						0	0	0
(7) Austin Llewellyn		^					\dashv	0	0	0
(/) Austin liewelly!	2.00									
Secretary	0.00	x		x				0	0	0
(8) Donald Palmore	0.00	<u> </u>					7			
(0, 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.00									
Treasurer	0.00	х		x				0	0	0
(9) David Pass										
	2.00									
Chair	0.00	X		Х				0	0	0
(10) Lesley Harris, F										
	2.00									
Board Member	0.00	X					4	0	0	0
(11) Bobbie Ramsey	2 00									
Vice Chair	2.00 0.00	x		x				0	0	0
ATCE CHATT	1 0.00	ΙΛ.		Δ.			1	U	<u> </u>	- 000

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) (B) (D) (E) (F) (do not check more than one Reportable Reportable Estimated amount Name and title Average box, unless person is both an compensation compensation of other hours officer and a director/trustee) from related per week from the compensation Individual or director organization (W-2/ organizations (W-2/ (list any from the nstitutional 1099-MISC/ 1099-MISC/ hours for organization and employee related organizations related 1099-NEC) 1099-NEC) compensated organizations trustee trustee below dotted line) Valerie Reeves (12)2.00 0.00 0 0 Board Member (13)Don Reinhardt 2.00 Board Member 0.00 X 0 0 Stephanie Rickert (14)2.00 0 0 X 0 Board Member 0.00 (15)Julie Rose 2.00 0.00 X 0 0 Board Member (16)Mark Stratton 2.00 0.00 X 0 0 Board Member 81,875 9,218 Total from continuation sheets to Part VII, Section A 81,875 9,218 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated Х employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual X for services rendered to the organization? If "Yes," complete Schedule J for such person... Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (B) Related or exempt Revenue excluded function revenue from tax under husiness revenue sections 512-514 1a Federated campaigns Gifts, Grants ilar Amounts 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1,222,138 **f** All other contributions, gifts, grants, 519,931 1f and similar amounts not included above g Noncash contributions included in lines 1a-1f 169,119 1<u>g</u> 1,742,069 h Total. Add lines 1a-1f Business Code 94,380 94,380 Rental Program Service Revenue 4,712 4,712 f All other program service revenue 99,092 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 23,057 23,057 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventory **b** Less: cost or other Other Revenue basis and sales exps. c Gain or (loss) 7с d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ... 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory Business Code d All other revenue \blacktriangleright **Total.** Add lines 11a–11d

1,864,218

99,092

23,057

0

Total revenue. See instructions .

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete		arganizations must complete	column (Δ)	
Secti	Check if Schedule O contains a response			, column (A).	
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	600,421	600,421		
3	Grants and other assistance to foreign		,		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	81,875	40,937	40,938	
6	Compensation not included above to disqualified	- ,	, , , ,	, , , , ,	
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	695,582	586,216	53,580	55,786
8	Pension plan accruals and contributions (include	• • • • • • • • • • • • • • • • • • • •		• • • • •	,
-	section 401(k) and 403(b) employer contributions)	11,562	9,327	1,406	829
9	Other employee benefits	49,204	39,691	5,982	3,531
10	Payroll taxes	68,160	54,983	8,286	4,891
11	Fees for services (nonemployees):		, , , , , ,	,	,
а	Management				
b		236	236		
	Accounting	15,000		15,000	
	Lobbying	,		•	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
J	(A) amount, list line 11g expenses on Schedule O.)	9,906	1,653	8,253	
12	Advertising and promotion	37,705	•	•	37,705
13	Office expenses	18,013	8,022	7,087	2,904
14	Information technology	11,308	1,163	10,145	-
15	Royalties	,	•	•	
16	Occupancy	19,942	15,954	2,193	1,795
17	Travel	6,075	5,798	254	23
18	Payments of travel or entertainment expenses	_	·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,901	997	8,419	485
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	91,590	81,020	6,342	4,228
23	Insurance	35,439	24,600	5,420	5,419
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Supported Housing	183,752	181,788	1,964	
b	Campus repairs & maintena	12,790		8,822	3,968
С	Bank fees and charges	5,034	1,478	3,445	111
d	Dues & Subscriptions	1,450	300	1,150	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,964,945	1,654,584	188,686	121,675
26	Joint costs. Complete this line only if the	-	-	-	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				
DAA	<u> </u>				Form 990 (2021)

3,011,260

3,084,760

3,202,734

73,500

28

29

30

31

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 217,666 58,654 Cash—non-interest-bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 345,605 366,623 3 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 14,211 8,782 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 2,473,832 10a 1,089,797 b Less: accumulated depreciation 10b 1,384,035 1,181,387 10c 1,237,363 Investments—publicly traded securities 1,420,877 11 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 22,988 88,864 Other assets. See Part IV, line 11 15 15 2,850,083 3,202,734 Total assets. Add lines 1 through 15 (must equal line 33) 117,974 91,469 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 117,974 91,469 Total liabilities. Add lines 17 through 25. 26 Organizations that follow FASB ASC 958, check here ► X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,719,150

2,850,083 Form 990 (2021)

2,758,614

39,464

27

29

31

32

Net assets with donor restrictions

and complete lines 29 through 33.

Organizations that do not follow FASB ASC 958, check here

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	54,2	218
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,9	5 4 ,9	945
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	00,	727
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,0	3 4, :	760
5	Net unrealized gains (losses) on investments	5	-2	25,4	419
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,7	58 , 6	514
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2021

Open to Public Inspection

Name of the organization $\mbox{\sc House of Ruth, Inc.}$

Employer identification number **-**1355

Pa	art I	Reas	on for Public Charity	Status. (All organizations	s must	complet	e this part.) See instruct	ions.
The	orga	nization is not a	private foundation because it	t is: (For lines 1 through 12, chec	k only one	box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 9	990).)			
3	П			organization described in sectio		1)(A)(iii).		
4	П	•		n conjunction with a hospital desc	` , ,	,,,,,,	70(b)(1)(A)(iii). Enter the hospita	al's name.
-	ш	city, and state	•					,
5	\Box	-		a college or university owned or o	nerated b	v a gover	nmental unit described in	
·	ш	_	(b)(1)(A)(iv). (Complete Part I	-	poratou b	y a goven	innernar arm decembed in	
6				rernmental unit described in sect i	ion 170(b)(1)(A)(v)	_	
7	X		•	bstantial part of its support from a	•			
-		-	section 170(b)(1)(A)(vi). (Co		a go		ee a.e general pazae	
8				70(b)(1)(A)(vi). (Complete Part II.	.)			
9	П	•		ibed in section 170(b)(1)(A)(ix)	•	in conjund	ction with a land-grant college	
		-	~	agriculture (see instructions). Ente	•	-	-	
	_	university:						
10		An organization	on that normally receives (1) r	more than 33 1/3% of its support	from cont	ributions,	membership fees, and gross	
				functions, subject to certain exce				
				unrelated business taxable incor 1975. See section 509(a)(2). (C			1 tax) from businesses	
44	\Box	. ,	•	• • • • • • • • • • • • • • • • • • • •	•	,	V4)	
11	Н	•	•	clusively to test for public safety.		•	• •	
12	Ш	•	•	clusively for the benefit of, to performs described in section 509(a)(1)				
				ribes the type of supporting organ	-			JOK
	а		•	ated, supervised, or controlled by		•	•	
	_			r to regularly appoint or elect a m		_	, , , , , , , , , , , , , , , , , , , ,	
			• ,, ,	mplete Part IV, Sections A and				
	b	Type II.	A supporting organization sup-	ervised or controlled in connection	n with its	supported	organization(s), by having	
		control or	management of the supporting	ng organization vested in the same	e persons	that cont	rol or manage the supported	
		organizati	on(s). You must complete F	Part IV, Sections A and C.				
	С			upporting organization operated in				
			• ,,,	ructions). You must complete Pa				
	d		•	. A supporting organization opera				
				organization generally must satisfust complete Part IV, Sections	-			
	_		,	ved a written determination from t				
	е			functionally integrated supporting			ype i, Type ii, Type iii	
	f		ber of supported organization					
	g	Provide the fo	ollowing information about the	supported organization(s).				
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	or	ganization		(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))		nent?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)	C)							
(D)								
(E)								
Tota	ı							

