Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

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

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



A	For th	e 2019 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre	e IRE RIK-I FOUNDATION			
	Name	Doing business as		47-10940	57
	Initial returr Final	Number and street (or P.U. Dox if mail is not delivered to street address)	Room/suite	E Telephone numbe 412-529-	
	Lreturr termi ated			G Gross receipts \$	744,214.
	Amer	ded PITTSBURGH, PA 15243		H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: MICTIALL GOLDBERG		for subordinates	? Yes X No
	pend	PO BOX 13312, PITTSBURGH, PA 15243		H(b) Are all subordinates ir	ncluded? Yes No
		empt status: $X 501(c)(3) 501(c)() + (insert no.) 4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)
		te: WWW.RYR1.ORG		H(c) Group exemptio	
	_	f organization: X Corporation Trust Association Other ►	L Year	of formation: 2014	State of legal domicile: PA
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	MISSIC	N OF THE RY	$\frac{R-1}{R-1}$
and		FOUNDATION IS TO SUPPORT RESEARCH LEADIN			
/ern	2	Check this box Lift the organization discontinued its operations or dispo		1 - 1	
Activities & Governance	3			<u>13</u> 12	
	4		r of independent voting members of the governing body (Part VI, line 1b)		
ties	5				
ti		Total number of volunteers (estimate if necessary)			0
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	 I		
		Contributions and events (Dout) (III line 14)		Prior Year 738,133.	Current Year 629,541.
anı	8	Contributions and grants (Part VIII, line 1h)		32,876.	36,340.
Revenue	9	Program service revenue (Part VIII, line 2g)		6,144.	24,618.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,494.	53,715.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		778,647.	744,214.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		172,858.	180,847.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		51,626.	61,433.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25) > 22,8	34.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		196,701.	106,724.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		421,185.	349,004.
	19	Revenue less expenses. Subtract line 18 from line 12		357,462.	395,210.
Net Assets or Fund Balances		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,513,156.	1,907,947.
dB	21	Total liabilities (Part X, line 26)		23,244.	20,583.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		1,489,912.	1,887,364.

Part II 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 MICHAEL GOLDBERG, PRE Type or print name and title	SIDENT	Date							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	RICHARD E. DYNOSKE	RICHARD E. DYNOSKE	09/08/20 ^{if} self-employed P00095							
Preparer	Firm's name GROSSMAN YANAK		Firm's EIN ▶ 25-16385	25						
Use Only	Firm's address THREE GATEWAY (CTR STE 1800								
	PITTSBURGH, PA 15222 Phone no. (412)338-9300									
May the II	Aay the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	0-20 LHA For Paperwork Reduction Act No	otice, see the separate instructions.	Form 9 9	90 (2019)						
C	EE COUEDUIE O EOD ODCANI	TAMTON MICCION CMAMP								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) THE RYR-1 FOUNDATION 47-1094057 Page	e 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission: THE MISSION OF THE RYR-1 FOUNDATION IS TO SUPPORT RESEARCH LEADING TO AN EFFECTIVE TREATMENT OR A CURE FOR RYR-1 RELATED DISEASES THROUGH SUPPORTING RESEARCH, PHYSICIAN EDUCATION, AND PATIENT & FAMILY SUPPORT	
	AND ADVOCACY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	No
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 \$ 30,054. including grants of \$ 8,186.) (Revenue \$ 2,837	•)
	PATIENT OUTREACH AND EDUCATION - THE FOUNDATION RAISES AWARENESS	_
	THROUGH RESOURCES ON ITS WEBSITE, INCLUDING THE LATEST MEDICAL	
	LITERATURE, AS WELL AS DIRECT MEETINGS WITH PHYSICIANS AROUND THE	
	WORLD. THE FOUNDATION SERVES AS A RESOURCE FOR PATIENTS AND THEIR	
	FAMILIES THROUGH ITS WEBSITE, OTHER FORMS OF SOCIAL MEDIA, AND FAMILY	
	CONFERENCES.	
	CONFERENCES.	
4b	(Code:) (Expenses \$ 187,400. including grants of \$ 172,661.) (Revenue \$ 52,218	/
	RESEARCH GRANTS - THE FOUNDATION MAKES GRANTS TO RESEARCHERS INTERESTED	D
	IN RYR-1 MYOPATHY. AS THE ONLY ORGANIZATION SOLELY DEDICATED TO RYR-1	
	MYOPATHY, WE HOPE TO BE ABLE TO PROMOTE RESEARCH IN THIS AREA.	
	(Code:) (Expenses \$ 50,610. including grants of \$ 0.) (Revenue \$ 35,000	
4c		•)
	SCIENTIFIC MEETINGS - RYR-1-RELATED MYOPATHY (RYR-1-RM) IS A RARE,	
	INHERITED, CONGENITAL MYOPATHY THAT AFFECTS APPROXIMATELY 1/90,000	
	INDIVIDUALS. LIKE MANY "ORPHAN DISEASES," THERE ARE A LIMITED NUMBER OF	F
	RESEARCHERS STUDYING THIS CONDITION. FURTHER, THERE ARE NO REGULARLY	
	OCCURRING MEETINGS THAT SPECIFICALLY ADDRESS RYR-1-RM. SCIENTIFIC	
	MEETINGS FOCUSED ON AN ORPHAN DISEASE, SUCH AS RYR-1-RM, SERVE SEVERAL	
	PURPOSES: 1) TO DISSEMINATE NEW KNOWLEDGE TO LEADERS IN THE FIELD OF	
	RYR-1-RM; 2) TO PROVIDE A FORUM FOR FUNDED RESEARCHERS TO RECEIVE	
	CRITICAL REVIEWS AND SUGGESTIONS FOR IMPROVEMENTS; 3) TO ALLOW THE	
	~	
	TAKE" ENVIRONMENT; AND 4) TO ENCOURAGE MEDICAL/RESEARCH TRAINEES TO	
	PURSUE A CAREER IN RYR-1-RM.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 268,064.	
	Form 990 (20)19)
932002	SEE SCHEDULE O FOR CONTINUATION(S)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.5		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
• -	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

