Form **990**

EXTENDED TO NOVEMBER 15, 2019 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A	For th	e 2018 calendar year, or tax year beginning and e	ending	_				
В	Check if applicab	C Name of organization		D Employer identific	cation number			
Г	Addre	ss THE RYR-1 FOUNDATION						
Ē	Name chang			47-1	094057			
Ē	Initial return		Room/suite	E Telephone number				
Ē	Final	DO BOY 12212	10011304710	*	529-1482			
	termir			G Gross receipts \$ 778,647.				
	Amen			H(a) Is this a group re				
	Applic	F Name and address of principal officer:MICHAEL GOLDBERG		for subordinates				
	pendi	PO BOX 13312, PITTSBURGH, PA 15243		H(b) Are all subordinates in	······ — —			
ī	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1) or	r 527	1	list. (see instructions)			
J	Websi	te: > WWW.RYR1.ORG		H(c) Group exemption	n number 🕨			
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: PA			
P	art I	Summary						
ģ	1	Briefly describe the organization's mission or most significant activities: $\underline{ ext{THE}}$						
Activities & Governance		FOUNDATION IS TO SUPPORT RESEARCH LEADING	TO A	N EFFECTIVE	TREATMENT			
E.	2	Check this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as				
õ	3			3	12			
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			11			
8	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			1			
Ž	6	Total number of volunteers (estimate if necessary)		6	0			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 38	······		0.			
Revenue		0 . 7 . 7	<u> </u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,050,003.	738,133.			
	9	Program service revenue (Part VIII, line 2g)		4,750.	32,876.			
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,596.	6,144.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,719.	1,494.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,059,068. 271,963.	778,647.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3) Benefits paid to or for members (Part IX, column (A), line 4)		2/1,963.	172,858.			
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		43,669.	51,626.			
šė	169	Professional fundraising fees (Part IX, column (A), line 11e)		43,000.	0.			
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 33, 32	6.					
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	68,637.	196,701.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		384,269.	421,185.			
		Revenue less expenses. Subtract line 18 from line 12		674,799.	357,462.			
20 5			Ber	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,238,870.	1,513,156.			
ASS B	21	Total liabilities (Part X, line 26)		109,976.	23,244.			
탈	22	Net assets or fund balances. Subtract line 21 from line 20		1,128,894.	1,489,912.			
Pi	art II	Signature Block	•		A			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	y knowledge and belief, it is			
<u>true</u>	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Hei	re	MICHAEL GOLDBERG, PRESIDENT						
		Type or print name and title	Te)-1	DTIN DTIN			
		Print/Type preparer's name Preparer's signature		Date Check Check if	PTIN			
Paid		KICHARD E: DINOBRE 10-0	[1	1-11-19 if self-employe	<u> </u>			
	parer	Firm's name GROSSMAN YANAK & FORD OLLP		Firm's EIN ▶	25-1638525			
use	Only	Firm's address THREE GATEWAY CTR STE 1800			40\000 000			
		PITTSBURGH, PA 15222] Phone по. (4)	12)338-9300			
ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form 990 (2018) THE RYR-1 FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
v	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
J	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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		٠,,	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,]	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		_ v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			•
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2018) THE RYR-1 FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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	04-		v
h	Schedule K. If "No," go to line 25a	24a 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, 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,"			
07	complete Schedule L, Part II	26		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	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
20	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		v
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			i
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			ı
Par	Note, All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance**	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yeş	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		l
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2018) THE RYR-1 FOUNDATION 47-1094057 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? Х 4a 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? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 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 X to file Form 8282? 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Х 7f 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 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter: 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 Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Pai	tvi Governance, Management, and Disclosure For each "Yes" response to lines 2 the to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Co			"No" r	espon	se
						X
Sec	tion A. Governing Body and Management					<u> </u>
	to a continue body and management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	la	12		103	110
	If there are material differences in voting rights among members of the governing body, or if the governing	144				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		· · · · · · · · · · · · · · · · · · ·	1		
_	officer, director, trustee, or key employee?	p with	arry outlor	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		X
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?						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			7a		<u>X</u>
_	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			<u></u>		
a	The governing body?	-	-	8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
			·	-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	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 boo	ly befo	re filing the form?	11a		X
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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe		!	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		_X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization		,	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a			
	taxable entity during the year?			16a		_X_
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA		T/O // ==:::::			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	nd 990	- I (Section 501(c)(3)	s only)	availa	old
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	t interest policy, and	finan	cial	
	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 bo		d records			
	LINDSAY GOLDBERG, SECRETARY/TREASURER - 412-529-14	82				
	PO BOX 13312, PITTSBURGH, PA 15243					

