

NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: House of Ruth, Inc.
Applicant Requested Amount: \$13,500
Appropriation Request Amount: \$13,500

Executive Summary of Request

This funding will be used to help House of Ruth purchase a gently used cargo van.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

21 Vitalis Anshina \$13,500 10/5/2018
District # Primary Sponsor Signature Amount Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
N/A

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization House of Ruth, Inc.	
Program Name and Request Amount House of Ruth Cargo Van \$13,500	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission?	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes
Prepared by: Briana Morgan	Date: 10/5/2018

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: House of Ruth, INC <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 607 E Saint Catherine Street, Louisville, KY 40203			
Website: www.houseofruth.net			
Applicant Contact:	Lisa Sutton	Title:	Executive Director
Phone:	502-587-5080 Ext 24	Email:	lsutton@houseofruth.net
Financial Contact:	Mark Stanton	Title:	Director of Finance
Phone:	502-587-5080 Ext 22	Email:	Mstanton@houseofruth.net
Organization's Representative who attended NDF Training: Lisa Sutton			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): House of Ruth provides programming in 19 properties throughout Louisville			
Council District(s): 4,5,6,10, 21		Zip Code(s): 40203, 40211, 40214, 40213	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: House of Ruth Cargo Van			
Total Request: (\$) 13,500		Total Metro Award (this program) in previous year: (\$) 0	
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	Metro HOPWA grant (federal)	Amount: (\$)	473,000
Source:	Metro ESG grant (federal)	Amount: (\$)	20,400
Source:	Metro EAF	Amount: (\$)	25,000
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Describe Agency's Vision, Mission and Services:

House of Ruth's vision is a world where the diagnosis of HIV is free of stigma, discrimination, and limitations on a person's life or capabilities.

To achieve our vision, our mission every day is to provide housing and support services for people with HIV/AIDS and their families who are homeless, at risk of losing their homes, or need financial help. We do this through a continuum of services: emergency shelter, short and long-term housing, mental health counseling, substance abuse treatment, advocacy for clients, and basic needs assistance to provide food, clothes, rent, utilities, public transportation, and back-to-school support.

Our services are open to anyone in metro Louisville who is HIV-positive and their household members. This includes men, women, and children. There is no income minimum, but more than 90% of our clients live at or below federal poverty guidelines.

In delivering services, we emphasize the following core values:

Compassion:

We act with mercy and kindness, recognizing that no one is perfect and everyone needs help and support from others at times.

Respect:

We recognize the worth of each person and strive to treat all people with dignity.

Hope:

We empower our clients to have positive expectations for the future.

Integrity:

We hold ourselves to the highest morals and ethics.

Responsibility:

We do what we say we will do and are answerable for our actions and decisions.

Teamwork:

We work together to achieve common goals.

Stewardship:

We use our resources in a way that merits public trust.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Board Member	Term End Date
Mike Huttenlocher	June 30, 2019
Marcel Robinson	June 30, 2021
Ray Nelson	June 30, 2019
Donald Palmore	June 30, 2019
Aaron Butler	June 30, 2020
L'Tonya Leavell	June 30, 2019
David Pass	June 30, 2019
Austin Llewellyn	June 30, 2021
Bobbie Ramsey	June 30, 2020
Missy Vitale	June 30, 2020
Rod Thomas	June 30, 2020
Tim Whelan	June 30, 2019
Lesley Harris	June 30, 2021

Describe the Board term limit policy:
 Board members may serve 2 consecutive 3-year terms. Then they must rotate off the Board for at least 1 year before serving another term.

Three Highest Paid Staff Names	Annual Salary
Lisa Sutton, Executive Director	82,000
Mark Stanton, Director of Finance	60,000
Deloris Johnson, Director of Programs	57,800

Applicant's Initials *JL*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Our request for funding is for matching funds to purchase a gently used cargo van. We plan to purchase the van by the end of calendar year 2018 and are working now to raise the necessary funds.

One use of our cargo van is for maintenance of the 17 single family properties and shelter house we own in which we house families and adults with HIV/AIDS. Our facilities staff use the van to haul tools and maintenance equipment to and from these properties. Combined, these 18 client-occupied properties house nearly 100 HIV-affected individuals each year. Our staff also use the van to deliver donated furniture for clients who are moving into their first homes and have no way to transport large items.

A more significant use of our cargo van is pick-up of our weekly Dare to Care nonperishable and produce allocation for our Dare to Care-sponsored emergency food pantry. The pantry is open to all families and individuals we serve every Friday. Using our van, we make at least one weekly pick-up of 1,800 to 3,000 pounds of commodities from the Dare to Care warehouse. In total each month, nearly 280 unduplicated clients get nonperishables and produce from our pantry. Without our cargo van, our food pantry would not be able to operate, forcing these 280 clients each month to look elsewhere for emergency commodities to stretch their limited budgets or go hungry.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

House of Ruth's current cargo van is in dire need of replacement. It is a 2003 GMC Sienna that the agency purchased new. The van has served us well, but it has nearly 100,000 miles and has reached the point that it is costing us as much each year in repairs as the van is worth. For that reason, we are planning to replace it with a gently used, low-mileage Ford Transit-250 that is much less expensive to operate. In addition, the Ford Transit model we intend to purchase has considerably more cargo space than our current van. Therefore, we will save trips by being able to haul more in the van at one time than our current van allows.

The total amount House of Ruth needs for the purchase of a cargo van is \$26,888. We have applied for a matching grant from the Kentucky Colonels, meaning that the Colonels will provide ½ the total, or \$13,444. Their gift is conditioned upon House of Ruth's raising the other ½, or \$13,444, by the end of calendar year 2018. That is when we plan to make the purchase.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The primary benefit that clients derive from House of Ruth's use of a cargo van is pick-up of our weekly Dare to Care nonperishable and produce allocation for our Dare to Care-sponsored emergency food pantry. The pantry is open to all families and individuals we serve every Friday. Using our van, we make at least one weekly pick-up of 1,800 to 3,000 pounds of commodities from the Dare to Care warehouse. In total each month, an average of 280 unduplicated clients get nonperishables and produce from our food pantry, or 1,120 duplicated clients each year. Without our cargo van, our food pantry would not be able to operate, forcing these 280 unduplicated clients each month to look elsewhere for emergency commodities to stretch their limited budgets or go hungry.

Our process for collecting data is handwritten sign-in sheets that clients complete each time they pick up food from our food pantry. A staff case manager or volunteer oversees completion of the sign-in sheets when each client arrives at the food pantry for weekly pick-up. At the end of each month, the Director of Programs compiles the number of unduplicated clients served for the month by manually counting those who signed in at each weekly food pantry distribution. The monthly number is averaged at the end of the year to derive an unduplicated average number of clients served each month.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

House of Ruth has many collaborative relationships with other community organizations. We are an active member of the Kentuckiana AIDS Alliance (KAA). This umbrella group is its own 501(c)(3) that consists of 11 local agencies serving the HIV-positive population. We work together to keep clients in treatment, make sure that our services are not duplicative, and troubleshoot solutions for shared clients in crisis. As a result of our collaborations, clients receive care that meets their individualized needs and maximizes the use of limited financial resources. KAA partnering agencies include Volunteers of America Mid-States, University of Louisville Infectious Disease Clinic, Legal Aid Society, Walgreen's, University of Louisville School of Dentistry, Camp Heart to Heart, Louisville Metro Department of Resilience Community Services, Hoosier Hills AIDS Coalition, and the Louisville Metro Department of Public Health and Wellness.

Another significant collaboration for House of Ruth is the local Continuum of Care. This is an umbrella group of nearly 30 HUD-funded, homeless-serving agencies locally that coordinates use of HUD funding and service delivery. The Continuum works to ensure that service delivery to the homeless is equitable, efficient, and not duplicative across agencies.

Where the van specifically is concerned, our primary collaborative relationship that affects its use is with Dare to Care. They are the sponsor of our emergency food pantry and the primary provider of nonperishables and produce that we pick up with van on a weekly basis. Without the support of Dare to Care, we would not have an emergency food pantry.

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SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment	13,444	13,444	26,888
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)	13,444	13,444	26,888
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	%	%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	13,444 (KY Colonels Grant)
Total Revenue for Column 2 Expenses **	\$26,888

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
N/A			
Total			

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency)

	Value	
N/A		
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: Jul 1, 2018

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured please explain in writing and attach to this application

Standard Assurances

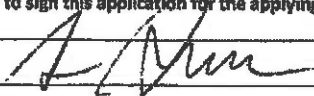
1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee)
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission
6. Applicant understands failure to provide the services, programs or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices) The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal activities
2. The Agency has a written Affirmative Action/Equal Opportunity Policy
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	Sep 13, 2018
Legal Signatory: (please print):	Lisa Sutton	Title:	Executive Director
Phone:	502-587-5080	Extension:	24
Email:	lsutton@houseofruth.net		



CINCINNATI OH 45999-0038

In reply refer to: 0248222395
Nov. 08, 2013 LTR 4168C 0
000000 00
00015037
BODC: TE

HOUSE OF RUTH INC
% LINDA UNDERWOOD
607 E ST CATHERINE STREET
LOUISVILLE KY 40203



34534

Employer Identification Number: [REDACTED]
Person to Contact: MISS CONVERSE
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 30, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in February 1993.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

House of Ruth, Inc.

**Exempt Organization Income Tax Return
For the year ended June 30, 2017**

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No 1545-1878

For calendar year 2016 or fiscal year beginning 7/01 2016 and ending 6/30 20 17

2016

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

House of Ruth, Inc.

****-***1355**

Name and title of officer

**Lisa Sutton
Executive Director**

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount if any from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A) line 12)	1b <u>1,429,450</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2016 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.

Officer's signature ▶

Date ▶ **02/28/18**

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 2016 electronically filed return for the organization 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.

ERO's signature ▶ **Barbara Lasky**

Date ▶ **02/28/18**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization House of Ruth, Inc.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 605 E. St. Catherine Street</p> <p>City or town, state or province, country, and ZIP or foreign postal code Louisville KY 40203</p> <p>F Name and address of principal officer: Lisa Sutton 605 E. St. Catherine Street Louisville KY 40203</p>	<p>D Employer identification number **-***1355</p> <p>E Telephone number 502-587-5080</p> <p>G Gross receipts \$ 1,429,450</p> <p>H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No' attach a list (see instructions)</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(e)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: N/A H(c) Group exemption number ▶</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1992 M State of legal domicile: KY</p>		

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: House of Ruth provides housing support services to individuals and families infected and affected by HIV and AIDS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	30
	6 Total number of volunteers (estimate if necessary)	6	120
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,129,348	1,325,562
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		73,562
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	1,952	16,394
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,870	13,932
		1,281,170	1,429,450
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	443,892	415,785
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries other compensation employee benefits (Part IX, column (A), lines 5-10)	714,952	727,201
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,571		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	237,274	309,699
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,396,118	1,452,685
19 Revenue less expenses. Subtract line 18 from line 12	-114,948	-23,235	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,689,223	2,768,346
	22 Net assets or fund balances. Subtract line 21 from line 20	53,691	84,253
		2,635,532	2,684,093

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Lisa Sutton	Date Executive Director			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Barbara Lasky	Preparer's signature Barbara Lasky	Date 03/01/18	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name ▶ Baldwin CPAs, PLLC	Firm's EIN ▶ **--***6603			
	Firm's address ▶ 943 S 1st Street Louisville, KY 40203	Phone no. 502-584-9793			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

House of Ruth provides housing support services to individuals and families Infected and affected by HIV and AIDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts, any program services? Yes No

If "Yes" describe these changes on Schedule O

4 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 \$ **323,206** including grants of \$) (Revenue \$)

HOPWA:

573 unduplicated clients developed housing stability plan with HOR staff to establish goals and action steps for securing and maintaining stable housing

4b (Code:) (Expenses \$ **168,771** including grants of \$) (Revenue \$ **21,930**)

HwH Long-term Housing:

Average length of stay: 2.4 years (HUD benchmark is .6 years)

Percentage of residents who maintained housing at least 7 months: 97% (HUD benchmark is 92%)

Percentage of residents who maintained or increased total income during program year: 67% (HUD benchmark in 52%)

4c (Code:) (Expenses \$ **200,288** including grants of \$) (Revenue \$ **2,864**)

Glade House Short-term Housing:

11 of 12 exited to long-term housing within 12 months

11 of 12 exited with an increase in total income within 12 months

For those that remained at Glade House for at least 9 months, 80% controlled their addiction and stayed housed one year after exit

4d Other program services (Describe in Schedule O)

(Expenses \$ **551,637** including grants of \$ **415,785**) (Revenue \$ **83,539**)

4e Total program service expenses **1,243,902**

Form 990 (2016) **House of Ruth, Inc.**

Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 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.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - 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
 - 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 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)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f	X	
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X

Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5 000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5 000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26 Did the organization report any amount on Part X, line 5-8, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
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		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
1a	16		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
8b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4986?		
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:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 in 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. 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 in Schedule O.		
	14		
b	Enter the number of voting members included in line 1a, above, who are independent.		
	14		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 in Schedule O.		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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 form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<input checked="" type="checkbox"/>	
12c		<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
15b			<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		
16b			

Section 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 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in 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.