			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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	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	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		- 23
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	Schedule N, Part II	32		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u>-</u> -
	Part V, line 1	34		X
	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?			- v
~7	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	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	17	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7		100	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	

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Form 990	(2019)	THE RYF	l-1 FO	UNDATION	1
Part V	Statements	Regarding O	ther IRS	Filings and	Tax Compliance (continued)

2a Eart the number of amployaes reported on Form W3, Transmittal of Wage and Tax Statements. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 2 3 2 3 3 1 3 <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
Interformed for the calendary year ending with or within the year covered by this return 2 2 In the sum of lines 1a and 2a is greater than 250, you may be required fordar alloyment tax returns? 2a 2a Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e- <i>Rie</i> (see instructions) 3a 3a 1a D the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2 1b If Yes, 'is the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a 4a 2 B If Yes, 'is the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a 2 2 B If Yes, 'is during the organization in the transaction at any time during the tax year? 5a 2 3 B Was the organization set and the organization file Form 3886 TP. 5a 2 3 C D D dary taxation party to a prohibited tax shelter transaction? 5c 5c 3 B D D dary taxation and year exploited bars and the organization an express statement that \$100,000, and did the organization set and exploited bary nonthy wear on tax deductible or the solido an express statement that such contributions or gift were not tax deductible contributions under services provided 17 7a 2 3 B D If the signalization neize explores that are nonably greater than \$100,000, and did the organization neize explores the solido and explore yor yor who have are quinted to the party is a contribution or tothe year	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b If at least one is reported on line 2a, gld the organization file all required foderal employment tax retures? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2 3b If Yes, 'has If field 4 form 980 T into year? If 'No' to line 3b, provide an explanation or Schedule O 3a 2 3b If Yes, 'has If field 4 form 980 T into year? If 'No' to line 3b, provide an explanation or Schedule O 3a 2 3c At any time the name of the foreing country (such as a bank account, securities account, or other financial Account (FBAR). 5a 4a 2 3c B Was the organization have unrelates the frameschart on at any time during the tax year? 5a 2 2 5a 2 2 5a 2 2 3a 3a 3a 3a 3a					
a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2 b If 'Yes', has filled a Form 990-Tor this year? /f 'Wo' to ine 8,000, provide an explanation on Schedule 0 3b 3c 2 b If 'Yes', has filled a Form 990-Tor this year? /f 'Wo' to ine 8,000, provide an explanation on schedule 0 3c 3c 2 b If 'Yes', inter the name of the foreign country (such as a bank account, securitis account, or other financial account; FBAN), 5c 5a 2 5 Was the organization a part to a prohibited as shelter transaction? 5a 2 2 b Id any taxable party notify the organization that t was or is a party to a prohibited frast shelter transaction? 5a 2 6 Does the organization apart to a prohibited frast shelter transaction? 5a 2 f I' 'Aes' in the sac as 5d, dif the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a 2 0 If 'Nes', id the organization include with every solicitation and express provided to the party? 7a 2 0 If 'Nes', id the organization include with every solicitation and party for goods and services provided to the party? 7a 2 0 If 'Nes', id the organization include with every solicitation an express provided to the party? 7a 2 0 If 'Nes', include the	b		2b	Х	
b If 'Yes, 'has it filed a Form 980.7 for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3b 4 At any time during the calendar year, did the organization have an interest it, or a signature or other authently over, a financial accountly and the organization have an interest it, or a signature or other authently over, a financial account in a foreign countly be the submitted the toreign countly be services a bank account, securities accountly or other financial accountly and the securities account or the submitted the organization for file greatignments for File/CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 2 6a Did any taxable party notify the organization file Form 8886-17? 6a 2 6a Did any taxable party notify the organization file Form 8886-17? 6a 2 7b Tax (and the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible ontributions under section 170(c). 6a 2 7b Taxable accounting on a party any fund, directly or indirectly, to pay premium sons a personal benefit contract? 7a 2 7c Did the organization necke any fund, directly or indirectly, on a personal benefit contract? 7a 2 7d Did the organization recke any fund, directly or indidectly, on a personal benefit contract? <th></th> <td>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)</td> <td></td> <td></td> <td></td>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other atthority over, a financial account; scuttes account, or other financial account; or the financial account; or the set in a financial account; or the set in the name of the foreign country because account, or other financial account; or the set in	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
time	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶ See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization a park to a prohibited tax shelter transaction at any time during the tax year? 50 Did any taxable parky notify the organization that it was or is a party to a prohibited tax shelter transaction? 60 Did any taxable parky notify the organization their Form 8886 T? 61 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution any oronthbutions? 61 I' Nes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 81 It "Nes," indicate the number of Forms 8282 filed during the year 71 C 72 Z 73 Z 74 It "Nes," indicate the number of Forms 8282 filed during the year 74 Z 75 Sonsoring organization, andre years, approximums, directly or indirectly, on a personal benefit contract? 76 Z 77 Z 78 Sonsoring organization, andre way sub distribution to a care social work wid	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for Illing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 2 b Did any taxable party notify the organization that it was or a party to a prohibited tax shelter transaction? 5a 2 c If 'Yes'' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible accharitable contributions? 6a 2 b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible accharitable contributions and party for pools and services provided to the payor? 7a 2 b If 'Yes,'' did the organization nocity the donor of the value of the goods or services provided? 7a 2 c Did the organization nocity the donor of the value of the goods or services provided? 7b 7c 2 d If 'Yes,'' indicate the number of Forms 8282 filed during the year 7d 7d 7c 2 f Did the organization received a contribution of qualified intellectual property, did the organization received a contribution or qualified intellectual property, did the organization file Form 1098-C? 7f 7d 7d 7d 7d 7d 7d 7d 7d 7d 7d <th></th> <th>financial account in a foreign country (such as a bank account, securities account, or other financial account)?</th> <th>4a</th> <th></th> <th>X</th>		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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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. 13a 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. 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 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 15 2					
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14a 1	~				
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excess parachute payment(s) during the year? 15 2 If "Yes," see instructions and file Form 4720, Schedule N. 1 1					
If "Yes," see instructions and file Form 4720, Schedule N.	.5		15		x
	16		16		х
If "Yes," complete Form 4720, Schedule O.					

