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Form	J	J	U

** 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.



Department of the Treasury Internal Revenue Service

AF	For the	e 2020 calendar year, or tax year beginning and	l ending		
B	Check if Ipplicabl	e: C Name of organization		D Employer identifi	cation number
	Addre chang				
	Name Chang	e Doing business as		47-10940	57
	Initial return Final return	Number and street (or P.0. box if mail is not delivered to street address) PO BOX 13312	Room/suite	E Telephone numbe 412-529-	
	termin ated			G Gross receipts \$	397,649.
	Amen			H(a) Is this a group re	
				for subordinates	
	pendi	¹⁹ PO BOX 13312, PITTSBURGH, PA 15243		H(b) Are all subordinates in	
1.1	[2V.0V	empt status: $X = 501(c)(3) = 501(c)() + (insert no.) = 4947(a)(1)$	or 527		list. See instructions
		the: \blacktriangleright WWW • RYR1 • ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Vear		A State of legal domicile: PA
	art I	Summary			l olalo or logar dormolio. = ==
		Briefly describe the organization's mission or most significant activities: THE	MISSIC	ON OF THE RY	R-1
Governance	·	FOUNDATION IS TO SUPPORT RESEARCH LEADIN	IG TO A	N EFFECTIVE	TREATMENT
nai		Check this box			
ver				3	13
		Number of independent voting members of the governing body (rait vi, me ray			12
کە م		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2
Activities &		Total number of volunteers (estimate if necessary)			3
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		629,541.	289,653.
Revenue		Program service revenue (Part VIII, line 2g)		36,340.	85,248.
evel evel		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,618.	12,659.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,715.	6,010.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		744,214.	393,570.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		180,847.	182,789.
		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)		61,433.	58,387.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) ► 12,5	93.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		106,724.	89,220.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		349,004.	
		Revenue less expenses. Subtract line 18 from line 12		395,210.	
or			Be	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,907,947.	1,951,506.
Ass d Ba	21	Total liabilities (Part X, line 26)		20,583.	2,093.
ⁿ Lunc	22	Net assets or fund balances. Subtract line 21 from line 20		1,887,364.	1,949,413.
Pa	art II	Signature Block	· I		. <u> </u>
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	nents, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			

Sign Here	Signature of officer MICHAEL GOLDBERG, PRESIDENT Type or print name and title	Date							
	Print/Type preparer's name Preparer's signature	Date Check PTIN							
Paid	RICHARD E. DYNOSKE RICHARD E. DYNOSKE	11/12/21 ^{if} P00095538							
Preparer	Firm's name 🕒 GROSSMAN YANAK & FORD LLP	Firm's EIN ▶ 25-1638525							
Use Only	Firm's address THREE GATEWAY CTR STE 1800								
	PITTSBURGH, PA 15222 Phone no. (412) 338-9300								
May the If	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2020) THE RYR-1 FOUNDATION 47-1094057 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	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, PROVIDING MEDICAL PROFESSIONAL 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
2	
	prior Form 990 or 990-EZ?
2	
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses 193,859. including grants of 182,789.) (Revenue 54,793.) RESEARCH GRANTS - THE FOUNDATION MAKES GRANTS TO RESEARCHERS INTERESTED
	IN RYR-1 MYOPATHY. AS THE ONLY ORGANIZATION SOLELY DEDICATED TO RYR-1
	MYOPATHY, WE PROMOTE RESEARCH IN THIS AREA.
4b	(Code:) (Expenses \$ 34,555. including grants of \$) (Revenue \$)
	CLINICAL CARE GUIDELINES: WHAT PATIENTS & FAMILIES NEED TO KNOW ABOUT
	RYR-1-RELATED DISEASES - THE RYR-1 FOUNDATION PUBLISHED THE CLINICAL
	CARE GUIDELINES (CCG) IN FALL 2020. THIS HANDBOOK, MADE POSSIBLE BY A
	\$50,000 GRANT FROM THE OSCAR AND ELSA MAYER FAMILY FOUNDATION, WAS
	WRITTEN EXCLUSIVELY FOR INDIVIDUALS AND FAMILIES AFFECTED BY
	RYR-1-RELATED DISEASES. THE CCG HAS NOW BEEN PUBLISHED BY THE RYR-1
	FOUNDATION IN THE FOLLOWING LANGUAGES: ARABIC, CHINESE (SIMPLIFIED),
	ENGLISH, FRENCH, GERMAN, RUSSIAN, SPANISH, AND VIETNAMESE. WE CONSIDER
	THE RYR-1 FOUNDATION TO BE AN INTERNATIONAL ORGANIZATION WITH A MISSION
	TO HELP ALL AFFECTED INDIVIDUALS AND FAMILIES, ESPECIALLY THOSE IN
	UNDERSERVED COMMUNITIES. AS FUNDS BECOME AVAILABLE, WE LOOK FORWARD TO
	TRANSLATING THE CCG INTO ADDITIONAL LANGUAGES.
40	(Code:) (Expenses \$ 14,794. including grants of \$) (Revenue \$ 40,544.)
	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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 9,015. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 252,223.
	Form 990 (2020)
03200	2 12-23-20