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

Company **605 E St Catherine Street**
Louisville **KY 40203** **502-587-5080**

Form 990 (2016) **House of Ruth, Inc.**

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lisa Sutton Executive Director	40.00 0.00			X			61,436	0	0	
(2) Kevin Childress Chair	1.00 0.00	X		X			0	0	0	
(3) Mike Huttenlocher Vice Chair	1.00 0.00	X		X			0	0	0	
(4) Marcel Robinson Treasurer	1.00 0.00	X		X			0	0	0	
(5) Rev. Ray Nelson Secretary	1.00 0.00	X		X			0	0	0	
(6) Aaron Butler Board Member	1.00 0.00	X					0	0	0	
(7) Joe Dunman Board Member	1.00 0.00	X					0	0	0	
(8) L' Tonya Leavell Board Member	1.00 0.00	X					0	0	0	
(9) Donald Palmore Board Member	1.00 0.00	X					0	0	0	
(10) David Pass Board Member	1.00 0.00	X					0	0	0	
(11) Bobbie Ramsey Board Member	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(12) Elizabeth Scott Board Member	1.00 0.00	X						0	0	0	
(13) Rod Thomas Board Member	1.00 0.00	X						0	0	0	
(14) Tim Whelan Board Member	1.00 0.00	X						0	0	0	
(15) Missy Vitale Board Member	1.00 0.00	X						0	0	0	
1b Sub-total							61,436				
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)							61,436				

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 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

2 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**

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,325,562			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$		146,132			
	h Total. Add lines 1a-1f		1,325,562			
Program Service Revenue	2a Rental	Busn. Code	73,562	73,562		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		73,562			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,394			16,394
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a Insurance Claims			13,932	13,932		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			13,932			
12 Total revenue. See instructions.			1,429,450	87,494	0	16,394

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(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	415,785	415,785		
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				
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	617,820	473,575	89,593	54,652
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	48,258	36,773	7,142	4,343
10 Payroll taxes	61,123	46,576	9,046	5,501
11 Fees for services (non-employees):				
a Management	27,248	461	26,787	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,436			15,436
12 Advertising and promotion	8,117	3,326	3,408	1,383
13 Office expenses	5,791	689	5,102	
14 Information technology				
15 Royalties				
16 Occupancy	23,436	18,749	2,578	2,109
17 Travel	7,635	6,365	1,082	188
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,474	1,711	1,757	3,006
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	97,426	85,339	7,216	4,871
23 Insurance	24,210	21,224	1,493	1,493
24 Other expenses (itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O))				
a Supported Housing	69,407	69,407		
b Campus repairs & maintenance	13,492		6,746	6,746
c Bank fees and charges	6,558	250	4,845	1,463
d Dues & Subscriptions	2,321	566	1,675	80
e All other expenses	2,148	973	875	300
25 Total functional expenses. Add lines 1 through 24e	1,452,685	1,181,769	169,345	101,571
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	4,485	1	171,386
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	433,413	3	275,978
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,388	9	22,115
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 2,181,260		
	b	Less: accumulated depreciation	10b 955,331	10c 1,255,188	1,225,929
	11	Investments—publicly traded securities	984,749	11	1,072,938
	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 assets. See Part IV, line 11.		15	
16	Total assets. Add lines 1 through 15 (must equal line 34).	2,689,223	16	2,768,346	
Liabilities	17	Accounts payable and accrued expenses	53,691	17	84,253
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25.	53,691	26	84,253
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27		Unrestricted net assets	2,578,898	27	2,601,645
28		Temporarily restricted net assets	56,634	28	82,448
29		Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
30		Capital stock or trust principal, or current funds		30	
31		Paid-in or capital surplus, or land, building, or equipment fund		31	
32		Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,635,532	33	2,684,093	
34	Total liabilities and net assets/fund balances	2,689,223	34	2,768,346	

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	1,429,450
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,452,685
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,235
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,635,532
5	Net unrealized gains (losses) on investments	5	71,796
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,684,093

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other" explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year explain in Schedule O.	X	
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?		X
3b	If "Yes" did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

House of Ruth, Inc.

Employer identification number

****-***1355**

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.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s) by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.")	924,756	1,106,897	1,186,070	1,129,348	1,325,562	5,672,633
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	924,756	1,106,897	1,186,070	1,129,348	1,325,562	5,672,633
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.						5,672,633

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	924,756	1,106,897	1,186,070	1,129,348	1,325,562	5,672,633
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,032	124,634	113,371	73,725	103,889	506,650
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						6,179,283
12 Gross receipts from related activities etc. (see instructions)					12	87,494
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6 column (f) divided by line 11 column (f))	14	91.80%
15 Public support percentage from 2015 Schedule A, Part II line 14	15	90.36%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a** 33 1/3% support tests—2016. If the organization did not check the box on line 14 and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b** 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 3 By reason of the relationship described in (2), 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 supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.
- b Did the activities described in (a) 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 have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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 complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section 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 supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			



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.)

Table with multiple columns and rows, containing faint text and numbers, likely representing a ledger or data table. The content is mostly illegible due to low contrast and blurriness.

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

House of Ruth, Inc.

Employer identification number

**** - *** 1355**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 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 covered by the General Rule or a Special Rule.

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received during the year contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b and that received from any one contributor during the year total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

House of Ruth, Inc.

Employer identification number

-*1355

Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Kosair Charities Committee, Inc PO Box 37370 Louisville KY 40233	\$ 35,836	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	The Gheens Foundation, Inc 401 W. Main Street, Ste 705 Louisville KY 40202	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Dare to Care Food Bank 5803 Fern Valley Rd Louisville KY 40228	\$ 131,682	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

House of Ruth, Inc.

Employer identification number

-*1355

Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	Food	\$ 131,682	

**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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

House of Ruth, Inc.

****--***1355**

Part I 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 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.	
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 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.	

Held at the End of the Tax Year	
2a	
2b	
2c	
2d	

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21 for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

The percentages on lines 2a, 2b and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		69,723		69,723
b Buildings		2,111,537	955,331	1,156,206
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **1,225,929**

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 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)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

1	Total revenue, gains, and other support per audited financial statements		1	1,501,245
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	71,795	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	71,795	
3	Subtract line 2e from line 1	3		1,429,450
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,429,450

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

1	Total expenses and losses per audited financial statements		1	1,452,685
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		1,452,685
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,452,685

Supplemental Information.

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

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

Supplemental Information (continued)

statements of activities or accrued in the statements of financial position.

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

House of Ruth, Inc.

Employer identification number

-*1355

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) **House of Ruth, Inc.**

-*1355

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Housing, utilities, food,	549	269,653	146,132	Estimate	Food
2					
3					
4					
5					
6					
7					

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

Part IV - Additional Information

Various forms of assistance are provided to clients including TARC tickets, rental security deposits, furniture, rent and utility payments, moving expenses, uniforms needed for work or school and funeral assistance.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

House of Ruth, Inc.

Employer identification number

****-***1355**

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	146,132	
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28 that it must hold for at least three years from the date of the initial contribution and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

Supplemental information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Line	Description	Number of contributions	Number of items received
30b			
32b			
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

2016Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

House of Ruth, Inc.

Employer identification number

-*1355

Form 990, Part III, Line 4d - All Other AccomplishmentOther forms of financial assistanceForm 990, Part VI, Line 11b - Organization's Process to Review Form 990Executive committee reviews and approves 990 prior to filing.Form 990, Part VI, Line 12c - Enforcement of Conflicts PolicyBoard members are provided a conflict of interest statement to sign annually.Form 990, Part VI, Line 15a - Compensation Process for Top OfficialThe Executive Director receives a written evaluation by the Executive Committee annually.Form 990, Part VI, Line 19 - Governing Documents Disclosure ExplanationAll governing documents are made available upon request

105499 House of Ruth, Inc.
_*1355
FYE: 6/30/2017

Federal Statements

3/1/2018 4:07 PM

Tax-Exempt Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
	\$ 199		14			
Total	\$ 199					

Tax-Exempt Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
	\$ 16,195		14			
Total	\$ 16,195					

105499 House of Ruth, Inc.
 _*1355
 FYE: 6/30/2017

Federal Statements

3/1/2018 4:07 PM

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Telephone	\$ 2,148	\$ 973	\$ 875	\$ 300
Total	\$ 2,148	\$ 973	\$ 875	\$ 300

105499 House of Ruth, Inc.
P.O. Box 1355
FYE: 6/30/2017

Federal Statements

3/1/2018 4:07 PM

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Grants	\$ 876,613
Contributions	448,949
Total	<u>\$ 1,325,562</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Rental	\$ 73,562
Insurance Claims	13,932
Total	<u>\$ 87,494</u>

III. Grant Request Grant Request

1. Please fill out the grant request form below.

List the requested items in order from highest priority to the lowest. Each item must have three bids. Copies of all bids must be attached. If you are unable to find 3 bids, please explain why in the notes section. If you have more than 5 items, please attach your list using the template below. Please use the exact amount of each item; do not round.

Item	New or			Preferred			Preferred		
	Replacement	Quantity	Vendor	Bid 1	Vendor	Bid 2	Vendor	Bid 3	Bid Totals
1. Ford Transit-250	replacement	1	Don Franklin Ford	\$ 26,888.00	Oxmoor Ford	\$ 21,374.00	Tri-County Ford	\$ 37,918.00	\$ 26,888.00
2.									\$ 0.00
3.									\$ 0.00
4.									\$ 0.00
5.									\$ 0.00
Grand Total									\$ 26,888.00
Total Request									\$ 13,444.00

Notes:

We would like to have a Ford Transit-250 with a medium roof, which will allow us to haul larger and taller items. This is why we choose Don Franklin as our preferred bid, this vehicle has low miles, a medium roof, and is lightly used which will reduce our purchase cost.



*25 Years of Compassionate
Service in the Fight Against
HIV/AIDS*

House of Ruth, Inc.

Independent Auditors' Report

And Financial Statements

For The Years Ended

June 30, 2017 and 2016

Contents

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Financial Statements:	
Statements of Financial Position	3
Statements of Activities	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
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Independent Auditors' Report

Board of Directors
House of Ruth, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of House of Ruth, Inc., (a not-for-profit organization) which comprise the statement of financial position as of June 30, 2017, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the 2017 financial statements referred to above present fairly, in all material respects, the financial position of House of Ruth, Inc. as of June 30, 2017, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Adjustments to Prior Period Financial Statements

The financial statements of House of Ruth, Inc. as of June 30, 2016 were audited by other auditors whose report dated December 29, 2016, expressed an unmodified opinion on those statements. As discussed in Note 7 to the financial statements, the organization has restated its financial statements during the current year to remove the board designations. The other auditors reported on the June 30, 2016 financial statements before the restatement.

As part of our audit of the June 30, 2017 financial statements, we also audited the information described in Note 7 that were applied to restate the June 30, 2016 financial statements. In our opinion, the restatement is appropriate and has been properly applied. We were not engaged to audit, review or apply any procedures to the June 30, 2016 financial statements of the organization other than with respect to the restatement and accordingly, we do not express an opinion or any other form of assurance on the June 30, 2016 financial statements as a whole.