Form 990 (2018) 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

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 organizat (A)	(B)						Isa	(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	officer and a director/trustee)					tee)	from	from related	other
	(list any	Individual trustee or director	-					the	organizations	compensation
	hours for related	ord	홣			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	trus		98	Highest compensated employee		(44-27 (099-141150)		organization and related
	below	dualt	ligua	_	l gl	st coi	 			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Flighe	Former			
(1) MICHAEL GOLDBERG	20.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) MORTON GOLDBERG	10.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(3) LINDSAY GOLDBERG	10.00									
SECRETARY/TREASURER		Х		Х				8,790.	0.	0.
(4) MICHAEL LEGUM	1.00							•		
ASSISTANT TREASURER		X		X				0.	0.	0.
(5) MYRNA GOLDBERG	1.00									
TRUSTEE		Х						0.	0.	0.
(6) JENNIFER RYAN	5.00									
TRUSTEE		X						0.	0.	0.
(7) MICHAEL ORSECK	1.00									
TRUSTEE		Х						0.	0.	0.
(8) EMILY PEDERSEN	1.00									
TRUSTEE		X						0.	0.	0.
(9) RANDOLPH PEPPER	1.00									
TRUSTEE		X						0.	0.	0.
(10) ALLISON BRASWELL	1.00									
TRUSTEE		X						0.	0.	0.
(11) DONALD ZACK	1.00									
TRUSTEE		X						0.	0.	0.
(12) JUSTIN MCARTHUR	1.00									
TRUSTEE		X						0.	0.	0.
	-									
	<u> </u>	L								

ral	Section A. Officers, Directors, Trus	1	ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c		ition more) than	one	Reportable	Reportable		E	stimate	ed
		hours per	kod	t, unie	ess pe	erson	is bot or/trus	h an	•	compensatio		ar	nount	of
		week (list any	1	Cer ar					from	from related	1		other	
		hours for	lirecti						the	organizations			pensa	
		related	eord	trustee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS) (O)		rom th anizat	
		organizations	fruste	E ST		ag/	mpeu		(** 27 1033 141100)				d relat	
		below	ndividual trustee or director	Institutional	h	Кеу етріоуее	est co	형					anizati	
		line)	īği	Instit	Officer	Key e	Highest compensated employee	Form						
								ļ						
										 :				
			1											
			1											
							 							
											-	_		
		-									İ			
						<u> </u>	ļ		_	***				
					<u>.</u>									
		<u> </u>					L.,							
1b	Sub-total							▶	8,790.		0.			0.
C	Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
d	Total (add lines 1b and 1c)	<u></u>							8,790.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportable	е			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, or tru	stee	e, ke	y er	nplo	yee,	or i	highest compensated er	mployee on	ſ			
	line 1a? If "Yes," complete Schedule J for s	uch individual				·			•	•	ŀ	3		X
4	For any individual listed on line 1a, is the su										····· [
	and related organizations greater than \$150								· · · · · · · · · · · · · · · · · · ·		ľ	4		Х
5	Did any person listed on line 1a receive or a									dual for services	·····			
	rendered to the organization? If "Yes," com								3			5	'	х
Sec	tion B. Independent Contractors	<u> </u>		0, 00		00.0	,,,,,							21
1	Complete this table for your five highest co	mnensated inc	lene	ende	nt c	ontr	acto	re t	hat received more than	\$100,000 of com	nones	ation f	rom	
•	the organization. Report compensation for										period	200111		
_	(A)	ino odionadi y	- Cui	01101	.9 .		0, 11	1	(B)	,car.		(0	*1	
	Name and business	address	NC	ONE	7				Description of s	ervices	C		7) nsatio	n
			110	7111				\dashv	,					
					-					_				
								\dashv	_					
								_1				_		
2	Total number of independent contractors (i		ot lir	mite	d to	tho	se lis	sted	I above) who received m	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				()							