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			,	,	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,351,648	1,424,034	1,673,332	1,607,390	1,742,069	7,798,473
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,351,648	1,424,034	1,673,332	1,607,390	1,742,069	7,798,473
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						7,798,473
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,	1,351,648	1,424,034	1,673,332	1,607,390	1,742,069	7,798,473
	payments received on securities loans, rents, royalties, and income from similar sources	17,428	15,517	41,324	40,636	23,057	137,962
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7,936,435
12	Gross receipts from related activities, etc. (s	see instructions)			•	12	531,424
13	First 5 years. If the Form 990 is for the orgonization, check this box and stop here	anization's first, sec	ond, third, fourth, o		section 501(c)(3)		▶ □
Sec	tion C. Computation of Public S						
14	Public support percentage for 2021 (line 6, o			(1)		14	98.26 %
15	Public support percentage from 2020 Sched		4			15	98.07 %
16a	33 1/3% support test—2021. If the organiz	ation did not check		and line 14 is 33 1/3			
	box and stop here. The organization qualified	es as a publicly sup	ported organization				▶ X
b	33 1/3% support test-2020. If the organiz	ation did not check	a box on line 13 or				
	this box and stop here. The organization qu	ualifies as a publicly	supported organiza	ation			▶ ∐
17a	10%-facts-and-circumstances test—2021	I. If the organization	did not check a bo	x on line 13, 16a, o	r 16b, and line 14 is	3	
	10% or more, and if the organization meets	the facts-and-circur	nstances test, chec	k this box and stop	here. Explain in		
	Part VI how the organization meets the fact organization	s-and-circumstances	s test. The organiza	ation qualifies as a	publicly supported		▶ □
b	10%-facts-and-circumstances test—2020). If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line		
	15 is 10% or more, and if the organization r	meets the facts-and-	circumstances test,	check this box and	d stop here. Explai	n	
	in Part VI how the organization meets the forganization		ŭ	·	. ,		▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	400000		, p				
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4)	(4)	(4)	(1)	(,, -		()
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							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. 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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Caler	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
9	Amounts from line 6							
10a	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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,						T	
	and 12.)							
14	First 5 years. If the Form 990 is for the org	•		•	(, (,			. —
	organization, check this box and stop here							>
	tion C. Computation of Public S							
15	Public support percentage for 2021 (line 8, c						15	%
16	Public support percentage from 2020 Sched						16	%
	tion D. Computation of Investme			-1 (0)			4-7	0/
17	Investment income percentage for 2021 (line			oiumn (t))			17	<u>%</u>
18	Investment income percentage from 2020 S			ond line 15 in ma			18	%
19a	33 1/3% support tests—2021. If the organi							▶ 🗆
h	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2020. If the organization		-					
b	line 18 is not more than 33 1/3%, check this			·		•		▶ □
20	Private foundation. If the organization did i	•	· ·		, ,,			. —
	ate Touridation. II the Organization did I	ior oricon a box off	17, 13a, 01 19	o, or icon ir iio bux al	14 300 II ISH UUHUHS			🔽 🗀

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
	organization was described in section 509(a)(1) or (2).
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes" answer

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
Sch	edule /	A (Form 9	990) 2021

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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 Part VI the role the organization's			
01	supported organizations played in this regard.	3		
	ion 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 instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	0.		
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ı.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
n	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.

3b

Schedu	ule A (Form 990) 2021 House of Ruth, Inc.		**-**13	55	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations		
1	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 co	mplete	Sections A through E.		
Soct	(B) Current	Year			
	ion A – Adjusted Net Income		(A) Prior 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			
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current (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):				
a	Average monthly value of securities	1a			
k	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
€	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C – Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to]			
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrated Type	e III sup	oporting organization		

Schedule A (Form 990) 2021

(see instructions).

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
Secti	on D – Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supporte	d organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details	in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required– <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
<u>b</u>	From 2017			
	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
<u>i</u>	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2021 Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
'	and 4c.			
	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Forn	n 990) 2021	House	of Ruth	, Inc.		**-***1355	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Part	Information. IV, Section A, ; Part IV, Section IV, Inc. ; V, line 1; Part	Provide the e, lines 1, 2, 3b tion C, line 1; rt V, Section E	xplanations r b, 3c, 4b, 4c, Part IV, Sec B, line 1e; Pa	required by Part II, line 5a, 6, 9a, 9b, 9c, 11a, tion D, lines 2 and 3; Part V, Section D, lines 5 and information. (See in	11b, and 11c; Part IV, art IV, Section E, lines , 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
•							
•							
•							
•							
•							

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-PF.

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

Employer identification number

House of Ruth,	Inc.	**-***1355
Organization type (check one	•	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	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 co	vered by the General Rule or a Special Rule .	
	(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	•
General Rule		
_	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a ibutions.	
Special Rules		
regulations under section 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ourposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering read of the contributor name and address), II, and III.	3
contributor, during the contributions totaled moduring the year for an edgeneral Rule applies to	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contribution during the year	
must answer "No" on Part IV, li	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990 ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, the filing requirements of Schedule B (Form 990).	<i>'</i> :

Name of organization

House of Ruth, Inc.

Employer identification number **-***1355

Page 2

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Dare to Care 5803 Fern Valley Rd Louisville KY 40228	\$ 150,992	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Louisville HOPWA, ESG, EAF, & SPC Kersey 701 W Ormsby Ave, Suite 201 Louisville KY 40203	\$ 585,940	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	HUD 451 7th Street SW Washington DC 20410	\$ 489,223	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4 KY Ryan White EC Madison County Health Dept 214-216 Boggs Lane PO Box 1208 Richmond KY 40475	Total contributions \$ 146,975	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No.	Name, duuress, dhu zir + 4	Total contributions	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.)

Name of organization

House of Ruth, Inc.

Employer identification number **-**1355

Page 3

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Food Donations	\$ 150,992	
(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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization Employer identification number **-***1355 House of Ruth, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _______ Yes | No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X....

Pa	art III Organizations Maintaining	Collections of	Art, His	torical T	reasures, o	r Other Sim	ilar .	Assets	(conti	nuec	d)
3	Using the organization's acquisition, accession, a collection items (check all that apply):	and other records, c	heck any of	f the following	ng that make sig	nificant use of i	is				
а	Public exhibition	d 🗍	Loan or exc	hange prog	ram						
b	Scholarly research	е 🗌	Other								
С	Preservation for future generations	_									
4	Provide a description of the organization's collect	tions and explain ho	w they furth	ner the orga	nization's exemp	t purpose in Pa	rt				
	XIII.										
5	During the year, did the organization solicit or re		-	-						_	_
_	assets to be sold to raise funds rather than to be		of the orga	nization's co	ollection?				Ye	s	No
Pa	ert IV Escrow and Custodial Arra								_		
	Complete if the organization 990, Part X, line 21.	answered "Yes'	" on Forn	n 990, Pa	art IV, line 9,	or reported	an a	mount	on For	m	
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contribu	utions or oth	ner assets not						
	included on Form 990, Part X?								Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII and										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance						1f				_
	Did the organization include an amount on Form								Ye	· -	No
	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	anation has	been provid	ed on Part XIII .		<u></u>				
Pa	ert V Endowment Funds.	anawarad "Vas'	" an Farm	- 000 D							
	Complete if the organization							o book	(a) Fau		hool:
4.	<u> </u>	(a) Current year	(b) Prid	or year	(c) Two years t	back (d) In	ree year	s dack	(e) Fou	years	раск
	Beginning of year balance										
b											
С	Net investment earnings, gains, and										
	losses										
a	Grants or scholarships										
е	'										
_	programs										
1	Administrative expenses										
g	End of year balance Provide the estimated percentage of the current	veer and belones (li			<u> </u>						
2	Board designated or quasi-endowment		ne ig, colui	nn (a)) neid	as.						
a h	Dormanant andourmant	%									
·	Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should	egual 100%									
3a	Are there endowment funds not in the possessic		n that are h	ald and adn	ninistered for the						
ou	organization by:	or or the organization	ii tilat ale iii	cia ana aan	iii ii stored for trie				[Yes	No
	(i) Unrelated organizations								3a(i)	103	
	(ii) Deleted conscinctions								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required							3b		
4	Describe in Part XIII the intended uses of the or								<u> </u>		
Pa	art VI Land, Buildings, and Equi										
	Complete if the organization		" on Forn	n 990, Pa	art IV, line 11	a. See Forn	n 990), Part	X, line	10.	
	Description of property	(a) Cost or other b		(b) Cost or o		(c) Accumulate		1	(d) Book		
		(investment)		(othe	er)	depreciation					
1a	Land				69,723					59,	723
	Buildings				04,109	1,384	,03!	5	1,02		
	Leasehold improvements					-					
	Equipment										
	Other										
	I. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X	, column (B), line 10c.)				>	1,08	39,	797