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	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	•		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	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			x
	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	110		x
А	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	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	45	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Δ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
.,	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			<u> </u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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			37
	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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
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? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	- 23	L
1 01	Check if Schedule O contains a response or note to any line in this Part V			
			Vac	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		Yes	No
	Enter the number reported in Box 3 of Porth 1098. Enter -0- if not applicable 1a 1b 1b 0			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
				<u> </u>

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Form	990 (2020) THE RYR-1 FOUNDATION		47-1094	057	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued	l)				_
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	2			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe	r authority	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financia	account)?	?	4a		X
h	If "Yes," enter the name of the foreign country					

	financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
b	b If "Yes," enter the name of the foreign country ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9	9 Sponsoring organizations maintaining donor advised funds.					
а	a Did the sponsoring organization make any taxable distributions under section 4966?					
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.) 11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
с	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	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		Х		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

Form 990 (2020)

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		100	110
	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 0.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	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	~		
3	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4		4		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6 70	Did the organization have members or stockholders?	0		21
78	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	70		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		21
D		76		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		21
8		0.	х	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	- 11	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
000	tion D. Toncies (mis Section B requests information about policies not required by the internal revenue code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
5	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		Х
	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	
	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		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{PA}$			
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.			
	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 - 517-896-9116			
	939 VALLEYVIEW ROAD, 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)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week			luau	recio	i/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	Institutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) LINDSAY GOLDBERG	10.00									
SECRETARY/TREASURER		х		Х				12,795.	0.	0.
(2) MICHAEL GOLDBERG	20.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) MORTON GOLDBERG	10.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) MICHAEL LEGUM	1.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(5) MYRNA GOLDBERG	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JENNIFER RYAN	5.00									
DIRECTOR		Х						0.	0.	0.
(7) MICHAEL ORSECK	1.00									
DIRECTOR		Х						0.	0.	0.
(8) EMILY PEDERSEN	1.00									
DIRECTOR		х						0.	0.	0.
(9) RANDOLPH PEPPER	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ALLISON BRASWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DONALD ZACK	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JUSTIN MCARTHUR	1.00								_	_
DIRECTOR		Х						0.	0.	0.
		l								

	990 (2020) THE RYR-3	1 FOUNDA	AT I	101	N					47-109	940	57	Pa	ge 8
Par			ploy	vees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	Average Position (do not check more than or box, unless person is both				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		orgar	n the nizatic relate	n d
											+			
											+			
											+			
с	Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							12,795. 0. 12,795.	(0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but r compensation from the organization	not limited to th	iose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportable				0
3	Did the organization list any former officer,	-			•	-				5				No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3 4		x
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con											5		Х
1	ion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for										ensa	tion fro	m	
	(A) Name and business			ONI			0. 11		(B) Description of s		Со	(C) mpens	ation	
2	Total number of independent contractors (including but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation				()							