Form 990 (2018) THE RYR-1 FOUNDATION
Part VIII Statement of Revenue

	_	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
اغ وي		Fundraising events		8,773.				
ar /		Related organizations		0,,,,,,				
% <u>;</u>		Government grants (contribut						
ë S		All other contributions, gifts, gran	,					
풀칠	•	similar amounts not included abo		729,360.				
草		Noncash contributions included in lines		9,661.				
장	_	Total. Add lines 1a-1f			738,133.			
- 1		Total: Add lines to 11		Business Code	730,1331	1 11 11 11 11 11 11 11 11 11 11 11 11 1		
as	2 2	SPONSORSHIPS		900099	16,417.	16,417.		
Š		FAMILY CONFEREN	TCE	900099	12,871.	12,871.		
Ser		PROGRAM INCOME	(CE	900099	3,588.			
Program Service Revenue				300033	3,300.	3,588.		
gra Re	d							
ည	е.	All sales as a second s						
_		All other program service reve			22 076			
		Total. Add lines 2a-2f			32,876.			
Ì	3	Investment income (including	· ·	C 144			6 144	
		other similar amounts)			6,144.			6,144.
	4	Income from investment of tax		·				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	***************************************		+				
	b	Less: rental expenses						
	C	Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	İ	į		
		assets other than inventory	-	ļ				
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
e ne	8 a	Gross income from fundraising	· .					
e l		30000	<u>'73 .</u> of					
Be		contributions reported on line	•					
Other Reven		Part IV, line 18		_				
₹		Less: direct expenses		0.				
		Net income or (loss) from fund		>	0.			
	9 a	Gross income from garning ac						
		Part IV, line 19						
		Less: direct expenses						1
		Net income or (loss) from gam	_					
	10 a	Gross sales of inventory, less						
		and allowances	a					
	b	Less: cost of goods sold	b					
	C	Net income or (loss) from sale	s of inventory					
L		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS I	NCOME	900099	1,494.	1,494.	<u></u>	
	b							
İ	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	1,494.			
	12	Total revenue. See instructions			778,647.	34,370.	0.	6,144.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 99,915. 99,915 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 72,943. 72,943 individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 47,615. 33,320. 11,915. 2,380. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 2,807. 4,011. 1,003. 201. Payroll taxes Fees for services (non-employees): 7,268. Management 8,861. 1,263 330. 9,550. 9,550. Legal 12,791. 663 12,128. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,002 2,504. 498. column (A) amount, list line 11g expenses on Sch O.) 22,759. Advertising and promotion 15,680. 23. 7,056. 12 8,784. 60. 5,251. 3,473. 13 Office expenses Information technology 14 Royalties 15 Occupancy 16 92,122. 85,065. 202. 6.855. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates Depreciation, depletion, and amortization 22 1,903. 1,903. 23 Other expenses. Itemize expenses not covered 24 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.) 14,864. 160. 1,730. a MEDIA AND COMMUNICATION 12,974. 2,615. PRINTING & COPYING 1,113. 0. 1,502. 2,000. c HONORARIUMS 2,000. 0. 0. 1,805. 198. 1,280. d POSTAGE 327. 15,645. 9,067. 563. <u>6,015.</u> e All other expenses 50,791. 33,326. 421,185. 337,068. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here _____ if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet

rant A	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
1	Cash - non-interest-bearing	617,504.	1	627,786
2	Savings and temporary cash investments	300,191.	2	553,377
3	Pledges and grants receivable, net	50,000.		·
4	Accounts receivable, net	<u> </u>	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			
<u>9</u>	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
ĕ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	3,782.	9	0
10	Land, buildings, and equipment: cost or other	3,102	3	
	basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	267,393.	11	331,993
12	Investments - other securities. See Part IV, line 11	201,373.	12	
13	Investments - program-related. See Part IV, line 11			<u> </u>
14	Intangible assets		13	
15	Other assets. See Part IV, line 11		14	· · · · · · · · · · · · · · · · · · ·
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,238,870.	15	1 512 156
17	Accounts payable and accrued expenses	5,932.	16	1,513,156
18		5,934.	17	23,244
19	Grants payable	104 044	18	
20	Deferred revenue	104,044.	19	0
21	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D	<u></u>	21	
S 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities 23	key employees, highest compensated employees, and disqualified persons.		ŀ	
	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			
İ	parties, and other liabilities not included on lines 17:24). Complete Part X of			
	Schedule D	100 000	_25	
26_	Total liabilities. Add lines 17 through 25	109,976.	26	23,244
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
8	complete lines 27 through 29, and lines 33 and 34.	1 100 001	ļ	
27	Unrestricted net assets	1,128,894.	27	1,165,067
28	Temporarily restricted net assets	0.	28	324,845
29	Permanently restricted net assets		29	<u>.</u>
27 28 29 30 31 32 31 32 32 33 34 32 34 32 34 32 34 32 34 34 34 34 34 34 34 34 34 34 34 34 34	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	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	1,128,894.	33	1,489,912
34	Total liabilities and net assets/fund balances	1,238,870.	34	1,513,156

Act and OMB Circular A-133?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2018)

За

X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018Open to Public

Inspection

Name of the organization Employer identification number 47-1094057 THE RYR-1 FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ĸ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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. 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 Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (vi) Amount of other (v) Amount of monetary in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 THE RYR-1 FOUNDATION 47-10940 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		209,071.	260,500.	1035217.	729,360.	2234148.
2	Tax revenues levied for the organ-						
	ization'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		209,071.	260,500.	1035217.	729,360.	2234148.
	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.					VIII II II II II II II II II II II II II	2234148.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4		209,071.	260,500.	1035217.	729,360.	2234148.
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		43.	1,030.	2,596.	6,144.	9,813.
g	Net income from unrelated business					- 7	-,
-	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.)			263.	2,564.	1,494.	4,321.
11	Total support. Add lines 7 through 10						2248282.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	73,961.
	First five years. If the Form 990 is for	•	,				
		_			-	······································	> [X]
Sec	organization, check this box and store ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2018 (I			olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2018. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2017. If the	organization did no	t check a box on t	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			*	•	-	
b	10% -facts-and-circumstances tes						
_	more, and if the organization meets the	J				•	
	organization meets the "facts-and-circ				•		>
18	Private foundation. If the organization		•				s

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

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

Se	ction A. Public Support	-			·	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			1			
	ization'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						
	Amounts included on lines 1, 2, and	-	-				
, •	3 received from disqualified persons						
Ł	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						
_	4 1 1 12 7 1 7 1 7 1						
	***************************************						<u> </u>
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(4) 2017	/a) 2019	(O Total
	Amounts from line 6	(a) 2014	(0) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income		-				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						ļ
_	Add lines 10a and 10b						<u> </u>
	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain		·				
_	or loss from the sale of capital						
40	assets (Explain in Part VI.)	-					
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				<u> </u>
14	First five years. If the Form 990 is for				-		
500	check this box and stop here check this box and stop here					<u>,,</u>	P
						T	
	Public support percentage for 2018 (15	<u>%</u>
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					Т	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2018. If the	=					17 is not
	more than 33 1/3%, check this box a				-		
Ь	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
<u>2</u> 0	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

Part IV 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

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

		Yes	No
		. 03	
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		<u> </u>
	9c		
	- 50		
:	10a		
	10b		
- n	an ar ac	VA E371	0040

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin		• ••	<u>47-1094057 Page 6</u>
	Type in teath t differentially integrated coo(d)(c) cupper til			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_ 3	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	-	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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):			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	<u> </u>	
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	<u></u>	
6	Multiply line 5 by .035	6		-
7	Recoveries of prior-year distributions	7		
88	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount, Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall		d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