Baldwin CPAs, PLLC

Louisville, Kentucky
February 1, 2018

House of Ruth, Inc.
Statements of Financial Position
June 30, 2017 and 2016

	2017	2016
ASSETS		
Cash	\$ 171,386	\$ 4,485
Promises to give, net	51,502	15,770
Grants receivable	224,476	417,643
Prepaid expenses	22,115	11,388
Investments	1,072,938	984,749
Land, building and equipment, net	1,225,929	1,255,188
Total assets	\$ 2,768,346	\$ 2,689,223
 LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	\$ 37,001	\$ 15,969
Accrued compensated absences	39,005	27,984
Accrued expenses	8,247	9,738
Total liabilities	84,253	53,691
 NET ASSETS		
Unrestricted	2,601,645	2,578,898
Temporarily restricted	82,448	56,634
Total net assets	2,684,093	2,635,532
Total liabilities and net assets	\$ 2,768,346	\$ 2,689,223

The accompanying notes are an integral part of these financial statements.

House of Ruth, Inc.
Statements of Activities
For the Years Ended June 30, 2017 and 2016

	2017		2016		
	Unrestricted	Temporarily Restricted	Total	Temporarily Restricted	Total
Revenue and support:					
Grants and contributions	\$ 1,121,806	\$ 57,624	\$ 1,179,430	\$ 68,572	\$ 1,153,611
Rental income	73,562	-	73,562	-	71,323
In-kind revenue	146,132	-	146,132	-	49,197
Investment income	88,189	-	88,189	-	33,377
Miscellaneous income	13,932	-	13,932	-	5,087
Net assets released from restrictions	1,443,621	57,624	1,501,245	68,572	1,312,595
	31,810	(31,810)	-	(62,951)	-
Total revenue and support	1,475,431	25,814	1,501,245	5,621	1,312,595
Expenses:					
Program services	1,181,769	-	1,181,769	-	1,176,526
Management and general	169,345	-	169,345	-	123,817
Fund raising	101,570	-	101,570	-	95,775
Total expenses	1,452,684	-	1,452,684	-	1,396,118
Change in net assets	22,747	25,814	48,561	5,621	(83,523)
Net assets at beginning of year	2,578,898	56,634	2,635,532	51,013	2,719,055
Net assets at end of year	\$ 2,601,645	\$ 82,448	\$ 2,684,093	\$ 56,634	\$ 2,635,532

The accompanying notes are an integral part of these financial statements.

House of Ruth, Inc.
Statements of Functional Expenses
For the Years Ended June 30, 2017 and 2016

	2017			2016			
	Total	Program Services	Management and	Total	Program Services	Management and	Fund Raising
Payroll	\$ 617,820	\$ 473,575	\$ 89,593	\$ 619,159	\$ 497,796	\$ 59,305	\$ 62,058
Employee benefits	48,258	36,773	7,142	42,093	33,927	3,990	4,176
Payroll taxes/workers' compensation	61,123	46,576	9,046	64,002	51,585	6,068	6,349
Total employee compensation	727,201	556,924	105,781	725,254	583,308	69,363	72,583
Rental assistance	115,545	115,545	-	146,990	146,990	-	-
Supported housing	131,540	131,540	-	114,908	114,908	-	-
Other client assistance	238,107	238,107	-	181,995	181,995	-	-
Postage	2,193	731	731	3,192	1,064	1,064	1,064
Supplies	4,734	2,247	2,183	6,268	5,149	572	547
Printing	1,190	348	494	1,327	442	443	442
Telephone	2,148	973	875	3,346	2,995	50	300
Information technology	5,791	689	5,102	6,730	4,376	2,354	-
Travel and vehicle	7,635	6,365	1,082	7,147	6,194	503	450
Dues and subscriptions	2,321	566	1,675	1,300	300	950	50
Campus repairs and maintenance	13,491	-	6,746	6,005	4,799	616	590
Professional Fees	27,248	461	26,787	30,664	-	30,664	-
Insurance	24,210	21,224	1,493	24,903	21,205	1,886	1,812
Development and promotion	15,436	-	-	10,484	91	-	10,394
Bank fees and charges	6,558	250	4,845	6,597	150	5,478	969
Training and meeting	6,474	1,711	1,757	2,467	544	1,759	164
Campus utilities, phone, internet, cable	23,436	18,749	2,578	18,806	15,028	1,931	1,847
Total expenses before depreciation	1,355,258	1,096,430	162,129	1,298,383	1,089,538	117,633	91,212
Depreciation and amortization	97,426	85,339	7,216	97,735	86,988	6,184	4,563
Total expenses	\$ 1,452,684	\$ 1,181,769	\$ 169,345	\$ 1,396,118	\$ 1,176,526	\$ 123,817	\$ 95,775
Percent of total	100.00%	81.35%	11.66%	100.00%	84.27%	8.87%	6.86%

The accompanying notes are an integral part of these financial statements.

House of Ruth, Inc.
Statements of Cash Flows
For the Years Ended June 30, 2017 and 2016

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 48,561	\$ (83,523)
Adjustments to reconcile change in net assets to net cash provided (used) in operating activities:		
Depreciation	97,426	97,735
Realized/unrealized (gain) loss on investments	(71,795)	49,459
(Increase) decrease in operating assets:		
Grants receivable	193,167	(216,606)
Promises to give	(35,732)	6,801
Prepaid expenses	(10,727)	20,586
Increase (decrease) in operating liabilities:		
Accounts payable	21,032	(5,285)
Accrued compensated absences	11,021	
Accrued expenses	(1,491)	(6,730)
	251,462	(137,563)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of land, building and equipment	(68,167)	(22,015)
Sale of investments	40,000	-
Purchase of investments	(56,394)	(60,337)
	(84,561)	(82,352)
Net cash provided (used) by investing activities		
	166,901	(219,915)
Net increase (decrease) in cash		
Cash at beginning of year	4,485	224,400
	\$ 171,386	\$ 4,485
Cash at end of year		

House of Ruth, Inc.
Notes to Financial Statements
June 30, 2017 and 2016

Note 1. Summary of Significant Accounting Policies

Organization

House of Ruth, Inc. (the Organization), a not-for-profit corporation, was incorporated under the laws of the Commonwealth of Kentucky in August, 1992. House of Ruth provides housing and support services for people with HIV/AIDS and their families who are homeless, at risk of losing their homes, or need financial help. This is done through a continuum of services: emergency shelter, short and long-term housing, mental health counseling, substance abuse treatment, advocacy for clients, and basic needs assistance to provide food, clothes, rent, utilities, public transportation, and back-to-school support.

Supportive services include supported housing and associated programs funded by the U.S. Department of Housing and Urban Development ("HUD"), grants, contributions and rental income.

Basis of Accounting

The Organization prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) with regards to financial statements of Not-for-Profit Organizations. Under this guidance, House of Ruth is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. A description of the net asset categories follows:

Unrestricted Net Assets: include the portion of expendable funds that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets: include gifts for which donor imposed restrictions have not been met.

Permanently Restricted Net Assets: include amounts which the donor has stipulated that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions.

Cash Policy

Cash consists solely of cash on deposit. Cash held in investment accounts is considered investments.

Promises to Give

Promises to give are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Promises to give becoming due in the next year are recorded at net realizable value. Promises to give due in subsequent years are reported at the present value of their net realizable value, using risk-free interest rates applicable to the years in which the promises are received. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

House of Ruth, Inc.
Notes to Financial Statements – Continued
June 30, 2017 and 2016

Grants Receivable

Grants receivable are stated at unpaid balances. No accounts are considered by management to be uncollectible at June 30, 2017 and 2016, therefore, no allowance is considered necessary.

Investments

Investments, primarily consisting of cash and mutual funds, are stated at fair value. Unrealized and realized gains and losses are included in the statement of activities as investment income.

Fair Value Measurements

The ASC establishes a framework for measuring fair value and expands disclosures required for fair value measurements. The framework establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three levels. These levels, in order of lowest to highest priority are described as follows:

Level 1 – Inputs are unadjusted quoted market prices in active markets for identical assets or liabilities that KHS has the ability to access at the measurement date.

Level 2 – Inputs are based on significant observable inputs, including unadjusted quoted market prices for similar assets and liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in inactive markets, or inputs other than quoted prices that are observable for the asset or liability.

Level 3 – Inputs that are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level input that is significant to the fair value measurement.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Land, Building and Equipment

House of Ruth capitalizes all expenditures for property and equipment in excess of \$1,000. Purchased property and equipment are reported at cost. Contributed property and equipment are recorded at the fair market value at date of donation. Such contributions are recorded as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Property and equipment is depreciated over the estimated useful life of each class of depreciable assets using the straight-line method.

House of Ruth, Inc.
Notes to Financial Statements – Continued
June 30, 2017 and 2016

The estimated useful lives adopted for the purposes of computing depreciation are:

Buildings	39.5 years
Furniture	7 years
Equipment	5 years
Vehicles	5 years

Revenue and Support

Grants are recognized as the Organization performs the contracted services or incurs outlays eligible for reimbursements under the grant agreements. Grant activities and outlays are subject to audit and acceptance by granting agency and, as a result of such audit, could be adjusted.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Donated Materials, Equipment, and Services

Donated materials and equipment are reflected as contributions in the accompanying financial statements at their estimated values at the date of receipt. The Organization pays for most services requiring specific expertise. Additionally, many individuals volunteer their time and perform a variety of tasks that assist the Organization with programs, solicitations and various committee assignments.

Expense Allocation

Expenses are charged to programs and supporting services on a direct basis. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization.

Income Tax Status

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 statements of activities or accrued in the statements of financial position.

House of Ruth, Inc.
Notes to Financial Statements – Continued
June 30, 2017 and 2016

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform to the presentation in current year financial statements. Net assets and changes in net assets are unchanged due to these reclassifications.

Note 2. Concentrations of Credit Risk

Cash - The Organization maintains its cash balances in several financial institutions in Louisville, Kentucky. The cash balances are insured by the Federal Deposit Insurance Corporation. At various times during the year, the cash balances exceed amounts federally insured.

Investments - Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would result in material changes in the fair value of investments and net assets of KHS.

Revenue concentration - The Organization received approximately 57% and 62% of its total revenue and support from grants issued by HUD for the fiscal years ended June 30, 2017 and 2016, respectively.

Note 3. Promises to Give

Promises to give are all current and consist of the following:

	2017	2016
Metro United Way Programs	\$ 47,086 4,416	\$ - 15,770
Total	\$ 51,502	\$ 15,770

House of Ruth, Inc.
Notes to Financial Statements – Continued
June 30, 2017 and 2016

Note 4. Investments

Investments are valued using level 1 inputs based on unadjusted quoted market prices within active markets. Cost, fair values and unrealized gain (loss) at June 30, 2017 and 2016 are as follows:

<u>June 30, 2017:</u>	<u>Cost Basis</u>	<u>Fair Value</u>	<u>Unrealized Gain/(Loss)</u>
Cash and money funds	\$ 212,437	\$ 212,437	\$ -
Bond funds	54,840	55,050	210
Equity funds	696,385	805,451	109,066
Total investments	<u>\$ 963,662</u>	<u>\$ 1,072,938</u>	<u>\$ 109,276</u>
<u>June 30, 2016:</u>	<u>Cost Basis</u>	<u>Fair Value</u>	<u>Unrealized Gain/(Loss)</u>
Cash and money funds	\$ 125,508	\$ 125,508	\$ -
Bond funds	102,803	97,462	(5,341)
Equity funds	708,674	761,779	53,105
Total investments	<u>\$ 936,985</u>	<u>\$ 984,749</u>	<u>\$ 47,764</u>

Investment management fees paid for the years ending June 30, 2017 and 2016 were \$7,597 and \$7,204, respectively, and are reported net of investment income in the statements of activities.