Form 990 (20			RYR
Part VIII	Statement	of Rev	venue

THE RYR-1 FOUNDATION

Check if Schedule C contains a response or note to any line in the Part VII (P) (A) (B) (B) <th col<="" th=""><th></th><th></th><th></th><th>Check if Schedule O contains a response</th><th>or note to any lin</th><th>e in this Part VIII</th><th></th><th></th><th></th></th>	<th></th> <th></th> <th></th> <th>Check if Schedule O contains a response</th> <th>or note to any lin</th> <th>e in this Part VIII</th> <th></th> <th></th> <th></th>				Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
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b Less: direct expenses					0					
c Net income or (loss) from fundraising events 										
9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory > s Less: cost of goods sold 10b c Net income or (loss) from sales of inventory > s Less: cost of goods sold 10b c Net income or (loss) from sales of inventory > s GRANT REFUND INCOME 900099 5,296. 900099 4,793. 4,793. c					4,079.	4 070			4 070	
Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities Image: Content of the second s					····· 🕨	-4,0/9.			-4,079.	
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold b Less: cost of goods sold c 10b c Net income or (loss) from sales of inventory b GRANT REFUND INCOME b GRANT REFUND INCOME c 900099 c 4ll other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions		9								
c Net income or (loss) from gaming activities Image: construction of the second										
10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Image: Code 11 a MISCELLANEOUS INCOME b GRANT REFUND INCOME c 900099 c 900099 d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions										
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory some or (loss) from sales of inventory Image: sold sold sold sold sold sold sold sold			c N	let income or (loss) from gaming activities	►					
b Less: cost of goods sold 10b Image: cost of goods sold Image: cost of goods sold <thimage: cost="" goods="" of="" sold<="" th=""> Image: cost o</thimage:>		10		-						
c Net income or (loss) from sales of inventory ▶ Business Code 11 a MISCELLANEOUS INCOME 900099 5,296. 5,296. b GRANT REFUND INCOME 900099 4,793. 4,793. c			а	nd allowances 10a						
Business Code Image: Code state			b L	ess: cost of goods sold 10b						
11 a MISCELLANEOUS INCOME 900099 5,296. 5,296. b GRANT REFUND INCOME 900099 4,793. 4,793. c - - - - d All other revenue - - - e Total. Add lines 11a-11d 10,089. - - 12 Total revenue. See instructions 393,570. 95,337. 0. 8,580.			c N	let income or (loss) from sales of inventory						
e Total. Add lines 11a-11d ▶ 10,089. 12 Total revenue. See instructions ▶ 393,570. 95,337. 0. 8,580.	<u>s</u>									
e Total. Add lines 11a-11d ▶ 10,089. 12 Total revenue. See instructions ▶ 393,570. 95,337. 0. 8,580.	eon	11								
e Total. Add lines 11a-11d ▶ 10,089. 12 Total revenue. See instructions ▶ 393,570. 95,337. 0. 8,580.	enu		ь	GRANT REFUND INCOME	900099	4,793.	4,793.			
e Total. Add lines 11a-11d ▶ 10,089. 12 Total revenue. See instructions ▶ 393,570. 95,337. 0. 8,580.	tevell		c							
e Total. Add lines 11a-11d ▶ 10,089. 12 Total revenue. See instructions ▶ 393,570. 95,337. 0. 8,580.	Ais		d A	Il other revenue						
			еT	otal. Add lines 11a-11d						
		12	Т	otal revenue. See instructions	►	393,570.	95,337.	0.	8,580.	

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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	104,913.	104,913.		
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				
	individuals. See Part IV, lines 15 and 16	77,876.	77,876.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	52,884.	22,402.	24,654.	5,828.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,503.	2,272.	2,502.	729.
11	Fees for services (nonemployees):	10 005	A 884	0 704	4 4 4 4 4
а	Management	13,037.	2,773.	8,784.	1,480.
b	Legal	10,535.	8,588.	1,947.	
	Accounting	11,175.		11,175.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			4	C 2 2
	column (A) amount, list line 11g expenses on Sch 0.)	2,409.	2 000	1,776.	633.
12	Advertising and promotion	3,960.	3,000.	62.	898.
13	Office expenses	4,765.		4,270.	495.
14	Information technology				
15	Royalties				
16	Occupancy	0 707	0 707		
17	Travel	2,727.	2,727.		
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	2 762		2 762	
23	Insurance	2,763.		2,763.	
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	OTHER PROGRAM EXPENSES	24,230.	24,230.	0.	0.
b	MISCELLANEOUS	4,232.	34.	3,780.	418.
c	HONORARIUMS	3,000.	3,000.	0.	0.
d	EDUCATION	2,330.	76.	2,254.	0.
e	All other expenses	4,057.	332.	1,613.	2,112.
25	Total functional expenses. Add lines 1 through 24e	330,396.	252,223.	65,580.	12,593
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-23-20	K	I		Form 990 (202

THE RYR-1 FOUNDATION

		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	325,863.		374,175.
	2	Savings and temporary cash investments	1,173,054.		561,471.
	3	Pledges and grants receivable, net		3	13,000.
	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	0.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	349,030.	11	1,002,860.
	12	Investments - other securities. See Part IV, line 11		12	<u>·</u>
	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	1,951,506.
	17	Accounts payable and accrued expenses		17	682.
	18	Grants payable		18	
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŷ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	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	3,294.	25	1,411.
	26	Total liabilities. Add lines 17 through 25	20,583.	26	2,093.
		Organizations that follow FASB ASC 958, check here 🕨 🐰			
Ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	1,241,002.	27	1,404,386.
Ba	28	Net assets with donor restrictions		28	545,027.
pu		Organizations that do not follow FASB ASC 958, check here			
щ		and complete lines 29 through 33.			
S OI	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		32	1,949,413.
-	33	Total liabilities and net assets/fund balances	4	33	1,951,506.