	rt V Type III Non-Functionally Integrated 509			17-1094057 Page 7				
	Type in item i anotieriany integrated eee	(a)(a) Supporting Org	anizations (continued)					
	ion D - Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp							
2	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose							
4	Amounts paid to acquire exempt use assets	<u> </u>						
_ - -	Qualified set-aside amounts (prior IRS approval required)		 	<u> </u>				
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							
Ü								
(provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount							
10	Ento o amount divided by line 3 amount	fi)	/ii\	/:::\				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI). See instructions.	Pananini .						
3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b	From 2014							
¢	From 2015							
d	From 2016							
_ е	From 2017							
f	Total of lines 3a through e		. ""					
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
<u>i</u>	Carryover from 2013 not applied (see instructions)							
_ <u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
þ	Applied to 2018 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.	-						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014		-					
b	Excess from 2015							
C	Excess from 2016							
d	Excess from 2017							
e	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 THE RYR-1 FOUNDATION	47-1094057 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, if line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also	y Part II, line 10; Part II, line 17a or 17b; Part III, line 12; and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	
_		
		W. W. J.
_		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE RYR-1 FOUNDATION

Employer identification number

47-1094057 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 Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, fine 7. Purpose(s) of conservation easements held by the organization (check all that apply), Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ______ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under 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 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

Assets included in Form 990, Part X

		<u>-1 FOUNDAT</u>					<u>47-10</u>			1ge 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures, or Otl	<u>ner Simila</u>	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other recor	ds, check a	ny of the	following that are a	significant (use of its	collection	item	s
	(check all that apply):									
а	Public exhibition	(d 🛄 Lo	an or exc	hange programs					
b	Scholarly research	•	e Ot	her						
C	c Preservation for future generations									
4										
5	During the year, did the organization solicit or	receive donations	of art, histo	orical trea	isures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma							Yes		No_
Pai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part		lete if the o	ganizatio	on answered "Yes" o	n Form 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia		diary for co	ntribution	is or other assets or	nt included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a				***************************************			J 163		, 140
-	and a supram and a supram a supram a	and downplote the re	onowing tac					Amount		
С	Beginning balance					1c		, anount		
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.							J 163]
	rt V Endowment Funds. Complete if	the organization as	nswered "Y	es" on Fo	orm 990. Part IV. line	10.		,		<u></u>
	-	(a) Current year	(b) Prio		(c) Two years back		ears hack	(a) Four	vears	——— hack
1a	Beginning of year balance	(a) ourrorn your	(0),	, you	(c) The years back	(4) 111100 3	Daily Buck	(e) rour	youro	Duck
b	Contributions	 								
6	Net investment earnings, gains, and losses									
d	Grants or scholarships									
-	Other expenditures for facilities									
•	and programs									
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·								
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end haland	ce (line 1a	column /s	i/) hold as:	L				
a	Board designated or quasi-endowment	-	%	column (e	a)) Held as.					
b	Permanent endowment	%	′"							
c	Temporarily restricted endowment	%								
Ü	The percentages on lines 2a, 2b, and 2c shou									
33	Are there endowment funds not in the posses	•	ration that a	ro bold a	nd administered for	the ergoniz	otion			
04	by:	on on the organiz	adon that e	iic ricia a	ina daministerea tor	ine organiz	ation	Г	Yes	No
	(i) unrelated organizations							3a(i)	163	140
	(ii) related organizations	******************			***************************************			3a(ii)		-
h	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	ired on Sch	edule R2				3b		
4	Describe in Part XIII the intended uses of the							30		
	t VI Land, Buildings, and Equipme		OWINCINC IQI							
	Complete if the organization answered		0 Part IV li	ne 11a S	See Form 990 Part)	(line 10				
	Description of property	(a) Cost or o				Accumulate	<u>_</u>	(d) Book	· value	
	becomplion of property	basis (investr			`,	accumulate epreciation	٠	(u) BOOK	value	,
10	Land	<u> </u>			(=)					
	***************************************					.				
	Buildings Leasehold improvements						+-			
							$\overline{}$			
	Equipment Other						-			
	Add lines 1a through 1e (Column (d) must ea		X column	(B) line 1	1001					0

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.		· · · · · · · · · · · · · · · · · · ·	4, 105405; rage
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value		: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII Investments - Program Related.	_		
Complete if the organization answered "Yes" o (a) Description of investment		e 11c. See Form 990, Part X,	line 13.
	(b) Book value	(c) ivietnod of valuation	: Cost or end-of-year market value
(2)			
(3)			
(4)		<u> </u>	
(5) (6)			
(7)			
(8)			
(9)		-	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	e 11d. See Form 990. Part X. I	ine 15
	escription	5 7 7 d. 555 1 5111 555, 1 d. 1 7 7, 1	(b) Book value
(1)			
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line		art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	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