Note 5. Land, Building and Equipment

Land, building and equipment consist of the following at June 30, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Land	\$ 69,723	\$ 69,723
Building and improvements	2,019,738	1,951,571
Vehicles	21,078	21,078
Office furniture and equipment	70,721	70,721
	<u>2,181,260</u>	<u>2,113,093</u>
Less: Accumulated depreciation	<u>(955,331)</u>	<u>(857,905)</u>
Land, building and equipment, net	<u>\$ 1,225,929</u>	<u>\$ 1,255,188</u>
Depreciation expense	<u>\$ 97,426</u>	<u>\$ 97,735</u>

House of Ruth, Inc.
Notes to Financial Statements – Continued
June 30, 2017 and 2016

Note 6. Temporarily Restricted Net Assets

Temporarily restricted net assets consist of the following for the years ended June 30, 2017 and 2016:

	2017	2016
Programs	\$ 68,787	\$ 27,199
Land, building and equipment	13,661	29,435
	\$ 82,448	\$ 56,634

Note 7. Prior Period Restatement

During the year ended June 30, 2017, management determined that the board designations were not presented correctly. Therefore, the June 30, 2016 statement of financial position and the notes to the financial statements have been restated to remove all references to the board designations. This restatement had no effect on total net assets.

Note 8. In-Kind Donations

House of Ruth records various types of in-kind support, including land, building and equipment, materials and other intangible assets. Contributed in-kind support is recognized in accordance with the Financial Accounting Standards Board in its Accounting Standards Codification 958-605-25, which governs the presentation of financial statements of not-for-profit organizations. This pronouncement requires recognition of professional services received if those services (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Most of the services received by the Organization do not meet these criteria. In 2017 and 2016, no donations of services were recognized, although volunteers provided countless hours of assistance.

Contributions of tangible assets are recognized at fair market value when received. The amounts are reflected in the accompanying financial statements as support and are offset by like amounts included in expenses or assets. In-kind donations for the years ended June 30, 2017 and 2016 were \$146,132 and \$49,197, respectively.

Note 9. Retirement Plan

The Organization has a SIMPLE retirement plan that allows employees who have completed six months of service to participate in the Plan. The Organization contributes 2% of gross wages of all eligible employees to the Plan. The Organization contributed \$8,971 and \$8,694 to this Plan for the years ended June 30, 2017 and 2016, respectively.

House of Ruth, Inc.
Notes to Financial Statements – Continued
June 30, 2017 and 2016

Note 10. Contingencies

The Organization receives funding from federal and state government agencies, which funds are to be used for designated purposes only. For government agency grants, if the grantor's review indicates that the funds have not been used for the intended purposes, the grantors may request a refund of monies advanced or refuse to reimburse the Organization for its disbursements. The amount of such future refunds and unreimbursed disbursements, if any, is not expected to be significant. Continuation of the Organization's grant programs is predicated upon the grantor's satisfaction that the funds provided are being spent as intended and the grantor's intent to continue their programs.

In addition, the Organization operates in a heavily regulated environment. The operations of the Organization are subject to the administrative directives, rules and regulations of federal and state regulatory agencies, including, but not limited to the U.S. Department of Housing and Urban Development. Such administrative directives, rules and regulations are subject to change by an act of Congress, or an administrative change mandated by various government bodies. Such changes may occur with little or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with a change.

Note 11. Recently Issued Accounting Standards

Accounting Standards Update 2014-09, Revenue from Contracts with Customers (Topic 606)

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The core principle of ASU 2014-09 is to recognize revenues when a customer obtains control of a good or service, in an amount that reflects the consideration to which an entity is expected to be entitled for those goods or services. The standard will replace most existing revenue recognition guidance in GAAP when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU 2015-14, which deferred the effective date of ASU 2014-09 by one year. The updated standard will be effective for the year ending June 30, 2020. The Organization has not yet selected a transition method and is currently evaluating the effect that the new standard will have on its financial statements.

Accounting Standards Update 2016-14, Not-for-Profit Entities (Topic 958)

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, that changes how a not-for-profit organization classifies its net assets, as well as the information it presents in the financial statements and notes about its liquidity, financial performance, and cash flows. The ASU includes a reduction in the number of net asset categories from three to two, conforming requirements on releases of capital restrictions, several new requirements related to expense presentation and disclosure (including investment expenses), and new required disclosures communicating information useful in assessing liquidity. The ASU will be effective for the Organization for the year ending June 30, 2019. Early adoption is permitted. The Organization is currently evaluating the effect that the new standard will have on its financial statements.

House of Ruth, Inc.
Notes to Financial Statements – Continued
June 30, 2017 and 2016

Note 12. Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through February 1, 2018, which was the date at which the financial statements were available to be issued.

In December 2017, the board of the Organization designated \$500,000 of its investment account as a quasi-endowment fund. Income would be used toward operations and distributions would be capped at 4% annually of the principal of \$500,000.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: House of Ruth, Inc <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 607 E Saint Catherine St., Louisville KY 40203			
Website: www.houseofruth.net			
Applicant Contact:	Lisa Sutton	Title:	Executive Director
Phone:	502-587-5080 x24	Email:	lsutton@houseofruth.net
Financial Contact:	Mark Stanton	Title:	Director of Finance
Phone:	502-587-5080 x22	Email:	mstanton@houseofruth.net
Organization's Representative who attended NDF Training: Lisa Sutton			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	House of Ruth provides programming in 19 properties throughout Louisville.		
Council District(s):	4, 5, 6, 10, 21	Zip Code(s):	40203, 40211, 40214, 40213
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: House of Ruth Cargo Van			
Total Request: (\$)	1,000	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds) Attach additional sheet if necessary			
Source:	Metro HOPWA grant (federal)	Amount: (\$)	473,000
Source:	Metro ESG grant (federal)	Amount: (\$)	20,400
Source:	Metro EAF	Amount: (\$)	25,000
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Describe Agency's Vision, Mission and Services:

House of Ruth's vision is a world where the diagnosis of HIV is free of stigma, discrimination, and limitations on a person's life or capabilities.

To achieve our vision, our mission every day is to provide housing and support services for people with HIV/AIDS and their families who are homeless, at risk of losing their homes, or need financial help. We do this through a continuum of services: emergency shelter, short and long-term housing, mental health counseling, substance abuse treatment, advocacy for clients, and basic needs assistance to provide food, clothes, rent, utilities, public transportation, and back-to-school support.

Our services are open to anyone in metro Louisville who is HIV-positive and their household members. This includes men, women, and children. There is no income minimum, but more than 90% of our clients live at or below federal poverty guidelines.

In delivering services, we emphasize the following core values:

Compassion:

We act with mercy and kindness, recognizing that no one is perfect and everyone needs help and support from others at times.

Respect:

We recognize the worth of each person and strive to treat all people with dignity.

Hope:

We empower our clients to have positive expectations for the future.

Integrity:

We hold ourselves to the highest morals and ethics.

Responsibility:

We do what we say we will do and are answerable for our actions and decisions.

Teamwork:

We work together to achieve common goals.

Stewardship:

We use our resources in a way that merits public trust.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

EXISTING REGIONAL BOARDS OF DIRECTORS AND TERM DATES

Board Member	Term End Date
Mike Huttenlocher	June 30, 2019
Marcel Robinson	June 30, 2021
Ray Nelson	June 30, 2019
Donald Palmore	June 30, 2019
Aaron Butler	June 30, 2020
L/Tonya Leavell	June 30, 2019
David Pass	June 30, 2019
Austin Llewellyn	June 30, 2021
Bobbie Ramsey	June 30, 2020
Missy Vitale	June 30, 2020
Rod Thomas	June 30, 2020
Tim Whelan	June 30, 2019
Lesley Harris	June 30, 2021

Describe the Board term limit policy:
 Board members may serve 2 consecutive 3-year terms. Then they must rotate off the Board for at least 1 year before serving another term.

Three Highest Paid Staff Names	Annual Salary
Lisa Sutton, Executive Director	\$2,000
Mark Stanton, Director of Finance	60,000
Deloris Johnson, Director of Programs	57,800

Applicant's Initials *JS*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Our request for funding is for matching funds to purchase a gently used cargo van. We plan to purchase the van by the end of calendar year 2018 and are working now to raise the necessary funds.

One use of our cargo van is for maintenance of the 17 single family properties and shelter house we own in which we house families and adults with HIV/AIDS. Our facilities staff use the van to haul tools and maintenance equipment to and from these properties. Combined, these 18 client-occupied properties house nearly 100 HIV-affected individuals each year. Our staff also use the van to deliver donated furniture for clients who are moving into their first homes and have no way to transport large items.

A more significant use of our cargo van is pick-up of our weekly Dare to Care nonperishable and produce allocation for our Dare to Care-sponsored emergency food pantry. The pantry is open to all families and individuals we serve every Friday. Using our van, we make at least one weekly pick-up of 1,800 to 3,000 pounds of commodities from the Dare to Care warehouse. In total each month, nearly 280 unduplicated clients get nonperishables and produce from our pantry. Without our cargo van, our food pantry would not be able to operate, forcing these 280 clients each month to look elsewhere for emergency commodities to stretch their limited budgets or go hungry.

B: Describe specifically how the funding will be spent including identification of funding to sub grantees(s):

House of Ruth's current cargo van is in dire need of replacement. It is a 2003 GMC Sienna that the agency purchased new. The van has served us well, but it has nearly 100,000 miles and has reached the point that it is costing us as much each year in repairs as the van is worth. For that reason, we are planning to replace it with a gently used, low-mileage Ford Transit-250 that is much less expensive to operate. In addition, the Ford Transit model we intend to purchase has considerably more cargo space than our current van. Therefore, we will save trips by being able to haul more in the van at one time than our current van allows.

The total amount House of Ruth needs for the purchase of a cargo van is \$26,888. We have applied for a matching grant from the Kentucky Colonels, meaning that the Colonels will provide ½ the total, or \$13,444. Their gift is conditioned upon House of Ruth's raising the other ½, or \$13,444, by the end of calendar year 2018. That is when we plan to make the purchase.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

N/A

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The primary benefit that clients derive from House of Ruth's use of a cargo van is pick-up of our weekly Dare to Care nonperishable and produce allocation for our Dare to Care-sponsored emergency food pantry. The pantry is open to all families and individuals we serve every Friday. Using our van, we make at least one weekly pick-up of 1,800 to 3,000 pounds of commodities from the Dare to Care warehouse. In total each month, an average of 280 unduplicated clients get nonperishables and produce from our food pantry, or 1,120 duplicated clients each year. Without our cargo van, our food pantry would not be able to operate, forcing these 280 unduplicated clients each month to look elsewhere for emergency commodities to stretch their limited budgets or go hungry.

Our process for collecting data is handwritten sign-in sheets that clients complete each time they pick up food from our food pantry. A staff case manager or volunteer oversees completion of the sign-in sheets when each client arrives at the food pantry for weekly pick-up. At the end of each month, the Director of Programs compiles the number of unduplicated clients served for the month by manually counting those who signed in at each weekly food pantry distribution. The monthly number is averaged at the end of the year to derive an unduplicated average number of clients served each month.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

House of Ruth has many collaborative relationships with other community organizations. We are an active member of the Kentuckiana AIDS Alliance (KAA). This umbrella group is its own 501(c)(3) that consists of 11 local agencies serving the HIV-positive population. We work together to keep clients in treatment, make sure that our services are not duplicative, and troubleshoot solutions for shared clients in crisis. As a result of our collaborations, clients receive care that meets their individualized needs and maximizes the use of limited financial resources. KAA partnering agencies include Volunteers of America Mid-States, University of Louisville Infectious Disease Clinic, Legal Aid Society, Walgreen's, University of Louisville School of Dentistry, Camp Heart to Heart, Louisville Metro Department of Resilience Community Services, Hoosier Hills AIDS Coalition, and the Louisville Metro Department of Public Health and Wellness.

Another significant collaboration for House of Ruth is the local Continuum of Care. This is an umbrella group of nearly 30 HUD-funded, homeless-serving agencies locally that coordinates use of HUD funding and service delivery. The Continuum works to ensure that service delivery to the homeless is equitable, efficient, and not duplicative across agencies.