Part VII		- Other Securities.			
	Complete if the	e organization answered "Yes" on	Form 990, Part IV, lin	e 11b. See Form 990,	Part X, line 12.
		n of security or category	(b) Book value	(c) Method of	
		g name of security)		Cost or end-of-year	ar market value
(1) Financial o	lerivatives				
(3) Other					
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					
	 n (b) must equal Forn	n 990, Part X, col. (B) line 12.)			
Part VIII		- Program Related.	•		
		e organization answered "Yes" on	Form 990, Part IV, lin	ne 11c. See Form 990,	Part X, line 13.
		ription of investment	(b) Book value	(c) Method of	
				Cost or end-of-year	ar market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		n 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		Form 000 Port IV lin	o 11d Coo Form 000	Dort V line 15
_	Complete ii the	e organization answered "Yes" on	roini 990, Pait IV, III	ie Tra. See Form 990,	(b) Book value
(1)		(a) Description			(b) Book value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Forn	n 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabiliti				
	Complete if the	e organization answered "Yes" on	Form 990, Part IV, lir	ne 11e or 11f. See Forn	n 990, Part X,
	line 25.				
1.	(a) D	escription of liability			(b) Book value
(1) Federal i	ncome taxes				
(2)					
(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)	<i>(1)</i>	000 B (W (7) " 5=:			
		s. In Part XIII, provide the text of the footnot	=		
organization's li	aviiily ior uncertain ta	x positions under FASB ASC 740. Check he	ere ii trie text of the foothote	nas been provided in Part XII	ı &

Sche	dule D (Form 990) 2021 House of Ruth, Inc.		**-**135	5	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Page 1	art IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,638,799
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-225,419		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-225,419
3	Subtract line 2e from line 1			3	1,864,218
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,864,218
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem			Return).
	Complete if the organization answered "Yes" on Form 990, P	art IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements			1	1,964,945
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			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,964,945
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 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,964,945
Pa	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines			line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional in	formation.		
P	art X - FIN 48 Footnote				

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the

Schedule D (Fo	orm 990) 2021	House	of Rut	h, Inc.		**_;	***1355	Page 5
Part XIII	Suppleme	ntal Inforn	nation (con	tinued)				1 3.90 0
I dit 7tiii	Gappioinio		idiloii (oom	шиса				
atatom	onta of	agtirrit	tion or	aggruod	in the	gtatomonts o	f financial	
Statem	encs or	accivit	res or	accrued	TII CIIE	statements o	I IIIIaiiCIaI	
positi	on.							

-*1355

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization House of Ruth, Inc.								Employer identification number **-***1355		
Par		Assistance								
t		ng the use of gra	ant funds in t	the United States.	Governments. Co	mplete if the org	ganization a			
1	Part IV, line 21, for any recipient that r (a) Name and address of organization or government	eceived more (b) EIN	(c) IRC section (if applicable)	OOO. Part II can b (d) Amount of cash grant	e duplicated if add (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan	() (
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	Enter total number of section 501(c)(3) and government organications listed in the line 1 to									

Schedule I (Form 990) (2021) House of Rut	th, Inc.	*	*-***1355		Page 2
Part III Grants and Other Assistance	to Domestic Individu	uals. Complete if the	organization answer	ed "Yes" on Form 990, Par	rt IV, line 22.
Part III can be duplicated if add	itional space is needed	d.	_		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Rental Assistance	269	276,636		FMV	
2 Other Assistance	268	323,785		FMV	
3					
_4					
_ 5					
6					
7					
Part IV Supplemental Information. Pr	ovide the information i	required in Part I, line	2; Part III, column	(b); and any other addition	al information.
Part IV - Additional Inform	mation				
Various forms of assistance	e are provided	to clients i	ncluding TAR	C tickets,	
rental security deposits,	furniture, ren	t payments, u	tility payme	nts,	
moving expenses, uniforms r	needed for wor	k or school,	and funeral	assitance.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0074

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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 instructions and the latest information.

Employer identification number

	House of	Ruth,	Inc.		**-**1	355		
Pa	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution	•		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		18,127				
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							
45	contribution — Other							
15	Real estate — Residential							
16 17	Real estate — Commercial							
17 18	Real estate — Other							
19	Collectibles Ecod inventory	х	1	150,992				
20	Food inventory			1507552				
21								
22	Taxidermy Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►(
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by t	he organizat	tion during the tax year fo	or contributions for				
	which the organization completed For	m 8283, Pa	irt V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organization	receive by c	ontribution any property r	eported in Part I, lines 1 thro	pugh			
	28, that it must hold for at least three	years from	the date of the initial con	tribution, and which isn't requ	uired			
	to be used for exempt purposes for the	ne entire hol	ding period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc	eptance poli	cy that requires the revie	w of any nonstandard				
	contributions?					31		X
32a	Does the organization hire or use thir	d parties or	related organizations to s	solicit, process, or sell nonca	sh			
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an am	ount in colu	mn (c) for a type of prope	erty for which column (a) is o	checked,			
	describe in Part II							

Schedule M (Fo	rm 990) 2021	House	of Ru	ith, Inc	3.		**-***1355	Page 2
Part II	Supplen the orga	nental l i nization i	nformations reporting	n. Provide tog in Part I, o	he informatio column (b), t	on required by Pa he number of color or any additional	ort I, lines 30b, 32b, and antibutions, the number	and 33, and whether per of items received,
				•	•			
•								

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number

House of Ruth, Inc. **-**1355
Part III, Line 4d - All Other Accomplishments

Form 990, Part III, Line 4d - All Other Accomplishments
Other forms of financial assistance:
Children's Program
We provide back-to-school assistance including clothing vouchers,
backpacks, and school supplies.
Case Management
We provide treatment planning where clients set their own concrete,
achievable goals to address mental, physical, emotional, social, financial,
educational, and employment needs.
Financial Assistance
TARC tickets, rental security deposits, furniture, rent and utility
payments, moving expenses, uniforms needed for work or school, and funeral
expenses
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Staff reviews the 990 with the Finance Committee. The Treasurer then
reviews with the Board's executive committee. It is then presented to the
full Board for approval.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
In addition to providing a written handbook, the organization conducts
Board Orientations, Board Retreats, regular staff meetings and an annual
staff retreat.
Form 990. Part VI. Line 15a - Compensation Process for Top Official

Schedule O (Form 990) 2021 Name of the organization	Page 2
	Employer identification number **-***1355
House of Ruth, Inc.	**-**1333
The Executive Director receives a written	evaluation by the
Executive Committee annually.	
Executive Committee annually.	
Form 990, Part VI, Line 19 - Governing Doo	uments Disclosure Explanation
All governing documents are made available	upon request
	Page 1 of 1

Form **990**

Name

Two Year Comparison Report

For calendar year 2021, or tax year beginning 07/01/21, ending 06/3

06/30/22

2020 & 2021

Taxpayer Identification Number

Н	Ιοι	use of Ruth, Inc.				**_*	**1355
				2020	2021		Differences
	1.	Contributions, gifts, grants	1.	416,529	519	,931	103,402
	2.	Membership dues and assessments	2.				
	3.	Government contributions and grants	3.	1,190,861	1,222	,138	31,277
ne	4.	Program service revenue	4.	106,247	99	0,092	-7 , 155
- L	5.	Investment income	5.	40,636	23	3,057	-17,579
>	6.	Proceeds from tax exempt bonds	6.				
Re		Net gain or (loss) from sale of assets other than inventory					
	8.	Net income or (loss) from fundraising events	8.				
	9.	Net income or (loss) from gaming	9.				
	10.	Net gain or (loss) on sales of inventory	10.				
	11.	Other revenue	11.				
	12.	Total revenue. Add lines 1 through 11	12.	1,754,273	1,864		109,945
	13.	Grants and similar amounts paid	13.	442,822	600	,421	157,599
		Benefits paid to or for members	14.				
S		Compensation of officers, directors, trustees, etc.	15.	90,730		.,875	-8,855
S		Salaries, other compensation, and employee benefits	16.	833,548	824	508	-9,040
e	17.	Professional fundraising fees	17.				
х	18.	Other professional fees	18.	20,629		,142	4,513
ш	19.	Occupancy, rent, utilities, and maintenance	19.	16,769		,942	3,173
	20.	Depreciation and Depletion	20.	97,367		. , 590	-5 , 777
	21.	Other expenses	21.	251,347		,467	70,120
	22.	Total expenses. Add lines 13 through 21	22.	1,753,212	1,964		211,733
		Excess or (Deficit). Subtract line 22 from line 12	23.	1,061		,727	-101,788
	24.	Total exempt revenue	24.	1,754,273	1,864	,218	109,945
	25.	Total unrelated revenue	25.				
ion	26.	Total excludable revenue	26.	146,883		2,149	-24,734
nat	27.	Total assets	27.	3,202,734	2,850	_	-352,651
ģ	28.	Total liabilities	28.	117,974		469	-26,505
_	29.	Retained earnings	29.	3,084,760	2,758	614	-326,146
the	30.	Number of voting members of governing body	30.	13	15		
	ı	Number of independent voting members of governing body \dots	31.	13	15		
	ı	Number of employees	32.	25	32		
	33.	Number of volunteers	33.	50	50		

Form 990	Tax Return History	2021
Name	House of Ruth, Inc.	Employer Identification Number **-***1355