THE RYR-1 FOUNDATION

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

THE RYR-1 FOUND				47-10940	
Part I General Info	rmation on A	Activities Ou	tside the United States. Comple	te if the organization answered "	Yes" on
Form 990, Part I	V, line 14b.		<u>-</u> -•		
			ds to substantiate the amount of its gra		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance ou	tside the
United States.					
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)	 .
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,			GRANTS TO RECIPIENTS		
CAMBODIA	0	0	LOCATED IN REGION		29,943.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED			GRANTS TO RECIPIENTS		
STATES	0	0	LOCATED IN REGION		30,000.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED			GRANTS TO RECIPIENTS		
STATES	0	0	LOCATED IN REGION		13,000.
				• ,	· ·
. .					
				· · · · · · · · · · · · · · · · · · ·	
O - Cubtatal	-	_			
3 a Subtotal	0	. 0			72,943.
b Total from continuation	_				
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)] 0	0			72,943.

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

THE RYR-1 FOUNDATION

Schedule F (Form 990) 2018

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT	KESEARCE	27 745.		0		
			RESEARCH	13 000				
							,	
	į							
2 Enter total number of by the IRS, or for which	recipient organizationships the grantee or con	ns listed above that are runsel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	empt		

3 Enter total number of other organizations or entities

Page 3

THE RYR-1 FOUNDATION

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2018
(g) Description of noncash assistance						Schedu
(f) Amount of noncash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients						
(b) Region				;		
(a) Type of grant or assistance						

Did the organization have any operations in or related to any boycotting countries during the tax year? If

Instructions for Form 5713; don't file with Form 990)

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2018

Yes X No

6

SCHEDULE (Form 990) Department of the Treasury

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

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

► Go to www.irs.gov/Form990 for the latest information. ▼ Attach to Form 990.

Open to Public 2018 Inspection

OMB No. 1545-0047

ž Employer identification number 47-1094057 (h) Purpose of grant or assistance X Yes 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 RESEARCH ESEARCH RESEARCH RESEARCH RESEARCH 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 o Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 20,000, 12,480. 30,000 16,783 7,647 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table THE RYR-1 FOUNDATION General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization RESEARCH - 31 CENTER DRIVE, ROOM INGENIOUS TARGETING LABORATORY NATIONAL INSTITUTE OF NURSING BAYLOR COLLEGE OF MEDICINE 500 JOSEPH C. WILSON BLVD 5B03 - BETHESDA, MD 20892 or government UNIVERSITY OF ROCHESTER 2200 SMITHTOWN AVENUE RONKONKOMA NY 11779 Name of the organization ROCHESTER NY 14627 COLUMBIA UNIVERSITY 116TH ST & BROADWAY NEW YORK, NY 10027 HOUSTON TX 77030 1 BAYLOR PLAZA Part Par

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

Schedule I (Form 990) (2018)

47-1094057 Schedule I (Form 990) (2018) THE RYR – 1 FOUNDATION

Part III 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.

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2018)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Schedule O (Form 990 or 990-EZ) (2018)