Where the van specifically is concerned, our primary collaborative relationship that affects its use is with Dare to Care. They are the sponsor of our emergency food pantry and the primary provider of nonperishables and produce that we pick up with van on a weekly basis. Without the support of Dare to Care, we would not have an emergency food pantry.

Ad

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 2. PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES

Program/Project Expenses	Column 1		Column 2
	Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment	\$1,000	\$25,888	
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	\$1,000	\$25,888	
% of Program Budget	4 %	96 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$12,444
Fees Collected from Program Participants	
Other (please specify)	\$13,444 -- KY Colonels grant
Total Revenue for Columns 2 Expenses **	

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
N/A			
Total			

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency)

N/A		
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: Jul 1, 2018

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured please explain in writing and attach to this application.

Standard Assurances

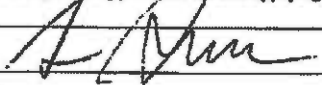
1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee)
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission
6. Applicant understands failure to provide the services, programs or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal activities
2. The Agency has a written Affirmative Action/Equal Opportunity Policy
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	Sep 13, 2018
Legal Signatory: (please print):	Lisa Sutton	Title:	Executive Director
Phone:	502-587-5080	Extension:	24
Email:	lsutton@houseofruth.net		

AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
HOUSE OF RUTH, INC.

RECEIVED & FILED
#16,000
JAN 26 11 04 AM '00
JOHN Y. PROWSE III
SECRETARY OF STATE
COMM. OF REGISTRY

The articles which have been amended and restated are the following: Articles III, IV, V, VI, VII has been omitted and Article VIII replaces Article VII. These amendments and restatements were approved unanimously by House of Ruth Board of Directors at a regular board meeting December 15, 1999.

ARTICLE I

The name of the Corporation shall be House of Ruth, Inc.

ARTICLE II

The corporate existence shall be of perpetual duration unless sooner dissolved in a manner provided by law. Upon dissolution, all assets not otherwise disposed of shall be distributed exclusively for one or more of the exempt purposes in Section 501 (c)(3) of the Internal Revenue Code and shall not be distributed to any member.

ARTICLE III

The Corporation is organized and operated exclusively for charitable, health and educational purposes. No part of its net earnings shall inure to the benefit of any member, officer, director or other private individual, no substantial part of its activities shall be devoted to the carrying on of propaganda, or otherwise attempting to influence legislation, and it shall not participate in, or intervene in (including the publishing or

distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office

ARTICLE IV

The address of the registered office of the Corporation in this state shall be 607 E. St. Catherine Street, Louisville, Jefferson County, Kentucky, 40203. The registered office of the Corporation may be changed in the manner provided by law without amendment of these Articles.

ARTICLE V

The address of the principal office of the Corporation shall be 607 East St. Catherine Street, Louisville, Jefferson County, Kentucky 40203. The principal office of the Corporation may be changed in the manner provided by law without amendment of these Articles.

ARTICLE VI

The number of the directors constituting the Board of directors shall be twenty-two (22). The number of directors shall be as fixed, from time to time, by the By-Laws, without the necessity of amending these Articles. A director may be removed from office by a majority of the members, with or without cause.

ARTICLE VII

No director shall be personally liable to the Corporation for monetary damages for breach of his/her duties as a director except for liability:

(a) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation;

(b) For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or

(c) For any transaction from which the director derives an improper personal benefit.

If the Kentucky Revised Statutes are amended after approval of this Article to authorize corporate action further eliminating or limiting the personal liability of a director of the Corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Kentucky Revised Statutes, as so amended.

Any repeal or modification of this Article shall not adversely affect any right of protection of a director of the corporation existing at the time of such repeal or modification



Stephen J. Rickert
Treasurer, Board of Directors

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank
House of Ruth Inc.

2 Business name/disregarded entity name. If different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation S=S corporation P=Partnership) ▶ _____

Other (see instructions) ▶ **501 (c) (3) Corporation**

4 Exemptions (codes apply only to certain entities not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions
607 East St. Catherine Street

6 City, state, and ZIP code
Louisville, KY 40203

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OR

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Mark Stanton, Finance Director

Date ▶

9/13/18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN) to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is backup withholding*, later.

HOUSE OF RUTH
 INCOME STATEMENT (Unaudited)
 FYE JUNE 30, 2018

	MOS		12	6/18	6/18	6/18
	YE 6/19	YE 6/18	6/18	6/18	6/18	6/18
	BUDGET	BUDGET	BUDGET	ACTUAL	VARIANCE	VARIANCE
	ANNUAL	ANNUAL	YTD	YTD	YTD	YTD
Revenue						
Government Grant Revenue	\$982,496	\$836,178	\$836,178	\$854,339	\$18,161	2%
Donation / Event Unrestricted Revenue	\$254,635	\$315,586	\$315,586	\$234,395	(\$81,191)	-26%
Private Sector Restricted Revenue	\$19,500	\$15,500	\$15,500	\$28,521	\$13,021	84%
Housing Rental Revenue	\$42,355	\$52,047	\$52,047	\$48,747	(\$3,300)	-6%
Other Revenue	\$23,473	\$20,500	\$20,500	\$41,845	\$21,345	104%
Total Revenue	\$1,322,459	\$1,239,811	\$1,239,811	\$1,207,847	(\$31,964)	-3%
Expenses						
Personnel Expense	\$840,462	\$804,939	\$804,939	\$748,976	(\$55,963)	-7%
Campus Occupancy Expense	\$36,222	\$36,311	\$36,311	\$35,881	(\$430)	-1%
Client Services Expense	\$353,929	\$341,950	\$341,950	\$386,106	\$44,156	13%
Development, General, Administrative Expense	\$111,458	\$96,862	\$96,862	\$92,956	(\$3,906)	-4%
Total Expense	\$1,342,071	\$1,280,062	\$1,280,062	\$1,263,920	(\$16,142)	-1%
Operating Net Revenue (Loss) (Pre-Depreciation)	(\$19,612)	(\$40,252)	(\$40,252)	(\$56,073)	(\$15,822)	
Board Investment Fund Distribution	\$20,000	\$30,000	\$30,000	\$30,000	\$0	
	\$388	(\$10,252)	(\$10,252)	(\$26,073)	(\$15,822)	
Operating Net Revenue (Loss) (Post-Distribution)	\$388	(\$10,252)	(\$10,252)	(\$26,073)		
Less Depreciation	(\$102,024)	(\$102,024)	(\$102,024)	(\$102,024)		
Investment Income SUM	\$0	\$0	\$0	\$52,021		
Capital Expenditure Revenue SUM	\$15,000	\$30,000	\$20,000	\$115,000		
Endowment Gift				\$0		
Net Revenue (Loss)	(\$86,636)	(\$82,276)	(\$82,276)	\$38,924		

HOUSE OF RUTH
 INCOME STATEMENT (Unaudited)
 FYE JUNE 30, 2018

	MOS					
	YE 6/19	YE 6/18	12	6/18	6/18	6/18
	BUDGET	BUDGET	BUDGET	ACTUAL	VARIANCE	VARIANCE
	ANNUAL	ANNUAL	YTD	YTD	YTD	YTD
Government Grant Revenue						
Grant Income - Ryan White Glade House Transitional	\$138,398	\$142,000	\$142,000	\$126,977	(\$15,023)	-11%
Grant Income - Metro Housing Authority	\$45,129	\$51,000	\$51,000	\$43,830	(\$7,171)	-14%
Grant Income - Ryan White Glade House Emergency	\$54,335	\$24,000	\$24,000	\$37,928	\$13,928	58%
Grant Income - HUD Homes with a Heart	\$156,178	\$156,178	\$156,178	\$147,284	(\$8,894)	-6%
Grant Income - HUD CHI	\$0	\$3,000	\$3,000	\$3,773	\$773	26%
Grant Income - HUD CH2	\$22,820	\$17,200	\$17,200	\$18,459	\$1,259	7%
Grant Income - HOPWA	\$473,000	\$360,000	\$360,000	\$391,347	\$31,347	9%
Grant Income - Metro Govt FSF	\$25,000	\$25,000	\$25,000	\$25,000	\$0	0%
Grant Income - Metro Govt ESG	\$22,737	\$20,400	\$20,400	\$20,400	\$0	0%
Grant Income - Kersey Condos	\$4,400	\$4,400	\$4,400	\$5,816	\$1,416	32%
Grant Income - Ryan White EC	\$40,700	\$33,000	\$33,000	\$33,525	\$525	2%
Total Government Grant Revenue	\$982,486	\$836,178	\$836,178	\$854,339	\$18,161	2%
Donation / Event Unrestricted Revenue						
Donation Individuals	\$40,000	\$32,000	\$32,000	\$41,120	\$9,120	28%
Donations - Breakfast with Ruth	\$0	\$0	\$0	\$0	\$0	0%
Donation Organizations/Groups	\$13,000	\$13,000	\$13,000	\$8,650	(\$4,350)	-33%
Donations Mothers Day/Newsletter Appeal	\$5,000	\$5,000	\$5,000	\$6,145	\$1,145	23%
Donations Art Smith Capital	\$4,000	\$4,000	\$4,000	\$4,000	\$0	0%
Donations One for All Store	\$5,000	\$5,000	\$5,000	\$5,000	\$0	0%
Donations Year End Appeal	\$10,000	\$8,000	\$8,000	\$13,277	\$5,277	66%
Donations Purchase Give-Back Programs	\$1,500	\$1,500	\$1,500	\$1,425	(\$75)	-5%
Event - KY Derby Festival	\$2,000	\$2,000	\$2,000	\$1,222	(\$778)	-39%
Events by Others	\$10,000	\$10,000	\$10,000	\$18,585	\$8,585	86%
Dining out for Life Donations	\$12,000	\$18,000	\$18,000	\$10,431	(\$7,569)	-42%
Dining out for Life Sponsorships	\$30,000	\$30,000	\$30,000	\$29,000	(\$1,000)	-3%
Dining out for Life Restaurants	\$25,000	\$25,000	\$25,000	\$22,260	(\$2,740)	-11%
Raffle / Auction Net	\$0	\$0	\$0	\$0	\$0	0%
Other Development Revenue	\$0	\$0	\$0	\$0	\$0	0%
Grant Rev Metro United Way	\$51,135	\$47,086	\$47,086	\$45,247	(\$1,838)	-4%
Grant Rev Louisville AIDS Walk	\$13,000	\$13,000	\$13,000	\$12,000	(\$1,000)	-8%
Grant Rev Unrestricted Gheens Fnd	\$12,000	\$10,000	\$10,000	\$0	(\$10,000)	-100%
Grant Rev Unrestricted Horn Fnd	\$2,000	\$5,000	\$5,000	\$2,000	(\$3,000)	-60%
Grant Rev MAC Aids Fund	\$0	\$1,000	\$1,000	\$0	(\$1,000)	-100%
Grant Rev Unrestricted Bales Fnd	\$4,000	\$4,000	\$4,000	\$0	(\$4,000)	0%
Grant Rev Unrestricted Barth Fnd	\$0	\$0	\$0	\$0	\$0	0%
Grant Rev Unrestricted Bar Woosley Fnd	\$5,000	\$5,000	\$5,000	\$5,000	\$0	0%
Grant Rev Unrestricted Cralie	\$10,000	\$12,000	\$12,000	\$6,000	(\$6,000)	0%
Grant Rev Unrestricted Kosair Charities	\$0	\$0	\$0	\$3,033	\$3,033	#DIV/0!
DEVELOPMENT CHALLENGE	\$0	\$65,000	\$65,000	\$0	(\$65,000)	-100%
Donation / Event Unrestricted Revenue	\$254,635	\$315,586	\$315,586	\$234,395	(\$81,191)	-26%
Private Sector Restricted Revenue						
Restricted Gifts - Holiday Gifts	\$0	\$0	\$0	\$0	\$0	#DIV/0!
Restricted Gifts - Holiday Gifts In Kind	\$0	\$0	\$0	\$0	\$0	#DIV/0!
Restricted Gifts - Holiday Gifts	\$0	\$0	\$0	\$0	\$0	0%
Restricted Gifts Other	\$0	\$0	\$0	\$19,021	\$19,021	0%
Grant Rev MAC Aids Fund Glade House Operations	\$10,000	\$0	\$0	\$0	\$0	0%
Grant Rev V.V. Cooke Glade House Operations	\$2,500	\$1,000	\$1,000	\$2,500	\$1,500	0%
Grant Rev Back to School UPS	\$0	\$7,500	\$7,500	\$0	(\$7,500)	0%
Grant Rev Back to School Barth/Snowy Owl	\$2,000	\$2,000	\$2,000	\$2,000	\$0	0%
Grant Rev Back to School Kosair	\$5,000	\$5,000	\$5,000	\$5,000	\$0	0%
Total Private Sector Grant Revenue	\$19,500	\$15,500	\$15,500	\$28,521	\$13,021	84%