Form **990** (2020)

Part X Balance Sheet

<u>Forn</u>	n 990 (2020) THE RYR-1 FOUNDATION	47-1	094057	Pag	ge 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			70.
2	Total expenses (must equal Part IX, column (A), line 25)	2			96.
3	Revenue less expenses. Subtract line 2 from line 1	3			74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,88		
5	Net unrealized gains (losses) on investments	5		1,1	25.
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,				
	<u>colum</u> n (B))	10	1,949	9,4	13.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t		
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				200	

Form **990** (2020)

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.

	2020
	Open to Public Inspection
r	identification number

OMB No. 1545-0047

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

Employer identification number

		RYR-1 FOUN						7-1094057
Part I	Reason for Public	Charity Status.	All organizations must c	omplete th	nis part.) S	See instruction	IS.	
The orga	nization is not a private found							
1 🗂	A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2	A school described in sect							
3	A hospital or a cooperative					ii).		
4	A medical research organiz)(iii). Enter	the hospital's name.
	city, and state:		· · · · · · · · · · · · · · · · · · ·				K) :	···- ··,
5	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmentalı	unit descrit	ped in
	section 170(b)(1)(A)(iv). (C		5 ,		, ,			
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X							he general	public described in
	section 170(b)(1)(A)(vi). (C	•		. en a ger			Je general	
8	A community trust describe		(1)(A)(vi) (Complete Par	+ 11)				
9	An agricultural research or				ed in conii	inction with a	land-grant	college
•	or university or a non-land-	-			-		-	-
	university:	grant concept of agric			name, or	y, and state of		
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	nort from (contributio	ns members	hin fees a	nd aross receipts from
	activities related to its exen							
	income and unrelated busi		-					-
	See section 509(a)(2). (Col				sses acqu		yanization	
11 🗌	An organization organized a	• •	ively to test for public sc	foty Soo	saction 5($\Omega(a)(A)$		
12	An organization organized a	-	•	•			arry out the	purposes of one or
	more publicly supported or		•	-			-	
	lines 12a through 12d that							
a [Type I. A supporting orga	• •			-		-	
a∟	the supported organization	-	-	•	-			
	organization. You must o			a majonty (supporting
h [-		tion with it	a aunnart	od organizatio	n(a) by be	wing
b L	Type II. A supporting org control or management or	-				-		-
	organization(s). You mus			ame perso			ige ine sup	poned
с [Type III functionally inte			in connec	tion with	and functiona	lly integrat	ed with
U L	its supported organizatio						ny megiat	ed with,
d 🗌	Type III non-functionally						rted organi	ization(s)
u	that is not functionally int	• • •					•	
	requirement (see instruct			•		-	anaton	
e 🗌	Check this box if the orga		-					
υL	functionally integrated, o					, iype i, iype	n, type m	
f En	ter the number of supported of				Lation			
	ovide the following information	•						·
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total								