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	1,351,648	1,424,034	1,673,332	1,607,390	1,742,069	
Membership dues						
Program service revenue	130,490	108,397	87,198	106,247	99,092	
Capital gain or loss						
nvestment income	17,428	15,517	41,324	40,636	23,057	
undraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	1,499,500	1,547,948	1,801,854	1,754,273	1,864,218	
Grants and similar amounts paid	391,347	416,060	437,701	442,822	600,421	
Benefits paid to or for members						
Compensation of officers, etc.	71,894	140,980	93,203	90,730	81,875	
Other compensation	655,956	632,620	788,633	833,548	824,508	
Professional fees	27,994	24,666	11,915	20,629	25,142	
Occupancy costs	22,920	22,519	17,638	16,769	19,942	
Depreciation and depletion	100,083	96,040	97,829	97,367	91,590	
Other expenses	245,944	246,066	252,680	251,347	321,467	
Total expenses	1,516,138	1,578,951	1,699,599	1,753,212	1,964,945	
Excess or (Deficit)	-16,572	-31,003	102,255	1,061	-100,727	
_						
Total exempt revenue	1,499,566	1,547,948	1,801,854	1,754,273	1,864,218	
Fotal unrelated revenue						
Fotal excludable revenue	147,918	123,914	128,522	146,883	122,149	
Total Assets	2,803,229	2,839,463	3,003,307	3,202,734	2,850,083	
Total Liabilities	100,865	147,062	187,633	117,974	91,469	
Net Fund Balances	2,702,364	2,692,401	2,815,674	3,084,760	2,758,614	

105499 House of Ruth, Inc.

-*1355 FYE: 6/30/2022

Federal Statements

3/13/2023 8:00 AM

Tax-Exempt Dividends from Securities

Description

Unrelated Exclusion Postal Acquired after InState
Amount Business Code Code 6/30/75 Muni (\$ or %)

Dividends

\$\frac{23,057}{\$} 23,057

Total

105499 House of Ruth, Inc.

-*1355

FYE: 6/30/2022

Federal Statements

3/13/2023 8:00 AM

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	_	Total Expenses		Program Service		agement & General	Fund Raising		
Other Professional Fees	\$	9,906	\$	1,653	\$	8,253	\$		
Total	\$	9,906	\$	1,653	\$	8,253	\$	0	

3/13/2023 8:00 AM

105499 House of Ruth, Inc.

-*1355

Federal Statements

FYE: 6/30/2022

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name		<u>Total</u>	E	xcess
Irvin F. & Alice S. Etscorn	\$	50,000	\$	
Fred B. & Opal S. Woosley Foundation	•	20,000		
Cralle Foundation		22,000		
ICAP Services North America LLC		10,000		
Michael Huttenlocher		43,270		
The PNC Financial Services Group		13,000		
Brown-Forman Corporation		60,275		
The Gheens Foundation, Inc.		50,000		
FrontStream		20,077		
Estee Lauder Companies Charitable		17,500		
The Humana Foundation		20,025		
J Graham Brown Foundation		110,000		
The Hazel & Walter T. Bales Foundati		16,000		
William Ferguson		6,500		
Trager Family Foundation		10,000		
Arthur K Smith Family Foundation		5,000		
Mildred V Horn Foundation		5,000		
Joe Poe		15,000		
Broadway Cares		5,000		
Total	\$	498,647	\$	0

105499 House of Ruth, Inc. 3/13/2023 8:00 AM **Federal Statements** **-***1355 FYE: 6/30/2022 Cash - EOY Description Amount 58,654 Cash 58,654 Total **Grants receivable - EOY** Description Amount Grants Receivable 299,025 Total 299,025 Accounts payable - EOY Description Amount Accounts Payable 91,467 91,467 Total

990

Return of Organization Exempt From Income Tax

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

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

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For th	ne 2021 c	alendar year,	, or tax yea	r beginning 0	<u> </u>	1/21 ,a	nd ending 06/	30/2	2								
В	Check if a	applicable:	C Name of orga	anization							D	Employer	identificat	tion number	•			
	Address	change			House of	Ruth	, Inc.											
	Name ch	ange	Doing busine										<u> 2313.</u>	55				
=	Initial retu	urn	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 607 E. St. Catherine Street										E Telephone number 502-587-5080					
	Final retu				ce, country, and ZIP or				I		Ť	<u> </u>	507	3000				
	terminate		Louisv		, , , , , , , , , , , , , , , , , , ,		40203					C	into C	1 86	4,218			
	Amended	d return	F Name and ad		pal officer:	11.1	40203				G	Gross rece	ihre à					
	Application	on pending		Sutto						H(a) Is this a	group r	eturn for su	ubordinates	? Yes	X No			
					 Catherin	ne S	t.reet.			H(b) Are all	subordi	nates inclu	ıded?	Yes	No			
				ville			KY 40	203		If "I	No," atta	ach a list.	See instruc	tions				
ı	Tax-exe	mpt status:	X 501(c		501(c) ()	(insert		947(a)(1) or 527	,									
j	Website		ouseof		() ()	(11100111)	10.)	7-7 (u)(1) 01 027		H(c) Group	exempti	on numbe	r >					
K		organization:	••			Ott	ner 🕨		I Ye	ar of formation:				of legal domic	rile: KY			
P	art I		ummary	uon nu	710000141011	- Ou	101		12 10	ar or romation.			iii Otato (or logar domin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
00050				anization's i	mission or most si	ignifica	nt activities:											
								services to	indiv	iduals	and	fami	lies					
nce					ted by HIV				 .									
Governance		 			7. T. T. T. 4 T. T. I.													
)Ve	2	Check th	is box ▶	if the organ	ization discontinue	ed its o	nerations or o	lisposed of more that	n 25% of	its net asse	ets.							
Ğ				-			•					3	15					
တ္	4	Number o	of independent	t votina mer	nbers of the gover	rnina b	ndv (Part VI.	ine 1b)				4	15					
Ìţ	5	Total nun	nber of individ	uals employ	ed in calendar vea	ar 2021	(Part V. line	2a)				5	32					
Activities &					te if necessary)			,				6	50					
∢						umn (C), line 12					7a			0			
	b	Net unrel	ated business	taxable inc	ome from Form 99	90-T. P	art I. line 11					7b			0			
						.,.	,		L	Prior	Year			Current Yea				
a)	8	Contribut	ions and grant	ts (Part VIII	, line 1h)					1,6	07,	390	1	L,742	,069			
Ž	9	Program	service revenu	ue (Part VIII	, line 2g)					106,247				99	,092			
Revenue	10	Investme	nt income (Pa	rt VIII, colur	nn (A), lines 3, 4,	and 7d	l)				40,	636		23	,057			
Œ	11	Other rev	enue (Part VII	II, column (A	A), lines 5, 6d, 8c,	, 9c, 10	c, and 11e)		L						0			
								, line 12)				273	1	L,864				
	13	Grants ar	nd similar amo	ounts paid (F	Part IX, column (A	A), lines	1–3)			4	42,	822		600	, 421			
	14	Benefits	paid to or for n	nembers (P	art IX, column (A)), line 4))								0			
g								es 5–10)		9	24,	278		906	, 383			
Expenses	16a	Professio	onal fundraisin	g fees (Part	IX, column (A), li	ine 11e)								0			
Kpe					K, column (D), line			121,675										
Ш	17	Other exp	oenses (Part I)	X, column (A), lines 11a-11d,	l, 11f–2	4e)					112		458	,141			
	18	Total exp	enses. Add lin	nes 13–17 (ı	must equal Part IX	X, colun	nn (A), line 2	5)		1,7		212	1	L,964				
	19	Revenue	less expenses	s. Subtract l	ine 18 from line 12	2						061			,727			
Net Assets or Fund Balances	3									Beginning of				End of Year				
Sset	20		ets (Part X, lin									734		2,850				
et P	21		ilities (Part X,									974			, 469			
		5557			ract line 21 from li	ine 20 .				3,0	84,	760		2,758	,614			
	art II		gnature B								_							
			. , , ,					anying schedules and formation of which pre		*		of my kno	wledge a	nd belief, i	t is			
LI .	uc, con	L L	ompicio. Deciai	Tation of prop		11001/131		Torridation or willon pro	paror nac	arry knowice	igo.	1						
o:.		 	Signature of officer	,								Date						
	gn		•					₽		: D:								
пе	re	-	Lisa S Type or print name					ЕЗ	ecut	ive Di	гте	CLOF						
			e preparer's name			Prope	arer's signature			Date		C: :		PTIN				
Pai	d						•				10/0	Check	□"		21			
	parer		copher Hato		in CDAc		istopher H	atcher		03/		3 self-em		P003409 -1416				
	Only	Firm's na	ame 🕨		in CPAs,			Suite 200	١		Firm's	s EIN 🕨	۷٠.	_T#T0	003			
	. Jy				ville, KY		n Road 0223	Suite 200	,				502.	-584-	9792			
\/	, the ID	Firm's ad			arer shown above						Phon	e no.	JUZ.	-364- X Yes				
ıvıa\	v แเษ เท	เอ นเธCนร	ວ ແມ່ວ FetUfff W	nurure breb	arer shown above	: oee I	กอแนบแบบร							A Yes	No			