Form 990	(2019)
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THE RYR-1 FOUNDATION

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ŭ		
			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 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?	11a		X
	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? <i>If "No," go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1010		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{PA}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	, j	,	
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	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			
	LINDSAY GOLDBERG, SECRETARY/TREASURER - 412-529-1482			
	PO BOX 13312, PITTSBURGH, PA 15243			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensate	d
	Employees, and Independe	ent Contra	ctors					

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				reciu	n/uus	(ee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	nstitutional trustee	5	Key employee	est cc oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) MICHAEL GOLDBERG	20.00									
PRESIDENT		X		Х				0.	0.	0.
(2) MORTON GOLDBERG	10.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(3) LINDSAY GOLDBERG	10.00									
SECRETARY/TREASURER/ BUSINESS MANAGE		X		Х				8,725.	0.	0.
(4) MICHAEL LEGUM	1.00									
ASSISTANT TREASURER		X		Х				0.	0.	0.
(5) MYRNA GOLDBERG	1.00									
TRUSTEE		Х						0.	0.	0.
(6) JENNIFER RYAN	5.00									
TRUSTEE		Х						0.	0.	0.
(7) MICHAEL ORSECK	1.00									
TRUSTEE		Х						0.	0.	0.
(8) EMILY PEDERSEN	1.00									
TRUSTEE		Х						0.	0.	0.
(9) RANDOLPH PEPPER	1.00								_	
TRUSTEE		X						0.	0.	0.
(10) ALLISON BRASWELL	1.00								_	
TRUSTEE		Х						0.	0.	0.
(11) DONALD ZACK	1.00									_
TRUSTEE		х						0.	0.	0.
(12) JUSTIN MCARTHUR	1.00									
TRUSTEE		X						0.	0.	0.
(13) MIN LI	1.00									_
TRUSTEE		X						0.	0.	0.
		<u> </u>								

	<u>1 990 (2019) THE RYR-1</u>	FOUND	T]	101	1					47-109	940	57	Pa	ge 8
Pa	rt VII Section A. Officers, Directors, Trust		ploy	ees			ghes	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box, offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated n amount of other					
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		orgar	n the nizatic relate	on d
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A					I		8,725. 0. 8,725.		0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization							o r	-	,000 of reportable	I			0
3	Did the organization list any former officer,			key e	empl	oye	e, or	hig	ghest compensated emp	oloyee on				No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	le co	mp	ensa	ation	anc	ot		the organization		3 4		x x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp											5		х
1	ction B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t										ensat	ion fro	m	
	(A) Name and business			ONE					(B) Description of s		Со	(C) mpens	ation	
								_						
2	Total number of independent contractors (ir	e e	ot lir	nite	d to	tho:		tec	d above) who received m	nore than				