HOUSE OF RUTH
 INCOME STATEMENT (Unaudited)
 FYE JUNE 30, 2018

	MOS					
	YE 6/19	YE 6/18	12	6/18	6/18	6/18
	BUDGET	BUDGET	BUDGET	ACTUAL	VARIANCE	VARIANCE
	ANNUAL	ANNUAL	YTD	YTD	YTD	YTD
Housing Rental Revenue Detail						
Program Fees Glade House	\$0	\$0	\$0	\$0	\$0	#DIV/0!
Other Client Rev				\$0	\$0	#DIV/0!
Rental Rev Other				\$500	\$500	#DIV/0!
Rental Rev CH2 (2 Rentals) Client	\$0	\$5,000	\$5,000	\$2,915	(\$2,085)	-42%
Rental Rev Other	\$0	\$5,000	\$5,000	\$3,415	(\$1,585)	#DIV/0!
Rental Rev HWH 1024 Hancock Client	\$0	\$557	\$557	\$0	(\$557)	-100%
Rental Rev HWH 1028 Hancock Client	\$6,821	\$6,059	\$6,059	\$6,913	\$854	14%
Rental Rev HWH 805 St Catherine Client	\$2,051	\$472	\$472	\$1,709	\$1,237	262%
Rental Rev HWH 1210 Brook #2 Condo Client	\$2,531	\$2,520	\$2,520	\$2,631	\$111	4%
Rental Rev HWH 1140 1st #2 Condo Client	\$2,215	\$2,400	\$2,400	\$2,061	(\$339)	-14%
Rental Rev HWH 1019 Hancock Client	\$2,321	\$2,030	\$2,030	\$2,322	\$292	14%
Rental Rev HWH 304 Kentucky Client	\$515	\$2,602	\$2,602	\$429	(\$2,173)	-84%
Rental Rev HWH 2915 Portland Client	\$390	\$1,831	\$1,831	\$649	(\$1,182)	-65%
Rental Rev HWH 538 W Kentucky Client	\$0	\$2,624	\$2,624	\$57	(\$2,567)	-98%
Rental Rev HWH 540 W Kentucky Client	\$0	\$0	\$0	\$0	\$0	#DIV/0!
Rental Rev HWH 509 Inverness Client	\$667	\$0	\$0	\$581	\$581	#DIV/0!
Rental Rev HWH 1021 Hancock Client	\$2,393	\$694	\$694	\$2,448	\$1,754	253%
Rental Rev HWH	\$19,904	\$21,789	\$21,789	\$19,800	(\$1,989)	-9%
Rental Rev SPC 1140 1st #1 Condo Client	\$415	\$671	\$671	\$793	\$122	18%
Rental Rev SPC 124 Oak #2 Condo Client	\$0	\$2,933	\$2,933	(\$100)	(\$3,033)	-103%
Rental Rev SPC 1718 O'Daniel Condo Client	\$970	\$1,012	\$1,012	\$1,032	\$20	2%
Rental Rev SPC 128 Oak #2 (Condo) Client	\$1,271	\$3,521	\$3,521	\$1,468	(\$2,053)	-58%
Rental Rev SPC Client	\$2,656	\$8,137	\$8,137	\$3,193	(\$4,944)	-61%
Rental Rev SPC 1140 1st #1 (Condo) Govt	\$5,818	\$6,053	\$6,053	\$6,284	\$211	3%
Rental Rev SPC 124 Oak #2 (Condo) Govt	\$6,428	\$1,939	\$1,939	\$7,244	\$5,305	274%
Rental Rev SPC 1718 O'Daniel (Condo) Govt	\$3,997	\$6,079	\$6,079	\$4,245	(\$1,834)	-30%
Rental Rev SPC 128 Oak #2 (Condo) Govt	\$3,552	\$3,050	\$3,050	\$4,587	\$1,537	50%
Rental Rev SPC Govt	\$19,795	\$17,121	\$17,121	\$22,340	\$5,219	30%
Total Housing Rental Revenue	\$42,355	\$52,047	\$52,047	\$48,747	(\$3,300)	-6%
Other Income						
Rental Revenue Campus Facility	\$18,000	\$18,000	\$18,000	\$18,000	\$0	0%
Operation Interest Income			\$0	\$470	\$470	#DIV/0!
Insurance Claims				\$23,375	\$23,375	#DIV/0!
Medical Reimbursement	\$2,500	\$2,500	\$2,500	\$0	(\$2,500)	-100%
Ellis Fund Grant Availability	\$2,973					
Total Other Income	\$23,473	\$20,500	\$20,500	\$41,845	\$21,345	#DIV/0!
Investment Income						
Investment Income Interest						
Investment Income Dividends				\$25,319		
Investment Realized Gain/Loss				\$0		
Investment Unrealized Gain/Loss				\$34,843		
Investment Fees				(\$8,141)		
Savings Acct Interest Inc						
Total Investment Income	\$0	\$0	\$0	\$52,021		
Capital Expenditure Grant & Gift Revenue						
Cap Ex Grant Gheens	\$0	\$0	\$0	\$20,000		
Cap Ex Grant Rev MAC Aids Fund	\$0	\$0	\$0	\$10,000		
Cap Ex Gift KY Colonels			\$0	\$0		
Cap Ex Grant Rev Etscorn Fnd	\$10,000	\$10,000	\$10,000	\$10,000		
Cap Ex Grant PNC	\$5,000	\$10,000	\$10,000			
Cap Ex Grant Brown Foundation	\$0	\$0	\$0	\$75,000		
Total Capital Expenditure Grant Revenue	\$15,000	\$20,000	\$20,000	\$115,000		

HOUSE OF RUTH
 INCOME STATEMENT (Unaudited)
 FYE JUNE 30, 2018

	YE 6/19 BUDGET ANNUAL	YE 6/18 BUDGET ANNUAL	MOS 12 6/18 BUDGET YTD	6/18 ACTUAL YTD	6/18 VARIANCE YTD	6/18 VARIANCE YTD
Personnel Expense						
Payroll	\$682,980	\$661,642	\$661,642	\$632,255	(\$29,387)	-4%
FICA/MED	\$57,712	\$55,909	\$55,909	\$48,793	(\$9,116)	-16%
SUI	\$2,996	\$7,088	\$7,088	\$3,472	(\$3,616)	-51%
Work Compensation	\$14,235	\$13,431	\$13,431	\$10,758	(\$2,673)	-20%
Staff Group Insurance	\$40,836	\$42,960	\$42,960	\$34,781	(\$8,179)	-19%
Retirement	\$13,085	\$13,209	\$13,209	\$11,198	(\$2,011)	-15%
LTD & Life Insurance	\$6,228					
Bonus/Merit Pool	\$13,329					
Staff Cell Phone	\$1,500	\$2,200	\$2,200	\$1,275	(\$925)	-42%
	<u>\$832,901</u>	<u>\$796,439</u>	<u>\$796,439</u>	<u>\$740,532</u>	<u>(\$55,907)</u>	<u>-7%</u>
Staff Training & Conferences	\$2,000	\$1,000	\$1,000	\$2,191	\$1,191	119%
Staff Travel	\$4,479	\$6,000	\$6,000	\$5,230	(\$770)	-13%
Staff Dues & Licenses	\$900	\$500	\$500	\$750	\$250	50%
Other Staff Expense	\$182	\$1,000	\$1,000	\$273	(\$727)	-73%
	<u>\$7,561</u>	<u>\$8,500</u>	<u>\$8,500</u>	<u>\$8,444</u>	<u>(\$56)</u>	<u>-1%</u>
Total Personnel Expense	<u>\$840,462</u>	<u>\$804,939</u>	<u>\$804,939</u>	<u>\$748,976</u>	<u>(\$55,963)</u>	<u>-7%</u>
Fringe Benefits (fica sui w/c ins ira)	<u>\$128,864</u>	<u>\$132,597</u>	<u>\$132,597</u>	<u>\$107,002</u>	<u>(\$25,595)</u>	<u>-19%</u>
Campus Occupancy Expense						
Campus Phone Cable Internet	\$6,218	\$5,079	\$5,079	\$6,411	\$1,332	26%
Campus Alarm System	\$334	\$144	\$144	\$278	\$134	93%
Campus Repair & Maintenance	\$12,576	\$10,023	\$10,023	\$10,862	\$839	8%
Campus Supplies	\$1,517	\$2,970	\$2,970	\$1,821	(\$1,149)	-39%
Campus Utilities	\$15,577	\$18,095	\$18,095	\$16,509	(\$1,586)	-9%
	<u>\$36,222</u>	<u>\$36,311</u>	<u>\$36,311</u>	<u>\$35,881</u>	<u>(\$430)</u>	<u>-1%</u>
Client Services Exp Recap						
HOPWA	\$170,500	\$140,398	\$140,398	\$152,103	\$11,705	8%
HUD GH	\$47,350	\$47,500	\$47,500	\$71,782	\$24,282	51%
HUD HWH	\$54,765	\$72,448	\$72,448	\$58,442	(\$13,006)	-18%
HUD CH2	\$16,423	\$15,396	\$15,396	\$15,876	\$480	3%
HUD CHI	\$0	\$900	\$900	\$436	(\$464)	-52%
LOU FSF	\$0	\$0	\$0	\$0	\$0	#DIV/0!
KY RYAN WHITE EC	\$38,000	\$28,950	\$28,950	\$31,278	\$2,328	8%
SPC	\$11,392	\$11,359	\$11,359	\$11,951	\$593	5%
GNRL FUNDS	\$500	\$500	\$500	\$1,040	\$540	108%
RETRICT FUNDS	\$15,000	\$24,500	\$24,500	\$42,198	\$17,698	72%
	<u>\$353,929</u>	<u>\$341,950</u>	<u>\$341,950</u>	<u>\$386,106</u>	<u>\$44,156</u>	<u>13%</u>