Part III	Statement of Program Service Acco Check if Schedule O contains a respor		ı X
House	escribe the organization's mission: of Ruth provides housing ced and affected by HIV a	support services to i	
	rganization undertake any significant program servic n 990 or 990-EZ?	es during the year which were not listed on th	e Yes X No
	describe these new services on Schedule O.		Tes A No
services	rganization cease conducting, or make significant cl describe these changes on Schedule O.	nanges in how it conducts, any program	Yes X No
expenses	the organization's program service accomplishments. Section $501(c)(3)$ and $501(c)(4)$ organizations are expenses, and revenue, if any, for each program ser	required to report the amount of grants and a	
with F mainta Provid owners	- Served 537 Unduplicate IOR staff to establish go aining stable housing. Preded supportive housing in 27 households and 44 iand case management.	als and action steps in ovided emergency finar rental units owned by	or securing and acial assistance. Community property
Progra	am Revenue - \$0	Program Expense - \$490	0,006
deed r lives adults)(Expenses \$ 169,878 ong term housing - support estrictions and no mortg are further complicated and 9 children were housement and emergency finances.)	tive housing in 13 sca age. These house HIV by homelessness. 19 h sed and received subsi	positive people whose louseholds with 23 dized rent, case
Progra	m Revenue - \$15,614	Program Expense - \$169	9,878
Glade house Servic counse group one ex)(Expenses \$ 209,789) House - short-term housi with 10 beds. Provides ces provided include inte cling, monthly TARC passe counseling. 12 clients we cited to a substance abus cation rate is 67%. cam Revenue - \$28,170	ng (single room occupa short term housing for nsive case management, s, life skills educati ere served, 6 exited t e program and 5 remain	ncy- SRO). Residential rup to two years. mental health on, individual and o long term housing, in SRO. Bed
4d Other pro	ogram services (Describe on Schedule O.) es \$ 784,911 including grants	of \$ 600,421) (Revenue	50,596)
· · ·	gram service expenses 1 . 654		

Form 990 (2021) House of Ruth, Inc. Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		37
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
•	complete Schedule D, Part III	8		Λ
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	9		Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Λ
10	or in guard and gumanta? If "Vag " complete Schoolule D. Part V	10		х
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,"	*000000000	+00-00-00-00-	******
u	complete Schodule D. Port VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		v
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		х
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the examination report more than \$15,000 total of fundraining event gross income and contributions on	17		Λ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		Λ
19	If "Yes," complete Schedule G, Part IIIgrown of gross income from gaming activities on Part VIII, line 9a?	19		х
20a	Did the second of the second o	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	grander and an any design to grander and a complete demodale in a delivery and runtum		000	

3000000	Oncomic of nodulos (commuca)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	00000000		
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	60000000		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			32
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		A
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Y
21	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31 32	Did the organization riquidate, terminate, or dissolve and cease operations? If Yes, complete scriedule N, Part 1			Λ
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			21
33	201 2704 0 and 2704 00 K (Was II amount to Ochard to D. Bart I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0.7	or IV and Dart V line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			_
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Voc." complete Schoolyle P. Part V. line ?	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (conti	nued))		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			000000000 000000000		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	rity ove	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	,	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	ounts (F	FBAR).	00000000		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r				
	gifts were not tax deductible?			6b		
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	3		00000000		
				7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		i	7c	1000000000	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ct?				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		orm 1098-C?	7h	30000000	666666666
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y the				
_	sponsoring organization have excess business holdings at any time during the year?			8		03333333
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
_b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	:000000000	183838383
10	Section 501(c)(7) organizations. Enter:	100	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		0000000		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100				
11	Current in a current frame and representations and a beautiful and	11a	1	00000000		
a b	Gross income from other sources. (Do not net amounts due or paid to other sources	IIa				
b	against amounts due or received from them)	11b		00000000		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a	1883888888	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	300000000	000000000
_	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	13b				
С	Enter the amount of reserves on hand	13c		0000000		
14a	Did the organization receive any narmonte for indeer tenning convices during the tay year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			50000000 60000000 60000000		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	me?		16		X
	If "Yes," complete Form 4720, Schedule O.			00000000		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.			00000000		

Part VI

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

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or			00000000		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.			00000000		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15	000000		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		•			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	and the state of afficient diseases to the state of the s			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					Х
6	Did the organization have members or stockholders?			_		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Into	ernal	Revenue	Code.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	orm?		11a	X	
b	Describe on 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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to disclose annually disclose an	onflicts	s?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			000000		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			0000000		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			. 16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► KY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	n 501(d	;)	-	·	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy, a	and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•				
L	isa Sutton 607 E. St. Catherine Street					
L	ouisville KY 4020)3	50	02-58	7-5	080

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

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

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

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organ	nization nor any re	elated organization compens	sated any current officer, dir	ector, or trustee.

(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe nd a d	rson	than one is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Lisa Sutton	40.00								
<u></u>	40.00			.,			01 075	•	0.010
Executive Director	0.00			X			81,875	0	9,218
(2) Aaron Butler	2.00								
Board Member	0.00	X					0	0	0
(3) Greg Guelda									
(0, 0 = 0)	2.00								
Board Member	0.00	X					0	0	0
(4) Eric Hunstinger									
•	2.00								
Board Member	0.00	X					0	0	0
(5) Harriet James									
	2.00								
Board Member	0.00	X					0	0	0
(6) Cathy Lester									
<u>-</u>	2.00								
Board Member	0.00	X					0	0	0
(7) Austin Llewellyn									
_	2.00								
Secretary	0.00	X		X			0	0	0
(8) Donald Palmore									
	2.00								
Treasurer	0.00	X		X			0	0	0
(9) David Pass									
	2.00								
Chair	0.00	X		X			0	0	0
(10) Lesley Harris, P									
	2.00								
Board Member	0.00	X					0	0	0
(11)Bobbie Ramsey									
	2.00							_	_
Vice Chair	0.00	X		X			0	0	O Form 990 (2021)

Inc.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII Position (A) (B) (D) (E) (F) (do not check more than one Reportable Reportable Estimated amount Name and title Average box, unless person is both an compensation compensation of other hours officer and a director/trustee) per week from the from related compensation organization (W-2/ organizations (W-2/ Individual trustee or director from the (list any nstitutional trustee phest compensated ployee 1099-MISC/ 1099-MISC/ organization and hours for employee related 1099-NEC) related organizations 1099-NFC) organizations below dotted line) (12)Valerie Reeves 2.00 0.00 X 0 0 Board Member (13)Don Reinhardt 2.00 Board Member 0.00 X 0 0 (14)Stephanie Rickert 2.00 0.00 X 0 0 0 Board Member (15)Julie Rose 2.00 0.00 X 0 0 Board Member Mark Strattor 2.00 0.00 X 0 0 0 Board Member 81,875 9,218 Subtotal Total from continuation sheets to Part VII, Section A 81,875 9,218 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated X employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 individual _____ Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 X for services rendered to the organization? If "Yes," complete Schedule J for such person. **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Form 990 (2021)	House	ΟĪ	Ruth,	Tnc
Part VII	Î	Statement	of F	Revenue	