Form 990 (20			RYR
Part VIII	Statemer	nt of Rev	/enue

THE RYR-1 FOUNDATION

			r noto to any lin	o in this Part VIII			
		Check if Schedule O contains a response o		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<u>s</u> so							
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 11					
D D		Membership dues 1b	6,020.				
r Ar		Fundraising events 1c	0,020.				
ilai	c	Related organizations 1d					
Sir,	e	Government grants (contributions)					
er	f	All other contributions, gifts, grants, and					
ĘĘ			523,521.				
d to	ç	Noncash contributions included in lines 1a-1f	9,854.				
<u>a č</u>	h	Total. Add lines 1a-1f	🕨	629,541.			
		L.	Business Code				
e	2 a		900099	35,000.			
e Ži	b		900099	1,000.	1,000.		
s nu	c	PROGRAM INCOME	900099	340.	340.		
eve	c						
Program Service Revenue	e						
P.	f	All other program service revenue					
	ç	Total. Add lines 2a-2f	►	36,340.			
	3	Investment income (including dividends, interes					
		other similar amounts)		24,618.			24,618.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	F				
	-	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	c						
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	.,				
	h	Less: cost or other basis					
e		and sales expenses 7b					
enu							
Revenue							
her F		Net gain or (loss) Gross income from fundraising events (not					
Oth	88	including \$ 6,020 • of					
U							
		contributions reported on line 1c). See	0.				
		Part IV, line 18	0.				
	b	· · · · · · · · · · · · · · · · · · ·		0.			
		Net income or (loss) from fundraising events	····· P	0.			
	98	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		9b	\				
	0		▶				
	B UF	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	C	Net income or (loss) from sales of inventory					
sn			Business Code 900099	52,218.	52,218.		
oer ue	11 a		900099	1,497.	1,497.		
illar ven	b		200023	1,49/.	1,49/•		
Miscellaneous Revenue	c						
Ē	c			53,715.			
	e		🕨	744,214.	90,055.	0.	24,618.
	12	Total revenue. See instructions	🕨	/ 44 , 414•	90,000.	U •	<u></u>

THE RYR-1 FOUNDATION

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 respons			,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	78,571.	78,571.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	100 076	100 070		
	individuals. See Part IV, lines 15 and 16	102,276.	102,276.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons (as defined inder section 4950(r)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	56,612.	36,799.	16,983.	2,830.
8	Pension plan accruals and contributions (include	,			-,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,821.	3,133.	1,447.	241.
11	Fees for services (nonemployees):				
а	Management	8,378.	2,101.	5,247.	<u>1,030.</u> 2,540.
b	Legal	14,086.	5,525.	6,021.	2,540.
	Accounting	14,764.		14,764.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 272	82.	393.	2 000
	column (A) amount, list line 11g expenses on Sch 0.)	3,373. 7,769.	02.	135.	2,090.
12	Advertising and promotion	5,954.	637.	4,838.	2,898. 7,634. 479.
13 14	Office expenses	5,551	0.57.	±,050.	475.
14	Information technology Royalties				
16	Occupancy				
17	Travel	31,248.	27,815.	3,122.	311.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		2,693.		2,693.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEDIA AND COMMUNICATION	8,166.	7,254.	912.	0.
b	PRINTING & COPYING	3,339.	0.	37.	3,302.
С	HONORARIUMS	3,000.	3,000.	0.	0.
d	BANK, CREDIT, AND BROKE	2,073.	195.	1,878.	0.
	All other expenses	1,881.	676.	-364.	1,569.
25	Total functional expenses. Add lines 1 through 24e	349,004.	268,064.	58,106.	22,834.
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 fillowing SOP 98-2 (ASC 958-720)				
02001	0 01-20-20				Form 990 (2019)

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		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	627,786.	1	325,863.
	2	Savings and temporary cash investments		2	1,173,054.
	3	Pledges and grants receivable, net		3	50,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	10,000.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	331,993.	11	349,030.
	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 33)		16	1,907,947.
	17	Accounts payable and accrued expenses		17	10,520.
	18	Grants payable		18	
	19	Deferred revenue	^	19	6,769.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		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	0.	25	3,294.
	26	Total liabilities. Add lines 17 through 25		26	20,583.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	1,165,067.	27	1,241,002.
Ва	28	Net assets with donor restrictions	224 045	28	646,362.
pui		Organizations that do not follow FASB ASC 958, check here			
ц		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,489,912.	32	1,887,364.
	33	Total liabilities and net assets/fund balances		33	1,907,947.