THE RYR-1 FOUNDATION 47-1094057
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OR A CURE FOR RYR-1 RELATED DISEASES THROUGH SUPPORTING RESEARCH,
PHYSICIAN EDUCATION, AND PATIENT & FAMILY SUPPORT AND ADVOCACY.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THE RYR-1 FOUNDATION HAS HOSTED FIVE, ONE-DAY SCIENTIFIC MEETINGS OVER
THE PAST THREE YEARS. PARTICIPANTS IN THESE MEETINGS INCLUDE MEMBERS OF
THE RYR-1 FOUNDATION'S SCIENTIFIC ADVISORY BOARD (SAB), RESEARCHERS
RECEIVING FUNDING FROM THE RYR-1 FOUNDATION, AND REPRESENTATIVES FROM
THE CLINICAL, RESEARCH, AND PATIENT ADVOCACY COMMUNITIES.
THE FOCUS OF THESE MEETINGS IS TO DISSEMINATE RESEARCH FINDINGS FROM
RECIPIENTS OF RYR-1 FOUNDATION GRANTS. IN THIS SETTING, THE RESEARCHERS
RECEIVE FEEDBACK FROM THE SAB; THIS DETERMINES IF THE RESEARCHERS HAVE
MET THEIR MILESTONES IN ORDER TO RECEIVE ADDITIONAL FUNDING. IN
ADDITION TO FUNDED RESEARCHERS, NON-FUNDED INVESTIGATORS WHO HAVE
IMPORTANT INSIGHTS ARE INVITED TO SPEAK. TIME IS ALSO DEVOTED TO
STRATEGIC PLANNING FOR FUTURE RESEARCH PRIORITIES AND FUNDING. PERHAPS
MOST IMPORTANTLY, THESE MEETINGS PROVIDE A FORUM FOR RESEARCHERS FROM
AROUND THE WORLD TO SHARE IDEAS AND DEVELOP PLANS FOR FUTURE
COLLABORATIONS.
FORM 990, PART VI, SECTION A, LINE 2:
MICHAEL GOLDBERG IS PRESIDENT & A TRUSTEE OF THE RYR-1 FOUNDATION. HE IS
MARRIED TO LINDSAY GOLDBERG AND IS THE SON OF MYRNA AND MORTON GOLDBERG.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization THE RYR-1 FOUNDATION	Employer identification number 47-1094057
LINDSAY GOLDBERG IS SECRETARY & TREASURER AS WELL AS A TR	USTEE OF THE RYR-1
FOUNDATION. SHE IS MARRIED TO MICHAEL GOLDBERG AND IS TH	E DAUGHTER-IN-LAW
OF MYRNA AND MORTON GOLDBERG.	
MORTON GOLDBERG IS VICE PRESIDENT AND A TRUSTEE OF THE RY	R-1 FOUNDATION.
HE IS THE FATHER OF MICHAEL GOLDBERG, HUSBAND OF MYRNA GO	LDBERG, AND
FATHER-IN-LAW OF LINDSAY GOLDBERG.	
MYRNA GOLDBERG IS A TRUSTEE OF THE RYR-1 FOUNDATION. SHE	IS THE MOTHER OF
MICHAEL GOLDBERG, WIFE OF MORTON GOLDBERG, AND MOTHER-IN-	LAW OF LINDSAY
GOLDBERG.	
FORM 990, PART VI, SECTION A, LINE 4:	
THE RYR-1 FOUNDATION UPDATED IT'S BY-LAWS SINCE THE FILIN	G OF THE 2017 FORM
990.	
TODY 000 DIDE UT GROTTON 5 1 1 1 1 1	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE BOARD PRESIDENT AND SECRE	TARY/TREASURER
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF TRUSTEES FILLS OUT A CONFLICT OF INTEREST PO	LICY ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:	
PROGRAM DIRECTOR'S SALARY WAS DETERMINED AFTER A REVIEW O	
DATA FROM COMPARABLE ORGANIZATIONS AND WITH INPUT FROM AN	
BOARD OF TRUSTEES. ADMINISTRATIVE SUPPORT FROM SECRETARY/	TREASURER/PATIENT

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization THE RYR-1 FOUNDATION	Employer identification number 47-1094057
LIASON BOARD MEMBER WAS DETERMINED BY BOARD OF TRUSTEE ME	MBERS WHO DO NOT
HAVE A FAMILIAL RELATIONSHIP WITH THIS INDIVIDUAL. BOARD	MEMBERS WHO ARE
RELATED TO THIS INDIVIDUAL WERE RECUSED FROM DELIBERATION	S AND APPROVAL OF
THIS PERSONS COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING TH	E ORGANIZATION
DIRECTLY. ALSO AVAILABLE ON GUIDESTAR'S WEBSITE.	

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print THE RYR-1 FOUNDATION 47-1094057 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for Social security number (SSN) filing your return. See PO BOX 13312 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PITTSBURGH, PA 15243 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 LINDSAY GOLDBERG, SECRETARY/TREASURER • The books are in the care of ▶ PO BOX 13312 - PITTSBURGH, PA 15243 Telephone No. ► 412-529-1482 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until ___NOVEMBER_15, 2019__, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or ____, and ending tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: ___ Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions. For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)