Income from investment of tax-exempt bond proceeds Provides	100000	93933 % 3	Check if	Sch	edule O cont	ains a	a respo	nse or r	note	e to any line in th	is Part VIII		
Monthorship dues												Unrelated	Revenuè éxcluded from tax under
Monthorship dues	ıts ts	1a	Federated campa	aigns		1a							
20	ran			_		1b				-			
20	Ω,E		-			1c							
20	äifts ar A		_			1d				_			
20	s, G mik		_		ns)	1e	1,	, 222, 1	.38				
20	ution er Si	f				1f		519,9	31				
20	ntrib d Oth	g				1g	\$						
20 Rental 94,380 94,38	Co	h	Total. Add lines	1a–1f						1,742,069			
Miscellaneous								Business	Code)			
All other program service revenue 9 99,092	ø.	2a	Rental							94,380	94,380		
All other program service revenue 9 99,092	ું કે	b	Miscellane	ous						4,712	4,712		
All other program service revenue 9 99,092	Se	С											
All other program service revenue 9 99,092	ran Seve	d											
All other program service revenue 9 99,092	5	е											
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Gross rents 6 Gross rents 6 Less: traftal expresses 6 D 1 Less: traftal expresses 6 D 2 Rental inc or (loss) 6 C 4 Net rental income or (loss) 7 Gross amount from sales of astests other than inventiby 1 Less: cost or other bases and sales exps. 7 D 2 Grain or (loss) 7 C 3 Rental inc or (loss) 7 C 4 Net gain or (loss) 7 C 5 Rental income or (loss) from fundralising events (not including \$ 6 Gross income from fundralising events (not including \$ 6 Gross income from fundralising events (not including \$ 6 Gross income from fundralising events (not including \$ 6 Gross income from fundralising events (not including \$ 6 Gross income from fundralising events (not including \$ 7 Gross and sales exps. 8 B 5 Less: direct expenses 6 Rents 6 Gross income from gaming activities. See Part IV, line 19 9 Gross income from gaming activities. See Part IV, line 19 9 Gross alses of inventory, less returns and allowances 10 Gross income or (loss) from sales of inventory 10 Gross assest of inventory, less returns and allowances 10 Gross income or (loss) from sales of inventory 11 G 11 G 11 G 11 G 12 G 13 G 14 G 15 G 16 G 16 G 16 G 16 G 17 G 18	۵	f											
Section Sec		g	Total. Add lines	2a-2f						99,092			
Provided		3	Investment incom	ne (inc	luding dividends,	intere	st, and						
Part Income from investment of tax-exempt bond proceeds Part Par			other similar amo	unts)					ightharpoons	23,057			23,057
Ga Gross rents Ga Gi) Personal Ga Ga Ga Ga Ga Ga Ga		4	Income from inve	stmen					>				
Section Company Company Section Sect		5	Royalties										
b Less: rental expenses c Rental inc. or (loss) d Net rental income or (loss) d Net rental income or (loss) Griss amount from sales of sasets other than inventory b Less: cost or other basis and sales exps. C Gain or (loss) C Gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Ba b Less: cifract expenses 8b C Net income or (loss) from fundraising events c Net income or (loss) from gaming activities. See Part IV, line 19 9a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Page 11a Business Code Business Code Date 11a													
C Rental in.c. or (loss)		6a	Gross rents	6a									
d Net rental income or (loss) Passales of assets other than inventory b Less: cost or other basis and sales exps. c Gain or (loss) Rad Gross annount from basis and sales exps. d Net gain or (loss) Rad Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 B Gross income from gaming activities. See Part IV, line 19 B Less: direct expenses C Net income or (loss) from gaming activities. Passales of inventory less returns and allowances D Less: cost of goods sold C Net income or (loss) from sales of inventory Business Code Business Code d All other revenue Total. Add lines 11a-11d		b	Less: rental expenses	6b									
Table Service Appendix		С	Rental inc. or (loss)	6с									
sales of assets of the rith an inventiony be Less cost or other basis and sales exps. of C Gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b c Net income or (loss) from fundraising events \$ of contributions reported on line 1c). See Part IV, line 19 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities. \$ of contributions reported on line 10 contribution		d	Net rental income	or (lo	ss)								
other than inventory bess cost or other basis and sales eyps. c Gain or (loss) d Net gain or (loss) To d d Net gain or (loss) To d d Net gain or (loss) To c d Net gain or (loss) To c d Net gain or (loss) For c d Net gain or (loss) D Less: direct expenses Ba D Less: direct expenses Ba C Net income or (loss) from fundraising events D Less: direct expenses D Less: cost of goods sold D Less: direct expenses D Less: cost of goods sold D Less: direct expenses D Less: cost of goods sold D Less: cost of goods sold D Less: direct expenses D Less: cost of goods sold D Less: cost of goods sold D Less: direct expenses D Less: cost of goods sold D Less: direct expenses D Less: direct e		7a		,	(i) Securities	i	(ii	i) Other					
Description				7a						_			
(not including \$ of contributions reported on line 1c). See Part IV, line 18	<u>a</u>	b	•							_			
(not including \$ of contributions reported on line 1c). See Part IV, line 18	enr		basis and sales exps.	7b									
(not including \$ of contributions reported on line 1c). See Part IV, line 18	ev.	С	Gain or (loss)	7c									
(not including \$ of contributions reported on line 1c). See Part IV, line 18	P.	d	Net gain or (loss)										
(not including \$ of contributions reported on line 1c). See Part IV, line 18	Ę	8a	Gross income from										
of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11a Business Code 11a Business Code 4 All other revenue e Total. Add lines 11a–11d			(not including \$										
b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11a b c d All other revenue e Total. Add lines 11a–11d				orted o									
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c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11a b c d All other revenue e Total. Add lines 11a–11d		b				8b							
9a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 11a b c c d All other revenue e Total. Add lines 11a–11d						ents .							
activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory Business Code					_								
b Less: direct expenses 9b			activities. See Pa	ırt IV, I	ine 19	9a							
Total. Add lines 11a–11d Total Gross sales of inventory, less returns and allowances retur		b				9b				7			
returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory State		С	Net income or (lo	ss) fro	m gaming activit	ies							
returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory State													
b Less: cost of goods sold c Net income or (loss) from sales of inventory The state of the st						10a							
C Net income or (loss) from sales of inventory Business Code 11a b c d All other revenue e Total. Add lines 11a–11d		b				10b				_			
11a Business Code			_			tory			>				
e Total. Add lines 11a–11d▶	s		,			-			Code				
e Total. Add lines 11a–11d▶	og e	11a											
e Total. Add lines 11a–11d▶	ane												
e Total. Add lines 11a–11d▶	eve	С											
e Total. Add lines 11a–11d▶	Mis	d											
	_	е							>				
										1,864,218	99,092	0	23,057

Form 990 (2021)

Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a respon	se or note to any line in this	s Part IX		
	not include amounts reported on lines 6b, 7b, lb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	600,421	600,421		
3	Grants and other assistance to foreign	,	,		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	81,875	40,937	40,938	
6	Compensation not included above to disqualified	,	,	,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	695,582	586,216	53,580	55,786
8	Pension plan accruals and contributions (include	,	,	,	· · · · · · · · · · · · · · · · · · ·
-	section 401(k) and 403(b) employer contributions)	11,562	9,327	1,406	829
9	Other employee benefits	49,204		5,982	829 3,531
10	Payroll taxes	68,160	54,983	8,286	4,891
11	Fees for services (nonemployees):			- /	,
а	Management				
b	Legal	236	236		
c	Accounting	15,000		15,000	
d	Lobbying	- /		- /	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
J	(A) amount, list line 11g expenses on Schedule O.)	9,906	1,653	8,253	
12	Advertising and promotion	37,705		,	37,705
13	Office expenses	18,013		7,087	2,904
14	Information technology	11,308		10,145	•
15	Royalties	·	·	·	
16	Occupancy	19,942	15,954	2,193	1,795
17	Travel	6,075	5,798	254	23
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,901	997	8,419	485
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	91,590	81,020	6,342	4,228 5,419
23	Insurance	35,439	24,600	5,420	5,419
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	- · · · · · · * · * · · · · · · · · · · · · · · · · · · ·	183,752	181,788	1,964	
b	Campus repairs & maintena	12,790		8,822	3,968
С	Bank fees and charges	5,034	1,478	3,445	111
d	Dues & Subscriptions	1,450	300	1,150	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,964,945	1,654,584	188,686	121,675
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2021)

050070	u. z	Check if Schedule O contains a response or note to	any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			217,666	1	58,654
	2	Savings and temporary cash investments			·	2	·
	3	Pledges and grants receivable, net			345,605	3	366,623
	4	Accounts receivable, net			·	4	·
	5	Loans and other receivables from any current or former of					
		trustee, key employee, creator or founder, substantial cont		1000			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persor					
S		under section 4958(f)(1)), and persons described in section				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Dranaid avanage and deferred aborage			14,211	9	8,782
	10a	Land, buildings, and equipment: cost or other	1		,		· · · · · · · · · · · · · · · · · · ·
		basis. Complete Part VI of Schedule D	10a	2,473,832			
	b	Less: accumulated depreciation	10b	2,473,832 1,384,035	1,181,387	10c	1,089,797
	11	Investments—publicly traded securities			1,420,877	11	1,237,363
	12	Investments—other securities. See Part IV, line 11			, ,	12	, , ,
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other sector Oce Deat IV Pro 44			22,988	15	88,864
	16	Total assets. Add lines 1 through 15 (must equal line 33)			3,202,734	16	2,850,083
	17	Accounts payable and accrued expenses			117,974	17	91,469
	18	Grants payable			,	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of S				21	
	22	Loans and other payables to any current or former officer,					
Liabilities		trustee, key employee, creator or founder, substantial cont		35%			
pi		controlled entity or family member of any of these persons			*************	22	**************
Ë	23	Secured mortgages and notes payable to unrelated third p				23	
	24	Unsecured notes and loans payable to unrelated third part	ina			24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24). C					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			117,974	26	91,469
		Organizations that follow FASB ASC 958, check here		**	,		,
S		and complete lines 27, 28, 32, and 33.					
Juc e	27			•	3,011,260	27	2,719,150
sala	28	Net assets with donor restrictions			73,500	28	2,719,150 39,464
힏		Organizations that do not follow FASB ASC 958, chec			,		·
ᆵ		and complete lines 29 through 33.					
ō	29					29	
ets	30	Paid-in or capital surplus, or land, building, or equipment f				30	
1ss	31	Retained earnings, endowment, accumulated income, or o				31	
•	32				3,084,760	32	2,758,614
Z	33	Total liabilities and net assets/fund balances			3,202,734	33	2,758,614 2,850,083