Form **990** (2019)

Part X Balance Sheet

	1 990 (2019) THE RYR-1 FOUNDATION	47-	109405	7 Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	44,2	214.
2	Total expenses (must equal Part IX, column (A), line 25)	2			04.
3	Revenue less expenses. Subtract line 2 from line 1	3			210.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,4		
5	Net unrealized gains (losses) on investments	5		2,2	242.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,8	87,3	364.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk	e O.	- [Yes	No
2a			28	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:				
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	,		
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			;	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Au	dit		
	Act and OMB Circular A-133?			1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired aud	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

	2019
	Open to Public Inspection
r	identification number

OMB No. 1545-0047

Name	of the	organization
------	--------	--------------

loyer	ide	ntifi	cati	on	num	be
1	7_	10	۵ı	<u>م</u>	57	

Nam	e of t	the organization						Employer	identification number
		THE	RYR-1 FOUN	IDATION				4	7-1094057
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instruction	S.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	on 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:								
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Χ	X 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). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
		university:							
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busir	ness taxable income	e (less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	sively to test for public sa	ifety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the supported organization			a majority	of the dire	ctors or trust	ees of the s	supporting
		organization. You must c	-						
b		Type II. A supporting org	-				•		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	-						
С		☐ Type III functionally inte		• •				Illy integrate	ed with,
		its supported organization		-					
d		☐ Type III non-functionally		• • •				-	
		that is not functionally int			•		-	d an attent	iveness
_		requirement (see instruct							
e		Check this box if the orga					а туре ї, турє	ii, iype ii	
	Ent	functionally integrated, or er the number of supported of			ing organi	zation.			
1		vide the following information	•	ad arganization(a)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	fmonetary	(vi) Amount of other
	``	organization	(1) =	(described on lines 1-10	in your govern Yes	ng document?	support (see i		support (see instructions)
				above (see instructions))					

Schedule A (Form 990 or 990-EZ) 2019 THE RYR-1 FOUNDATION Part II Support Schedule for Organizations Described in S

47-1094057 Page 2

tII	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.)

See	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	209,071.	260,500.	1035217.	729,360.	664,541.	2898689.
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.	664,541.	2898689.
	The portion of total contributions		,				
Ŭ	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,						1 475000
	column (f)						1475883.
	Public support. Subtract line 5 from line 4.						1422806.
	ction B. Total Support				1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017 1035217.	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	209,071.	260,500.	1035217.	729,360.	664,541.	2898689.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	43.	1,030.	2,596.	6,144.	24,649.	34,462.
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.)		263.	2,564.	1,494.	53,715.	58,036.
11	Total support. Add lines 7 through 10			•			2991187.
12		etc (see instructi	ons)			12	73,961.
	First five years. If the Form 990 is for						
10	organization, check this box and stop	•			2		
Sec	ction C. Computation of Publ						
-	Public support percentage for 2019 (column (f))		14	47.57 %
			•			15	<u> </u>
	Public support percentage from 2018 33 1/3% support test - 2019. If the o						
108		•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c	•					
	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	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
<u>18</u>	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 THE RYR-1 FOUNDATION

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
Ŭ	are not an unrelated trade or bus-						
	in a second second in a set in						
1	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
E							
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	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 groupt on line 12 for the year						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(-) 0015	(1-) 0010	(-) 0017	(-1) 0010	(-) 0010	(6) T = t = 1
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b 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, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe					
15	Public support percentage for 2019 (li	ne 8. column (f).	divided by line 13.	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the						
190	more than 33 1/3%, check this box ar						
F	33 1/3% support tests - 2018. If the						and
C							
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	Tulu not check a		a, or 190, check t	TIS DUX ATTU SEE IN	SUUCIOUS	🔽 🗖 🗖

Yes No

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
1		
2		
-		
3a		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
5b 5c		
50		
6		
7		
8		
9a		
9b		
9c		
90		
100		
10a		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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	•		
<u> </u>	supported organizations played in this regard.	3		
-	ction 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 yea(see instructions)	-		
a b				
b		truction	c)	
с 2	L The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a government entity (see ins</i> Activities Test. Answer (a) and (b) below.	ucuOII	S). Yes	No
			165	NU
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
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.	3b		

Schedule A (Form 990 or 990 EZ) 2019 THE RYR-1 FOUNDATION

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			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	Check here if the current year is the organization's first as a non-functional	v intograt	ad Type III supporting or	anization (soo

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

Schedule A (Form 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		· /	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
-	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
'	and 4c.			
0				
8	Breakdown of line 7:			
-	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			Form 000 or 000 EZ) 201

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

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

	- 44		in at i a m
Name	of the	ordan	ization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

47	-1	09	40	57
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THE RYR-1	FOUNDATION
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Organization type (check or	Drganization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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.

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).

LHA 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) (2019)

Name of organization

47-1094057

THE RYR-1 FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c) (d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n		
2		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	.)		
(a) No.	(b)	(c) (d) Total contributions Type of contribution			
3	Name, address, and ZIP + 4	Subscription Person X \$\$ 51,500. Payroll Discrete (Complete Part II for noncash contributions.			
(a)	(b)	(c) (d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n		
		Section Sections Section Sectio			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
		Second local contributions Second local contributions Person Payroll Noncash (Complete Part II for noncash contributions.			