HOUSE OF RUTH
 INCOME STATEMENT (Unaudited)
 FYE JUNE 30, 2018

	MOS					
	YE 6/18	YE 6/18	12	6/18	6/18	6/18
	BUDGET	BUDGET	6/18	6/18	VARIANCE	VARIANCE
	ANNUAL	ANNUAL	BUDGET	ACTUAL	YTD	YTD
			YTD	YTD		
Client Services Expense						
HOPWA Rent & Utility Assist	\$105,000	\$110,192	\$110,192	\$94,455	(\$15,737)	-14%
HOPWA Transportation Assist	\$35,000	\$19,003	\$19,003	\$30,809	\$11,806	62%
HOPWA Housing Placement Assist	\$12,800	\$4,818	\$4,818	\$10,300	\$5,482	114%
HOPWA Hotel Vouchers	\$17,700	\$6,385	\$6,385	\$16,538	\$10,153	159%
HOPWA Client Serv Exp	\$170,500	\$140,398	\$140,398	\$152,103	\$11,705	8%
HUD GH Client & Food & Beverage	\$12,148	\$14,000	\$14,000	\$13,706	(\$294)	-2%
HUD GH Supplies	\$2,087	\$3,000	\$3,000	\$2,896	(\$104)	-3%
HUD GH Medical Assistance	\$200	\$200	\$200	\$12	(\$188)	-94%
HUD GH Transportation Assistance	\$250	\$250	\$250	\$0	(\$250)	-100%
HUD GH Furnishings	\$500	\$500	\$500	\$8,031	\$7,531	1506%
HUD GH Other Client Expense	\$183	\$100	\$100	\$152	\$52	52%
HUD GH Phone Cable Internet	\$3,257	\$3,250	\$3,250	\$3,297	\$47	1%
HUD GH Appliances SUM	\$500	\$500	\$500	\$2,802	\$2,302	460%
HUD GH Utilities SUM	\$13,500	\$12,500	\$12,500	\$16,152	\$3,652	29%
HUD GH Repair & Maintenance SUM	\$14,727	\$13,200	\$13,200	\$24,735	\$11,535	87%
HUD GH Client Serv Exp	\$47,350	\$47,500	\$47,500	\$71,782	\$24,282	51%
HUD HWH Food Assist	\$195	\$89	\$89	\$213	\$124	139%
HUD HWH Transportation Assist	\$70	\$1,656	\$1,656	\$58	(\$1,598)	-96%
HUD HWH Moving Assist	\$240	\$116	\$116	\$428	\$312	269%
HUD HWH Furniture	\$540	\$240	\$240	\$450	\$210	88%
HUD HWH Household Supplies	\$0	\$0	\$0	\$0	\$0	#DIV/0!
HUD HWH Software	\$266	\$266	\$266	\$0	(\$266)	-100%
HUD HWH Appliances SUM	\$1,500	\$1,500	\$1,500	\$1,912	\$412	27%
HUD HWH Utilities SUM	\$25,320	\$31,077	\$31,077	\$25,252	(\$5,825)	-19%
HUD HWH Condo Fees SUM	\$3,169	\$6,409	\$6,409	\$6,553	\$144	2%
HUD HWH Repair & Maint SUM	\$23,485	\$31,095	\$31,095	\$24,577	(\$6,518)	-21%
HUD HWH Client Serv Exp	\$54,765	\$72,448	\$72,448	\$59,442	(\$13,006)	-18%
HUD CH2 Rental Assist	\$15,492	\$13,300	\$13,300	\$14,736	\$1,436	11%
HUD CH2 Transportation Assistance	\$420	\$1,500	\$1,500	\$500	(\$1,000)	-67%
HUD CH2 Furnishings				\$214		#DIV/0!
HUD CH2 Utilities SUM	\$511	\$596	\$596	\$426	(\$170)	-29%
HUD CH2 Repair & Maint SUM	\$0	\$0	\$0	\$0	\$0	#DIV/0!
HUD CH2 Client Serv Exp	\$16,423	\$15,396	\$15,396	\$15,876	\$266	2%
HUD CHI Client Assistance	\$0	\$300	\$300	\$0	(\$300)	-100%
HUD CHI Food Assistance	\$0	\$600	\$600	\$436	(\$164)	-27%
HUD CHI Furnishings						
HUD CHI Client Serv Exp	\$0	\$900	\$900	\$436	(\$464)	-52%

HOUSE OF RUTH
 INCOME STATEMENT (Unaudited)
 FYE JUNE 30, 2018

	MOS					
	YE 6/19	YE 6/18	12	6/18	6/18	6/18
	BUDGET	BUDGET	BUDGET	ACTUAL	VARIANCE	VARIANCE
	ANNUAL	ANNUAL	YTD	YTD	YTD	YTD
Client Services Expense - Continued						
LOU FSF Transportation Assistance	\$0	\$0	\$0	\$0	\$0	#DIV/0!
LOU FSF Other Client Assistance	\$0	\$0	\$0	\$0	\$0	#DIV/0!
LOU FSF Client Serv Exp	\$0	\$0	\$0	\$0	\$0	#DIV/0!
RYAN WHITE IOP THERAPIST	\$0	\$0	\$0	\$0	\$0	#DIV/0!
RYAN WHITE DRUG TESTING	\$1,000	\$1,650	\$1,650	\$0	(\$1,650)	-100%
RYAN WHITE HOUSING SECURITY DEPOSITS	\$9,000	\$800	\$800	\$12,725	\$11,925	1491%
RYAN WHITE RENTAL ASSISTANCE	\$13,700	\$2,500	\$2,500	\$11,819	\$9,119	365%
RYAN WHITE UTILITY ASSISTANCE	\$10,300	\$6,000	\$6,000	\$5,626	(\$374)	-6%
RYAN WHITE OTHER CLIENT ASSISTANCE	\$3,000	\$0	\$0	\$0	\$0	#DIV/0!
RYAN WHITE TRANSPORTATION ASSISTANCE	\$1,000	\$18,000	\$18,000	\$1,308	(\$16,692)	-93%
RYAN WHITE Client Serv Exp	\$38,000	\$28,950	\$28,950	\$31,278	\$2,328	#DIV/0!
SPC Appliances SUM	\$0	\$0	\$0	\$343	\$343	#DIV/0!
SPC Utilities SUM	\$917	\$969	\$969	\$1,211	\$242	25%
SPC Condo Fees SUM	\$6,155	\$6,155	\$6,155	\$6,239	\$84	1%
SPC Repair & Maint SUM	\$4,320	\$4,235	\$4,235	\$4,159	(\$76)	-2%
SPC Client Serv Exp	\$11,392	\$11,359	\$11,359	\$11,951	\$593	#DIV/0!
GNRL FUNDS Housing Deposit Assist				\$0	\$0	#DIV/0!
GNRL FUNDS Funeral Assist				\$600	\$600	#DIV/0!
GNRL FUNDS Other Client Assist	\$500	\$500	\$500	\$342	(\$158)	-32%
GNRL FUNDS Utilities SUM	\$0	\$0	\$0	\$0	\$0	#DIV/0!
GNRL FUNDS Repair & Maint SUM	\$0	\$0	\$0	\$98	\$98	#DIV/0!
GNRL FUNDS Client Serv Exp	\$500	\$500	\$500	\$1,040	\$540	108%
RESTRICT FUNDS Back to School Program	\$5,000	\$14,500	\$14,500	\$7,310	(\$7,190)	-50%
RESTRICT FUNDS Holiday/Children Program	\$0	\$0	\$0	\$1,200	\$1,200	#DIV/0!
RESTRICT FUNDS GH Operations (MAC)	\$10,000	\$10,000	\$10,000	\$0	(\$10,000)	-100%
RESTRICT FUNDS Other				\$0	\$0	#DIV/0!
RESTRICT FUNDS GH Furniture & Equip				\$7,922	\$7,922	#DIV/0!
RESTRICT FUNDS R&M other				\$6,599	\$6,599	#DIV/0!
RESTRICT FUNDS Ins. Claim R&M				\$19,167	\$19,167	#DIV/0!
RESTRICT FUNDS Foundation Research	\$0	\$0	\$0	\$0	\$0	#DIV/0!
RESTRICT FUNDS Client Serv Exp	\$15,000	\$24,500	\$24,500	\$42,198	\$17,698	72%

HOUSE OF RUTH
 INCOME STATEMENT (Unaudited)
 FYE JUNE 30, 2018

	YE 6/19 BUDGET ANNUAL	YE 6/18 BUDGET ANNUAL	MOS 12 6/18 BUDGET YTD	6/18 ACTUAL YTD	6/18 VARIANCE YTD	6/18 VARIANCE YTD
Development, General, Admin Exp						
DEVEL AIDS Walk Exp	\$500	\$500	*	\$500	\$0	(\$500) -100%
DEVEL Dining out for Life Exp	\$8,000	\$6,500	*	\$6,500	\$4,073	(\$2,427) -37%
DEVEL Dining out for Life Conference	\$1,500	\$0		\$0	\$0	#DIV/0!
DEVEL 2 Newsletters Printing	\$3,000	\$3,000		\$3,000	\$0	(\$3,000) -100%
DEVEL 2 Direct Appeals	\$3,500	\$3,000		\$3,000	\$2,195	(\$805) -27%
DEVEL Bloomerang (MAC Aids Fund YE 6/15)	\$4,126	\$4,126		\$4,126	\$4,126	\$0 0%
DEVEL Events	\$12,200	\$2,500		\$2,159	\$2,159	(\$341) -14%
DEVEL Other Expense	\$3,749	\$700		\$700	\$435	(\$265) -38%
Payment Process Fees	\$1,000	\$1,463		\$1,463	\$1,709	\$246 17%
Credit Card Fee Staff Purchases	\$150	\$150		\$150	\$0	(\$150) -100%
Bank Fees	\$600	\$1,792		\$1,792	\$2,985	\$1,193 67%
O/S Services Payroll	\$2,920	\$3,000		\$3,000	\$2,816	(\$184) -6%
O/S Services 125 Plan Paychex	\$600	\$480		\$480	\$600	\$120 25%
Professional Fees Audit	\$14,800	\$10,000		\$10,000	\$15,000	\$5,000 50%
Professional Fees Legal	\$593	\$553		\$553	\$494	(\$59) -11%
IT Contract Support	\$2,688	\$4,349		\$4,349	\$4,680	\$331 8%
IT Peachtree	\$0	\$0		\$0	\$0	#DIV/0!
IT Hardware	\$1,500	\$1,500		\$1,500	\$21	(\$1,479) -99%
IT Software	\$500	\$500		\$500	\$1,254	\$754 151%
IT Website	\$2,500	\$41		\$41	\$100	\$59 144%
Meeting Exp	\$1,113	\$600		\$600	\$991	\$391 65%
Memberships, Subscriptions, Dues	\$906	\$1,200		\$1,200	\$755	(\$445) -37%
Admin Office Supplies	\$4,051	\$4,273		\$4,273	\$4,361	\$88 2%
Admin Exp Copier	\$1,268	\$1,056		\$1,056	\$1,243	\$187 18%
Admin Exp Shredding	\$153	\$174		\$174	\$173	(\$2) -1%
Admin Exp Postage	\$2,485	\$2,507		\$2,507	\$2,489	(\$18) -1%
Admin Exp Other	\$1,048	\$539		\$639	\$1,134	\$595 110%
Van Exp Maintenance	\$500	\$480		\$480	\$5,145	\$4,665 972%
Van Exp Gasoline	\$1,516	\$1,130		\$1,130	\$1,712	\$582 52%
Van Exp Other	\$140	\$35		\$35	\$15	(\$20) -57%
License, Fees, Taxes	\$0	\$173		\$173	\$0	(\$173) -100%
Insurance Exp	\$26,067	\$24,241		\$24,241	\$24,492	\$251 1%
LCSW Contract Expense	\$600	\$4,800		\$4,800	\$4,800	\$0 0%
Business Plan Survey	\$3,000	\$4,500		\$4,500	\$0	(\$4,500) 0%
Board Retreat	\$2,000					
Foundation Research	\$0	\$4,000		\$4,000	\$3,000	(\$1,000) 0%
Strategic Planning	\$0	\$3,000		\$3,000	\$0	(\$3,000) -100%
Total Administrative Expenses	\$111,458	\$96,882		\$96,862	\$92,956	(\$3,906) -4%