Form **990** (2021)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,9		
3	Revenue less expenses. Subtract line 2 from line 1	3			727
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,08		
5	Net unrealized gains (losses) on investments	5	-22	25,	419
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,7	58,	614
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		00000000		
	Schedule O.		00000000		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		0000000		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		00000000		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on		00000000		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2021

Employer identification number

Open to Public Inspection

Name of the organization

House of Ruth, Inc. 61-1231355 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 9	990).)			
3		A hospital or a	a cooperative hospital service	organization described in sectio	n 170(b)(1)(A)(iii).		
4		A medical res	earch organization operated i	n conjunction with a hospital des	cribed in s	ection 17	0(b)(1)(A)(iii). Enter the hospit	al's name,
		city, and state) :					
5		An organization		a college or university owned or o			mental unit described in	
		section 170(b)(1)(A)(iv). (Complete Part I	1.)		-		
6				ernmental unit described in sect	ion 170(b)(1)(A)(v).		
7	X	An organization	on that normally receives a su	bstantial part of its support from	a governm	nental unit	or from the general public	
			section 170(b)(1)(A)(vi). (Co		•			
8		A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Part II.	.)			
9	П	An agricultura	al research organization descr	ibed in section 170(b)(1)(A)(ix)	operated	in conjunc	tion with a land-grant college	
		or university of	or a non-land-grant college of	agriculture (see instructions). En	ter the nar	ne, city, a	nd state of the college or	
	_	university:						
10				nore than 33 1/3% of its support				
			·	functions, subject to certain exc		` '		
			•	unrelated business taxable incor 1975. See section 509(a)(2). (C	`		tax) from businesses	
11			-	clusively to test for public safety.	-		(4)	
12	Н	-	•	clusively for the benefit of, to perf			• •	;
12	Ш			ns described in section 509(a)(1				
				ribes the type of supporting organ				
	а			ated, supervised, or controlled by				
				er to regularly appoint or elect a m		-	. ,	
		supportin	g organization. You must co	mplete Part IV, Sections A and	IB.			
	b	Type II.	A supporting organization sup	ervised or controlled in connection	on with its	supported	organization(s), by having	
				ng organization vested in the sam	ne persons	that conti	ol or manage the supported	
		organizati	ion(s). You must complete F	Part IV, Sections A and C.				
	С			upporting organization operated in				
			= : : :	uctions). You must complete P				
	d			. A supporting organization opera				
				organization generally must satisf ust complete Part IV, Sections		-		
	е			ved a written determination from				
	C			functionally integrated supporting			ype i, Type ii, Type iii	
	f		nber of supported organization					
	g	Provide the fo	ollowing information about the	supported organization(s).				
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
	oro	ganization		(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
(4)					Yes	No		
(A)								
(D)								
(B)								
(0)								
(C)								
<u></u>								
(D)								
					1			
(E)								
					0 0000000000000000000000000000000000000	33333333333		
Γotal		and Deltar	A A Marian and Control of					O-b-d-l- A (F 200) 200
or Pa	aper	work Heauction	n Act Notice, see the Instructio	ns for Form 990 of 990-EZ.				Schedule A (Form 990) 2021

Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	Trano to quanty	drider the teet	o notou bolow,	produce compre	no i air iii.j	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	(0, 20)	(4) = 3 · 3	(0) =0.10	(4) ====	(=, ===	(1)
	include any "unusual grants.")	1,351,648	1,424,034	1,673,332	1,607,390	1,742,069	7,798,473
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,351,648	1,424,034	1,673,332	1,607,390	1,742,069	7,798,473
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						7,798,473
	etion B. Total Support	<u> </u>	***************************************			***************************************	1,1130,113
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,351,648	1,424,034	1,673,332	1,607,390	1,742,069	7,798,473
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,428	15,517	41,324	40,636	23,057	137,962
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7,936,435
12	Gross receipts from related activities, etc. (s	see instructions)				12	531,424
13	First 5 years. If the Form 990 is for the org	anization's first, seco	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public S	upport Percent	tage				
14	Public support percentage for 2021 (line 6,	()	, ,))		14	98.26%
15	Public support percentage from 2020 Scheo					15	98.07%
16a	33 1/3% support test—2021. If the organize				3% or more, check	this	
	box and stop here. The organization qualification		-				× X
b	33 1/3% support test—2020. If the organiz				33 1/3% or more, c	heck	_
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test—2021	=				3	
	10% or more, and if the organization meets			-	•		
	Part VI how the organization meets the facts organization		ŭ		, , , ,		>
b	10%-facts-and-circumstances test—2020). If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line		
	15 is 10% or more, and if the organization m	neets the facts-and-c	ircumstances test	, check this box and	d stop here. Explai	n	
	in Part VI how the organization meets the fa	cts-and-circumstand	es test. The organ	ization qualifies as	a publicly supporte	d	
	organization						▶ □
18	Private foundation. If the organization did	not check a box on li	ne 13, 16a, 16b, 1	7a, or 17b, check th	nis box and see		
	instructions						▶ ∐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

C	tion A Public Support	quality under	the tests listed	below, please	complete Part	11.)	
	tion A. Public Support	(a) 0017	(b) 0010	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and membership fees	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	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						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. 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						
С					***************************************		
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						3
	tion B. Total Support	(-) 0047	(h) 0040	(-) 0040	(4) 0000	(-) 0004	(f) T - t - l
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the orga organization, check this box and stop here	anization's first, sec	cond, third, fourth, o	-			• ·
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2021 (line 8, c			(f))		15	%
16	Public support percentage from 2020 Sched	ule A, Part III, line	15			16	%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage				
17	Investment income percentage for 2021 (line			olumn (f))		17	%
18	Investment income percentage from 2020 S	chedule A, Part III,	, line 17			18	%
19a	33 1/3% support tests—2021. If the organization	zation did not chec	k the box on line 14	, and line 15 is mo	re than 33 1/3%, ar	nd line	_
	17 is not more than 33 1/3%, check this box	=	-				▶ ∟
b	33 1/3% support tests—2020. If the organization						
	line 18 is not more than 33 1/3%, check this	=	=				
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19b	o, check this box an	d see instructions		

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Vac	Al.
4,4,4,4,4,4,4,4,4	Yes	No
1		

2		
3a		
	0000000000	000000000000
33333333	300000000	
3b		
3c		
4a		
4b		
4c		
33333333		
5a		
	20222222222	
5b		
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	5050505050	5555555555
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9a 9b		
9a 9b		
9a 9b 9c		

********	die A (Form 990) 2021 House Of Ruch, The.	01-1231333		Page 3
Par	Supporting Organizations (continued)		т	1
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	0000000		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b	300000000000000000000000000000000000000	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	00000000		
Coat	provide detail in Part VI. ion B. Type I Supporting Organizations	11c	<u> </u>	
Seci	ion B. Type i Supporting Organizations		V	Ma
	Did the conversion had a season of the conversion had affice a setting in their efficient converts, or assume the first		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in their official capacity, or membership of officers acting in the original capacity of the original capacity or ori	20000000		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	00000000		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	00000000		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s	00000000		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am	•	\$80000000000000000000000000000000000000	
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	300000000000000000000000000000000000000	
2	Did the organization operate for the benefit of any supported organization other than the supported	00000000 00000000 00000000		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	0000000		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Cook	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations		Τ.,	T
_	Management of the constraint of the design of	0000000	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	0000000		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	0000000		
	or management of the supporting organization was vested in the same persons that controlled or managed	0000000	100000000000000000000000000000000000000	100000000000000000000000000000000000000
Soot	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Ject	ion b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	0000000	165	INU
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	0000000		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	0000000		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	**********	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	00000000		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	***********	888888888888
•	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's	0000000		
	income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's	8000000		
	supported organizations played in this regard.	3	45555555555	900000000000000000000000000000000000000
Sect	ion E. Type III Functionally Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)		
·	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instructions)		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	ty (coo mondono).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	00000000		
_	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	0000000		
	how the organization was responsive to those supported organizations, and how the organization determined	00000000 00000000 00000000		
	that these activities constituted substantially all of its activities.	2a	\$2000000000000000000000000000000000000	400000000000000000000000000000000000000
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	<u> </u>		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b	20000000000000	+60000000000000000
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	400000000000000000000000000000000000000	0.0000000000000000000000000000000000000
		_54		

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.