Name of organization

Employer identification number

47 - 1094057

THE RYR-1 FOUNDATION

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

	Noncash Property (see instructions). Use duplicate copies of Pa	art if 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of or	rganization			Employer identification number
THE RY	YR-1 FOUNDATION			47-1094057
Part III) through (e) and the following line encoded by the charitable, etc., contributions of \$1,000 o	ntry For organizations)) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of gi	ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from			1	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gi	 ft	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
ľ		(e) Transfer of gi	ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Ī	-	(e) Transfer of gi		<i>.</i>
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee

SCHEDULE D	Supplemental Financial Statements
(Form 990)	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.
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	

932051 10-02-19

OMB No. 1545-0047
2019
Open to Public
Inspection

Employer identification number
47-1094057

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization assevered 'Yes' on Form 980, Part IV, line 6. I Total number at end of yes: (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 5 Det the organization inform all donors and donor advisors in writing that grant funds can be used only are to organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charable purposes and not the benefit of the donor of donor advisor, or for any other purpose contring impermissible private benefit? Yes No Part III Conservation Easements. Complete if the organization includes (a) donor advisor, or for any other purpose contring impermissible private benefit? Yes No Part III Conservation Easements. Complete if the organization in the form of a conservation assement on the last trace in the organization in the last trace in the organization (chick all that apply). Preservation of a certified historic structure Protection of natural habitat Preservation Casements and control advisor, or any other purpose control in the form of a conservation assements in a certified historic structure 2 Complete intex 2 at trough 2 of the organization held a qualified conservation cost accence assement on the last. 2 Complete intex 2 at trough 2 of the organization hel		THE RYR-1 FOUNDATION	47-1094057
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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	u		24
 year ▶	2		
 A Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ S modes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization saccounting 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. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to the similar is 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: If the organization elected, as permitted under FASB ASC 958, not 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 furthera	3		
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) Yes 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 answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial 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 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 Form 990, Part X § 2 If the organization neceived or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to the reported threasures, or other similar assets for financial gain, provide the following amounts required to the protend under FAS	4		
 violations, and enforcement of the conservation easements it holds? Ves No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 			
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ ▲ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 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 is accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answerd "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 (ii) Assets included on Form 990, Part X § 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide th	5		
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 \$	Ū		ion casements during the year
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 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)? Yes 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:<!--</th--><th>•</th><th></th><th>assembling the year</th>	•		assembling the year
 and section 170(h)(4)(B)(ii)? Yes 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X § 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X § b Assets included in Form 990, Part X<!--</th--><th>8</th><th></th><th>B)(i)</th>	8		B)(i)
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 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X \$ Assets included in Form 990, Part X \$ 			
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	2		
a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$	-	-	, F. 51,66
b Assets included in Form 990, Part X 🕨 \$	я		► \$

Sche	dule D (Form 990) 2019 THE RYR	-1 FOUNDAT	ION					47-10	9405	7 _{Pa}	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	reasures, o	or Oth	er Simi	lar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following that	at make	significan	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 La	oan or exc	change progra	am					
b	Scholarly research	e	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	y further t	the organizati	on's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hist	torical trea	asures, or oth	er simila	ar assets		_		_
	to be sold to raise funds rather than to be ma		U						Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the c	organizatio	on answered	"Yes" oi	n Form 99	0, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ontributio	ns or other as	sets no	t included	ı	-		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	ıt	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		_
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or c	ustodial acco	ount liab	ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	swered "	Yes" on Fo	1						
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g,	, column (a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%	_								
с		%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse		ation that	are held a	and administe	ered for	the organ	ization			
	by:	5					5			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?	>				3b		
4	Describe in Part XIII the intended uses of the								0.0		
Par	t VI Land, Buildings, and Equipm			1140.							
	Complete if the organization answere) Part IV	line 11a s	See Form 99() Part X	line 10				
	Description of property	(a) Cost or o			t or other			od I		k volu	
	Description of property	basis (investr		. ,	(other)	. ,	preciation		(d) Boc	n valu	C
10	Land			54515		uc	PICCIALIO				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			· (D) //	10-1						0.
Iota	Add lines 1a through 1e. (Column (d) must e	equai ⊦orm 990, Part	x, columr	n (B), line	1UC.)		<u></u>		D (Farr		• •

Schedule D (Form 990) 2019

Part VII 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)								
Part VIII 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)								

()	
(2)	
(3)	
(4)	
(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" 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.)	🕨
Part X 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) ACCRUED SALARIES AND WITHHOLDINGS	3,294.
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🚺

3,294.