HOUSE OF RUTH
 INCOME STATEMENT (Unaudited)
 FYE JUNE 30, 2018

	MOS					
	YE 6/19	YE 6/18	6/18	6/18	6/18	6/18
	BUDGET	BUDGET	BUDGET	ACTUAL	VARIANCE	VARIANCE
	ANNUAL	ANNUAL	YTD	YTD	YTD	YTD
Utilities - Detail						
Utilities 00				\$0	\$0	#DIV/0!
Utilities GH	\$15,861	\$12,500	\$12,500	\$16,152	\$3,652	29%
Utilities CH2 (Rentals)	\$511	\$596	\$596	\$426	(\$170)	-29%
Utilities HWH 1024 Hancock	\$1,570	\$3,384	\$3,384	\$1,762	(\$1,622)	-48%
Utilities HWH 1026 Hancock	\$2,153	\$1,924	\$1,924	\$2,312	\$388	20%
Utilities HWH 605 St Catherine	\$5,820	\$5,813	\$5,813	\$5,807	(\$6)	0%
Utilities HWH 1210 Brook St #2 Condo	\$1,044	\$884	\$884	\$1,303	\$419	47%
Utilities HWH 1140 1st #2 Condo	\$1,472	\$1,622	\$1,622	\$1,363	(\$259)	-16%
Utilities HWH 1019 Hancock	\$2,500	\$2,537	\$2,537	\$2,528	(\$9)	0%
Utilities HWH 304 Kentucky	\$3,508	\$4,263	\$4,263	\$3,355	(\$908)	-21%
Utilities HWH 2915 Portland	\$2,550	\$4,797	\$4,797	\$2,645	(\$2,152)	-45%
Utilities HWH 538 W Kentucky	\$500	\$1,063	\$1,063	\$459	(\$604)	-57%
Utilities HWH 540 W Kentucky	\$500	\$746	\$746	\$339	(\$407)	-55%
Utilities HWH 509 Inverness	\$1,951	\$1,919	\$1,919	\$1,816	(\$103)	-5%
Utilities HWH 1021 Hancock	\$1,631	\$2,125	\$2,125	\$1,844	(\$281)	-23%
Utilities HWH Grant Budget Adj	\$121		\$0	(\$82)	(\$82)	#DIV/0!
Utilities SPC 1st #1 Condo	\$0	\$969	\$969	\$280	(\$689)	0%
Utilities SPC 124 Oak #2 Condo	\$917			\$931	\$931	0%
Utilities SPC O'Daniel #11 Condo					\$0	0%
Total Utilities	\$42,609	\$45,142	\$45,142	\$43,041	(\$2,101)	-5%
Condo Fees - Detail						
Condo Fee HWH 1210 Brook #2	\$1,525	\$1,525	\$1,525	\$1,525	\$0	0%
Condo Fee HWH 1140 1st #2	\$1,644	\$1,644	\$1,644	\$1,644	\$0	0%
Condo Fee HWH 7068 Wildwood #148	\$0	\$1,620	\$1,620	\$1,598	(\$23)	-1%
Condo Fee HWH 786 Wildwood #95	\$0	\$1,620	\$1,620	\$1,786	\$166	10%
Condo Fee SPC 1140 1st #1	\$1,436	\$1,436	\$1,436	\$1,436	\$0	0%
Condo Fee SPC 124 Oak #2	\$1,013	\$1,013	\$1,013	\$1,013	\$0	0%
Condo Fee SPC 1718 O'Daniel #11	\$2,635	\$2,635	\$2,635	\$2,719	\$84	3%
Condo Fee SPC 128 Oak #2	\$1,071	\$1,071	\$1,071	\$1,071	\$0	0%
Total Condo Fees	\$9,324	\$12,563	\$12,563	\$12,791	\$228	2%
Repair & Maintenance - Detail						
Repair & Maint 00				\$98	\$98	#DIV/0!
Repair & Maint CH2 (Rentals)	\$300	\$300	\$300	\$0	(\$300)	-100%
Repair & Maint GH	\$14,727	\$13,200	\$13,200	\$24,735	\$11,535	87%
R&M Insurance Recovery				\$0	\$0	#DIV/0!
Repair & Maint HWH 1024 Hancock	\$1,000	\$1,000	\$1,000	\$444	(\$556)	-56%
Repair & Maint HWH 1026 Hancock	\$1,000	\$1,000	\$1,000	\$247	(\$753)	-75%
Repair & Maint HWH 605 St Catherine	\$1,000	\$4,095	\$4,095	\$6,550	\$2,455	60%
Repair & Maint HWH 1210 Brook #2 Condo	\$1,000	\$1,000	\$1,000	\$476	(\$524)	-52%
Repair & Maint HWH 1140 1st #2 Condo	\$1,000	\$1,000	\$1,000	\$285	(\$715)	-72%
Repair & Maint HWH 1019 Hancock	\$1,000	\$1,000	\$1,000	\$395	(\$605)	-61%
Repair & Maint HWH 304 Kentucky	\$8,070	\$7,000	\$7,000	\$7,052	\$52	1%
Repair & Maint HWH 2915 Portland	\$1,395	\$5,000	\$5,000	\$1,543	(\$3,457)	-69%
Repair & Maint HWH Wildwood #148 Condo	\$0	\$1,000	\$1,000	\$2,482	\$1,482	148%
Repair & Maint HWH Wildwood #95 Condo	\$0	\$1,000	\$1,000	\$838	(\$182)	-16%
Repair & Maint HWH 509 Inverness	\$1,000	\$1,000	\$1,000	\$1,567	\$567	57%
Repair & Maint HWH 1021 Hancock	\$1,000	\$1,000	\$1,000	\$449	(\$551)	-55%
Repair & Maint HWH Properties	\$6,000	\$6,000	\$6,000	\$2,250	(\$3,750)	-63%
Repair & Maint SPC 1140 1st #1 Condo	\$1,000	\$2,735	\$2,735	\$1,715	(\$1,020)	-37%
Repair & Maint SPC 124 Oak #2 Condo	\$1,090	\$500	\$500	\$908	\$408	82%
Repair & Maint SPC 1718 O'Daniel Condo	\$1,370	\$500	\$500	\$968	\$468	94%
Repair & Maint SPC 128 Oak #2 Condo	\$860	\$500	\$500	\$567	\$67	13%
Total Repair & Maintenance - Detail	\$42,812	\$48,830	\$48,830	\$53,568	\$4,738	10%

HOUSE OF RUTH
 INCOME STATEMENT (Unaudited)
 FYE JUNE 30, 2018

	MOS					
	YE 6/19 BUDGET ANNUAL	YE 6/18 BUDGET ANNUAL	6/18 BUDGET YTD	6/18 ACTUAL YTD	6/18 VARIANCE YTD	6/18 VARIANCE YTD
Appliances - Detail						
Appliances GH	\$500	\$500	\$500	\$2,802	\$2,302	460%
Appliances SPC 1718 Odaniel #11 Condo			\$0	\$0	\$0	#DIV/0!
Appliances SPC 128 Oak #2 Condo			\$0	\$343	\$343	#DIV/0!
Appliances HWH 605 St Catherine			\$0		\$0	#DIV/0!
Appliances HWH 1019 Hancock			\$0	\$404	\$404	#DIV/0!
Appliances HWH 304 Kentucky	\$0	\$0	\$0	\$793	\$793	#DIV/0!
Appliances HWH 2915 Portland			\$0	\$0	\$0	#DIV/0!
Appliances HWH #148 Wildwood			\$0	\$221	\$221	#DIV/0!
Appliances HWH 509 Inverness			\$0	\$494	\$494	#DIV/0!
Appliances HWH 1021 Hancock			\$0	\$0	\$0	#DIV/0!
Appliances HWH per grant	\$1,500	\$1,500	\$1,500	\$0	(\$1,500)	-100%
Total Appliances - Detail	\$2,000	\$2,000	\$2,000	\$5,057	\$3,057	153%

HOUSE OF RUTH, INC.

General Information

Organization Number	0303763
Name	HOUSE OF RUTH, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	8/6/1992
Organization Date	8/6/1992
Last Annual Report	6/25/2018
Principal Office	607 E. ST. CATHERINE STREET LOUISVILLE, KY 40203
Registered Agent	LISA SUTTON 607 E. ST. CATHERINE ST. LOUISVILLE, KY 40203

Current Officers

Chairman	<u>Michael Huttenlocher</u>
Vice President	<u>Marcel Robinson</u>
Secretary	<u>Ray Nelson</u>
Treasurer	<u>Donald Palmore</u>
Director	<u>David Pass</u>
Director	<u>Tim Whelan</u>
Director	<u>Aaron Butler</u>
Director	<u>Austin Llewellyn</u>
Director	<u>L'Tonya Leavell</u>
Director	<u>Missy Vitale</u>
Director	<u>Lesley Harris</u>
Director	<u>Bobbie Ramsey</u>
Director	<u>Rod Thomas</u>

Individuals / Entities listed at time of formation

Director	<u>MARY E BINDNER</u>
Director	<u>SHARON A COOK</u>
Director	<u>SHARAN A BENTON SCN</u>
Director	<u>ANNE LEE BINDNER</u>
Director	<u>MARILYN SPINK SCN</u>
Incorporator	<u>MARY E BINDNER</u>
Incorporator	<u>SHARON A COOK</u>
Incorporator	<u>ANNE LEE BINDNER</u>
Incorporator	<u>SHARAN A BENTON</u>
Incorporator	<u>SHARON L GRAY SCN</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	6/25/2018	1 page	PDF	
Annual Report	6/7/2017	1 page	PDF	
Annual Report	8/11/2016	1 page	PDF	
Annual Report	6/22/2015	1 page	PDF	
Annual Report	6/12/2014	1 page	PDF	
Annual Report	9/26/2013	1 page	tiff	PDF
Annual Report	6/12/2013	1 page	PDF	
Annual Report	6/28/2012	1 page	PDF	
Registered Agent name/address change	2/27/2012 12:19:53 PM	1 page	PDF	
Annual Report	2/10/2011	1 page	PDF	
Annual Report	3/9/2010	1 page	PDF	
Annual Report	1/12/2009	1 page	PDF	
Annual Report	1/24/2008	1 page	PDF	
Annual Report	2/9/2007	1 page	PDF	
Annual Report	2/10/2006	1 page	PDF	
Annual Report	3/22/2005	1 page	tiff	PDF
Annual Report	6/10/2003	1 page	tiff	PDF
Statement of Change	4/23/2003	1 page	tiff	PDF
Annual Report	12/16/2002	1 page	tiff	PDF
Annual Report	5/11/2001	1 page	tiff	PDF
Annual Report	8/24/2000	1 page	tiff	PDF
Statement of Change	1/26/2000	1 page	tiff	PDF
Amended and Restated Articles	1/26/2000	3 pages	tiff	PDF
Annual Report	10/14/1999	2 pages	tiff	PDF
Statement of Change	8/30/1999	2 pages	tiff	PDF
Annual Report	7/28/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	2 pages	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Statement of Change	9/13/1994	1 page	tiff	PDF
Annual Report	3/30/1994	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Statement of Change	5/28/1993	1 page	tiff	PDF
Articles of Incorporation	8/6/1992	4 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/25/2018 10:59:33 AM	6/25/2018 10:59:33 AM	

Annual report	6/7/2017	6/7/2017
	12:45:23 PM	12:45:23 PM
Annual report	8/11/2016	8/11/2016
	1:36:28 PM	1:36:28 PM
Annual report	6/22/2015	6/22/2015
	11:20:25 AM	11:20:25 AM
Annual report	6/12/2014	6/12/2014
	9:42:37 AM	9:42:37 AM
Amendment to annual report	9/26/2013	9/26/2013
	2:14:13 PM	
Annual report	6/12/2013	6/12/2013
	3:28:21 PM	3:28:21 PM
Annual report	6/28/2012	6/28/2012
	10:10:32 PM	10:10:32 PM
Registered agent address change	2/27/2012	2/27/2012
	12:19:53 PM	12:19:53 PM
Annual report	2/10/2011	2/10/2011
	2:56:06 PM	2:56:06 PM
Annual report	3/9/2010	3/9/2010
	4:16:31 PM	4:16:31 PM
Annual report	1/12/2009	1/12/2009
	2:58:13 PM	2:58:13 PM
Annual report	1/24/2008	1/24/2008
	11:00:55 AM	11:00:55 AM
Annual report	2/9/2007	2/9/2007
	2:44:10 PM	2:44:10 PM
Annual report	2/10/2006	2/10/2006
	3:18:47 PM	3:18:47 PM
Registered agent address change	4/23/2003	4/23/2003
	8:54:02 AM	
Annual report	2/11/2002	2/11/2002
Annual report	6/25/2000	6/25/2000
Registered agent address change	1/26/2000	1/26/2000
Amendment - Change purpose	1/26/2000	1/26/2000
Amendment - Amended and restated articles / CLP	1/26/2000	1/26/2000
Amendment - Miscellaneous amendments	1/26/2000	1/26/2000
Amendment - Change Principal Office	1/26/2000	1/26/2000
Annual report	8/30/1999	8/30/1999
Registered agent address change	8/30/1999	8/30/1999

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	3/7/2005	1 page
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