Page 6

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	1 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 co	mplete	Sections A through E.					
Sect	ion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion 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):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C – Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally integrated Type	e III sup	pporting organization					
	(see instructions).			Schodulo A (Form 990) 2021				

Schedule A (Form 990) 2021

House of Ruth, Inc. 61-1231355 Schedule A (Form 990) 2021 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E – Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 **a** From 2016 _____ **b** From 2017 **c** From 2018____ **d** From 2019 **e** From 2020 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years **h** Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7:

Schedule A (Form 990) 2021

a Excess from 2017.

c Excess from 2019 ...d Excess from 2020 ...e Excess from 2021 ...

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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•	
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• • • • • • • • • • • • • • • • • • • •	

SCHEDULE D (Form 990)

Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public

Inspection Name of the organization Employer identification number House of Ruth, Inc. 61-1231355 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c **d** Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X......

Pa	art III Organizations Maintaining	Collections o	f Art, F	listorical	Treasures, oi	Other Sin	nilar A	Assets	(conti	nuec	d)
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, o	check an	y of the follow	ring that make sigr	nificant use of i	ts				
а	Public exhibition			exchange pro	•						
b		e	Other								
С											
4	Provide a description of the organization's collec-	tions and explain ho	ow they fo	urther the orga	anization's exempt	purpose in Pa	art				
	XIII.										
5	During the year, did the organization solicit or rec		-								7
004402	assets to be sold to raise funds rather than to be		of the or	ganization's c	collection?				Ye	es	No
Ha	Complete if the organization 990, Part X, line 21.		s" on Fo	orm 990, F	Part IV, line 9,	or reported	an aı	mount (on Foi	m	
1a	Is the organization an agent, trustee, custodian cincluded on Form 990, Part X?									,	No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ving table						□	, 5 _	
-			mg table	•					Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f											
	Did the organization include an amount on Form	990, Part X, line 21	, for esc	row or custod	ial account liability	?			Ye	es	No
	If "Yes," explain the arrangement in Part XIII. Ch									_	1
Pa	ert V Endowment Funds.										
	Complete if the organization	answered "Yes	on Fo	orm 990, F	art IV, line 10	<u> </u>					
		(a) Current year	(b)	Prior year	(c) Two years ba	ack (d) Th	ree years	back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the current	year end balance (li	ine 1g, co	olumn (a)) hel	d as:						
а	Board designated or quasi-endowment ▶	%									
b	Permanent endowment ▶ %										
С	Term endowment ▶ %										
	The percentages on lines 2a, 2b, and 2c should	equal 100%.									
3a	Are there endowment funds not in the possession	n of the organizatio	n that are	e held and adı	ministered for the						
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	s listed as required	on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the organization		nent func	ls.							
Pa	art VI Land, Buildings, and Equip	oment.									
	Complete if the organization	answered "Yes	on Fo	orm 990, P	art IV, line 11	a. See Fori	n 990), Part 2	K, line	10.	
	Description of property	(a) Cost or other b	oasis	(b) Cost or	other basis	(c) Accumulate	ed		(d) Book	value	
		(investment)		(ot	her)	depreciation	1 ************************************				
1a	Land				69,723			303 303			723
b	Buildings			2,4	104,109	1,384	, 03!	5	1,0	20,	074
С	Leasehold improvements										
	Equipment										
	Other										
Γ∩tal	L Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X	. column	(B), line 10c)			•	1.0	89.	797

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 000 Port IV I	ing 11h Soc Form 000 Bort V line	o 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	9 12.
	(including name of security)	(b) Dook value	Cost or end-of-year market value	
1) Financial d	erivatives			
2) Closely hel	d equity interests			
2) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on			e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)			_	
(2)				
(3)				
(4)			+	
(5)				
(6)				
/ 7 \				
(7)				
(8)				
(8) (9)	o (h) must equal Form 990 Part X, col. (B) line 13.)			
(8) (9) Fotal. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
(8) (9)	Other Assets.	Form 990. Part IV. I	ine 11d. See Form 990. Part X. line	e 15.
(8) (9) Fotal. (Column		Form 990, Part IV, I	ine 11d. See Form 990, Part X, line	
(8) (9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I		
(8) (9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I		
(8) (9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I		
(8) (9) Fotal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I		
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I		
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I		
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I		
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I		
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I		
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, I		
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Boo	k value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on		(b) Boo	k value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.		(b) Boo	k value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Boo	t X,
(8) (9) Fotal. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.		(b) Boo	t X,
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X . (1) Federal i (2)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Boo	t X,
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Boo	t X,
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal i (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Boo	t X,
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X . (1) Federal i (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Boo	t X,
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal i (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Boo	t X,
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal i (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Boo	t X,
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X . (1) Federal i (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Boo	t X,
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Boo	t X,

Sche	dule D (Form 990) 2021 House of Ruth, Inc.	61-123	1355	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	ırt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,638,799
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		888888	
а	Net unrealized gains (losses) on investments	2a −225,	419	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	0000000	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	-225,419
3	Subtract line 2e from line 1		3	1,864,218
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		00000000	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,864,218
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,964,945
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ı		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	90000000	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,964,945
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	30000000	
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,964,945
	rt XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	1b and 2b; Part V, line 4; I	art 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.

Part X - FIN 48 Footnote

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the

Schedule D (F	orm 990) 2021	House o	of Ruth, I	nc.		61-123	31355	Page 5
Part XIII	Suppleme	ental Informa	ition (continued	d)				
	•				the state	ements of	financial	
positi	ion.							
•								

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7:55	
13/2023	
03/	
105499	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 2021

> ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

House of Ruth, Inc.						61	61-1231355	
Part 1 General Information on Grants and Assistance	d Assistance							
	amount of the grants	or assistar	or assistance, the grantees' eligibility for the grants or assistance, and	ility for the grants or as	sistance, and			8 X
ribe	oring the use of gran	t funds in th	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.	mestic Organi received more	zations than \$5,0	zations and Domestic Governments. Complete if the organizatio han \$5,000. Part II can be duplicated if additional space is needed.	overnments. Cor eduplicated if add	nplete if the org litional space is	yanization ansv needed.	wered "Yes" on Form	າ 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	ŧ
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
	yanizations listed in tl	ne line 1 tal	ble				A	
3 Enter total number of other organizations listed in the line 1 table	table						A	

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0074

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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 instructions and the latest information.

Employer identification number

	House of	Ruth,	Inc.		61-1	.231355
Pa	rt I Types of Property					_
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) If determining tribution amounts
1	Art — Works of art					
2	Art — Historical treasures					
3	Art — Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods	X		18,127		
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	X	1	150,992		
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►()					
26	Other ►()					
27	Other ►()					
28	Other ►(
29	Number of Forms 8283 received by the	ne organiza	tion during the tax year fo	r contributions for		
	which the organization completed For	m 8283, Pa	art V, Donee Acknowledge	ement	29	Yes No
30a	During the year, did the organization	-	• • • •	•	•	
	28, that it must hold for at least three	-	1	•		00-
L	to be used for exempt purposes for th		aing period?			30a X
b 21	If "Yes," describe the arrangement in		iou that requires the reside	u of one nonet-in-land		
31	Does the organization have a gift acc		•	•		24
20-	contributions?			oligit process or cell paper		31 X
32a		-	_	•		32a X
h						32a X
ь 33	If "Yes," describe in Part II. If the organization didn't report an am	ount in colu	mn (c) for a type of propo	arty for which column (a) is a	hackad	
55	describe in Part II	ount in colu	iiiii (o) ioi a type oi prope	orly for willoff column (a) is c	moonou,	

Schedule M (For	m 990) 2021 Supplen	House	of Rut	h, Inc	ne informati	on required		-1231355 nes 30b, 32b		Page 2 nd whether
	the organ	nization is	reporting i	n Part I, co	olumn (b), t	he number or or any additi	of contribut	ions, the num	nber of item	is received,
	<u> </u>			<u> </u>	y amo part is	or any additi	<u> </u>			
•										

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No. 1545-0047

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

House of Ruth, Inc.	61-1231355
Form 990, Part III, Line 4d - All Other Accomplishment	ts
Other forms of financial assistance:	
Children's Program	
We provide back-to-school assistance including clothing	ng vouchers,
backpacks, and school supplies.	
Case Management	
We provide treatment planning where clients set their	own concrete,
achievable goals to address mental, physical, emotions	al, social, financial,
educational, and employment needs.	
Financial Assistance	
TARC tickets, rental security deposits, furniture, ren	nt and utility
payments, moving expenses, uniforms needed for work or	r school, and funeral
expenses	
Form 990, Part VI, Line 11b - Organization's Process	to Review Form 990
Staff reviews the 990 with the Finance Committee. The	Treasurer then
reviews with the Board's executive committee. It is the	hen presented to the
full Board for approval.	
Form 990, Part VI, Line 12c - Enforcement of Conflicts	s Policy
In addition to providing a written handbook, the organ	nization conducts
Board Orientations, Board Retreats, regular staff meet	tings and an annual
staff retreat.	
Form 990, Part VI, Line 15a - Compensation Process for	r Top Official