Sche	dule D (Form 990) 2019 THE RYR-1 FOUNDATION			47-2	L094057 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	694,238.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	2,242.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	2,242.
3	Subtract line 2e from line 1			3	691,996.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	52,218.		
с	Add lines 4a and 4b			4c	52,218.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				744,214.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	296,786.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2 a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	296,786.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	52,218.		
С				4c	52,218.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	349,004.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

MANAGEMENT BELIEVES THERE IS NO LIABILITY RELATED TO UNCERTAIN TAX

POSITIONS AT DECEMBER 31, 2019 OR 2018. THE ORGANIZATION IS NO LONGER

SUBJECT TO TAX EXAMINATIONS FOR THE YEARS BEFORE DECEMBER 31, 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REFUNDED GRANT INCOME

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERED GRANT INCOME

PART XI, LINE 4B

PER THE FINANICAL STATEMENTS THERE WERE TWO GRANTS WERE RETURNED TO THE FOUNDATION IN DECEMBER 31, 2019 PERIOD. THE TWO GRANTS WERE UNIVERSITY OF CALIFORNIA SAN DIEGO OF \$30,000 WHICH WAS PAID IN 2019 AND REFUNDED IN 2019 AND NATIONAL INSTITUTE OF NURSING RESEARCH (NINR) OF \$22,218 WAS PAID IN 2018 AND RETURNED IN 2019. THE FINANCIAL STATEMENTS NETTED TOGETHER THE RETURNED FUNDS AND CURRENT YEAR GRANTS IN THE STATEMENT OF FUNCTIONAL EXPENSES.

PART XII LINE 4B

PER THE FINANICAL STATEMENTS THERE WERE TWO GRANTS RETURNED TO THE FOUNDATION IN DECEMBER 31, 2019 PERIOD. THE TWO GRANTS WERE UNIVERSITY OF CALIFORNIA SAN DIEGO OF \$30,000 WHCIHW AS PAID IN 2019 AND RETURNED IN 2019 AND NATIONAL INSTITUTE OF NURSING RESEARCH (NINR)OF \$22,218 WHICH WAS PAID IN 2018 AND RETURNED IN 2019. THE FINANCIAL STATEMENTS NETTED TOGETHER THE RETURNED FUNDS AND CURRENT YEAR GRANTS. ON THE FORM 990 WE BACKED OUT THE REFUNED GRANT INCOME AND INCLUDED IT AS INCOME ON THE STATEMENT OF REVENUE.

1	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,							
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X 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 out	side the		
	United States.							
3	Activities per Region. (T	he following Parl	t I, line 3 table c	an be duplicated if additional space is n				
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total		
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and		
		in the region	independent contractors	gram services, investments, grants to	describe specific type	investments		
			in the region	recipients located in the region)	of service(s) in the region	in the region		
EAS	F ASIA AND THE							
PAC	IFIC - AUSTRALIA,							
BRU	NEI, BURMA,			GRANTS TO RECIPIENTS				
	BODIA,	0	0	LOCATED IN REGION		59,885.		
	TH AMERICA -					,		
CAN	ADA AND MEXICO,							
	, NOT THE UNITED			GRANTS TO RECIPIENTS				
STA		0	o	LOCATED IN REGION		30,000.		
	TH AMERICA -							
	ADA AND MEXICO,							
	NOT THE UNITED			GRANTS TO RECIPIENTS				
STA		0	o	LOCATED IN REGION		11,705.		
						,,		
	Subtotal	0	0			101,590.		
b	Total from continuation							
	sheets to Part I	0	0			0.		
с	Totals (add lines 3a							
	and 3b)	0	0			101,590.		

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.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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

OMB No. 1545-0047 e g l **Open to Public** Inspection

Employer identification number

47-1094057

Department of the Treasury Internal Revenue Service Name of the organization

Part I

THE RYR-1 FOUNDATION

Form 990, Part IV, line 14b.

Ο.

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

Schedule F (Form 990) 2019

THE RYR-1 FOUNDATION

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.

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)
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	RESEARCH	59,885.		0.		
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT						
		THE UNITED STATES	RESEARCH	30,000.		Ο.		
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT						
		THE UNITED STATES	RESEARCH	11,705.		0.		
			recognized as charities by the					
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
3 Enter total number of	other organizations	or entities				🕨		

Schedule F (Form 990) 2019

THE RYR-1 FOUNDATION Schedule F (Form 990) 2019 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) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

47-1094057

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Schedule F (Form 990) 2019 THE RYR-1 FOUNDATION Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.								
Name of the organization							Employer identification number		
THE RYR-1		ON					47-1094057		
Part I General Information on Grants a									
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						Ction X Yes No		
Part II Grants and Other Assistance to					anization answered "	/es" on Form 990 Par	t IV line 21 for any		
recipient that received more than S	-								
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 noncash assistance	(h) Purpose of grant or assistance		
BAYLOR COLLEGE OF MEDICINE P.O BOX 301207 DALLAS, TX 75303-1207			30,000.	0.			RESEARCH		
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE - LA JOLLA, CA 92093			30,000.	0.			RESEARCH		
INGENIOUS TARGETING LABORATORY 2200 SMITHTOWN AVENUE RONKONKOMA, NY 11779			7,540.	0.			RESEARCH		
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892			7,500.	0.			RESEARCH		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 			ne line 1 table				<u> </u>		

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

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.

(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 noncash assistance
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (b) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of cash grant (d) Amount of non-cash assistance (c) Amount of non-cash grant (d) Amount of non-cash assistance (c) Amount of non-cash grant (d) Amount of non-cash assistance (c) Amount of non-cash grant (d) Amount of non-cash assistance (c) Amount of non-cash grant (d) Amount of non-cash assistance (c) Amount of non-cash grant (d) Amount of non-cash assistance (c) Amount of non-cash grant (d) Amount of non-cash assistance (c) Amount of non-cash grant (d) Amount of non-cash assistance (c) Amount of non-cash assistance (d) Amount of non-cash assistance	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image:

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

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SCHEDULE O

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

Name of the organization

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. OMB No 1545-0047

Open to Public

Inspection

Employer identification number

47-1094057

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

THE RYR-1 FOUNDATION

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 SEVEN, ONE-DAY SCIENTIFIC MEETINGS OVER THE PAST FOUR 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. Schedule O (Form 990 or 990-EZ) (2019) THE RYR-1 FOUNDATION

LINDSAY GOLDBERG IS SECRETARY & TREASURER, PATIENT LIAISON, AND BUSINESS MANAGER AS WELL AS A TRUSTEE OF THE RYR-1 FOUNDATION. SHE IS MARRIED TO MICHAEL GOLDBERG AND IS THE DAUGHTER-IN-LAW OF MYRNA AND MORTON GOLDBERG.

MORTON GOLDBERG IS VICE PRESIDENT AND A TRUSTEE OF THE RYR-1 FOUNDATION. HE IS THE FATHER OF MICHAEL GOLDBERG, HUSBAND OF MYRNA GOLDBERG, 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 B, LINE 11B: THE FORM 990 IS REVIEWED BY THE BOARD PRESIDENT, VICE PRESIDENT, ASSISTANT TREASURER, AND SECRETARY/TREASURER AS WELL AS RANDOLPH PEPPER (CPA), TRUSTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF TRUSTEES FILLS OUT A CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

PROGRAM DIRECTOR'S SALARY WAS DETERMINED AFTER A REVIEW OF PUBLISHED SALARY

DATA FROM COMPARABLE ORGANIZATIONS AND WITH INPUT FROM AND APPROVAL BY THE

BOARD OF TRUSTEES. ADMINISTRATIVE SUPPORT FROM BUSINESS

MANAGER/SECRETARY/TREASURER/PATIENT LIAISON BOARD MEMBER WAS DETERMINED BY

BOARD OF TRUSTEE MEMBERS WHO DO NOT HAVE A FAMILIAL RELATIONSHIP WITH THIS

INDIVIDUAL. BOARD MEMBERS WHO ARE RELATED TO THIS INDIVIDUAL WERE RECUSED
932212 09-06-19
Schedule O (Form 990 or 990-EZ) (2019)

THE RYR-1 FOUNDATION

FROM DELIBERATIONS AND APPROVAL OF THIS PERSON'S COMPENSATION.

ADMINISTRATIVE SUPPORT HOURLY PAY FOR GINA STANZIANO WAS DETERMINED BY THE

BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING THE ORGANIZATION

DIRECTLY. ALSO AVAILABLE ON GUIDESTAR'S WEBSITE.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

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

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.

Туре о	r Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)							
print			47-1094057						
File by th		THE RYR-1 FOUNDATION							
due date filing you	for Number, street, and room or suite no. If a P.O. box, s PO BOX 13312	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 13312							
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15243									
Enter t	Enter the Return Code for the return that this application is for (file a separate application for each return)								
Applic	ation	Return	Application			Return			
ls For		Code	Is For			Code			
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 9	90-BL	02	Form 1041-A		0				
Form 4	720 (individual)	03	Form 4720 (other than individual)		09				
Form 9	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069						
Form 9	90-T (trust other than above)	06	Form 8870			12			
 If th If th box 1 t t 	request an automatic 6-month extension of time until he organization named above. The extension is for the org \mathbf{X} calendar year 2019 or	Group Exe and atta NOVEI panization's	emption Number (GEN) I ich a list with the names and TINs of MBER 16, 2020 , to file s return for: d ending	f this is fo f all memb	r the whole ners the extension or an	group, check this ension is for.			
3a 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.					\$	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.			
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.			
	Balance due. Subtract line 3b from line 3a. Include your pausing EETPS (Electronic Ecderal Tax Payment System). So			3c	¢	0.			
	Ising EFTPS (Electronic Federal Tax Payment System). Seina If you are going to make an electronic funds withdrawal tions.				nd Form 88				

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

Form 8868 (Rev. 1-2020)