Schedule A (Form 990 or 990-EZ) 2020 THE RYR-1 FOUNDATION

47-1094057 Page 2

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

1/11/1

Sectio	on A. Public Support						
Calendar	r year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Giff	ts, grants, contributions, and						
me	mbership fees received. (Do not						
inc	lude any "unusual grants.")	260,500.	1035217.	729,360.	664,541.	339,653.	3029271.
	k revenues levied for the organ-						
	tion's benefit and either paid to						
ore	expended on its behalf						
	e value of services or facilities						
	nished by a governmental unit to						
	organization without charge						
	tal. Add lines 1 through 3	260,500.	1035217.	729,360.	664,541.	339,653.	3029271.
	e portion of total contributions	,		,		,	
	each person (other than a						
	vernmental unit or publicly						
•	oported organization) included						
	line 1 that exceeds 2% of the						
	ount shown on line 11,						
	ump (f)						1472675.
	blic support. Subtract line 5 from line 4.						1556596.
	on B. Total Support						1990990.
	r year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	
	nounts from line 4	260,500.	1035217.	(c) 2018 729,360.	(d)2019 664,541.	(e) 2020 339,653.	(f) Total 3029271.
		200,500.	1033217.	725,500.	004,541.	333,033.	5025271.
	oss income from interest,						
	idends, payments received on						
	curities loans, rents, royalties,	1,030.	2,596.	6,144.	24,649.	12,659.	47,078.
	d income from similar sources	1,030.	2,390.	0,144.	24,049.	12,039.	4/,0/0.
	t income from unrelated business						
	ivities, whether or not the						
	siness is regularly carried on						
	ner income. Do not include gain						
	oss from the sale of capital	262		1 404		10 000	CO 105
	sets (Explain in Part VI.)	263.	2,564.	1,494.	53,715.	10,089.	68,125.
	tal support. Add lines 7 through 10						3144474.
	oss receipts from related activities,		,			12	72,667.
13 Fire	st 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	anization, check this box and stop						>
Sectio	on C. Computation of Publ	ic Support Pe	rcentage				40 50
	blic support percentage for 2020 (I					14	49.50 %
	blic support percentage from 2019					15	47.57 %
16a 33	1/3% support test - 2020. If the c	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	
	phere. The organization qualifies		-				
	1/3% support test - 2019. If the c						
	d stop here. The organization qual						
17a 109	% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
and	d if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	'e. Explain in Part '	VI how the organiz	ation
me	ets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶∟
b 10%	% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
		a facts and circun	nstances test che	ck this box and st	on here Evolain ir	Part VI how the	
	re, and if the organization meets th	le lacis-allu-cilculi	131411003 1031, 0110	CK IIIS DUX allu SI			
mo	anization meets the facts-and-circl						▶□

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
2	Gross receipts from activities that						
3	•						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		i	i	1	i	i
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ						
15	Public support percentage for 2020 (I	ine 8, column (f), (divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box at						▶∟
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Зb		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
401		

10b

Part IV Supporting Organizations (continued)

1

2

Yes No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	Did the governing body, members of the governing body, oncers acting in their oncial capacity, of membership of one of	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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.

Section C. Type II S	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		

Section D. Al	Type II	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 THE RYR-1 FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting or	anization (see

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) 2020

Par	t v Type III Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

Name of the organization

** 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

2020

Employer identification number

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4 /	- T	09	40	57

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					
	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

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.

Name of organization

 Employer identification number

47-1094057

THE RYR-1 FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$20,538.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$26,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$7,000.	Person X 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.

Fartin	Noncash Floperty (see instructions). Use duplicate copies of Part	in in additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	1235 SHARE OF FIDELITY CONTRAFUND	_	
		\$ <u>20,538.</u>	12/15/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of o	organization			Employer identification number
THE R	YR-1 FOUNDATION			47-1094057
Part III		through (e) and the following line e haritable, etc., contributions of \$1,000 c	entry For organizations	that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g		
	Transferee's name, address, an			Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, an	(e) Transfer of g		insferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, an 	Id ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g		
	Transferee's name, address, an	Id ZIP + 4	Relationship of tra	Insferor 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 organizati	on
	THE RYR-1 FOUNDATION
Part I Organiza	ations Maintaining Donor Advised Funds or Other Similar Funds or A

Pa	rt I Organizations Maintaining Donor Advised Fund	s or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(#	a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised fur	nds
Ũ	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors in		
U	for charitable purposes and not for the benefit of the donor or donor a		•
Pa		answord "Vos" on Form 000. Part IV	
			, iiie 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (for example, recreation or ec		orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure in	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25	i/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the orga	nization during the tax
	year ►		
4	Number of states where property subject to conservation easement is	located	
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of	
			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
	►		C <i>i</i>
7	Amount of expenses incurred in monitoring, inspecting, handling of vie	plations, and enforcing conservation e	asements during the vear
	►\$, 3	5,
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)?		
9	In Part XIII, describe how the organization reports conservation easen		
Ū	balance sheet, and include, if applicable, the text of the footnote to th	-	
	organization's accounting for conservation easements.		hat describes the
Pa	t III Organizations Maintaining Collections of Art, H	istorical Treasures or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Par		
			lance aboat works
Ia	If the organization elected, as permitted under FASB ASC 958, not to	•	
	of art, historical treasures, or other similar assets held for public exhib		ance of public
-	service, provide in Part XIII the text of the footnote to its financial state		
b	If the organization elected, as permitted under FASB ASC 958, to repo		
	art, historical treasures, or other similar assets held for public exhibitic	n, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990 Part VIII line 1		► \$

	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	orovi	de	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

OMB No. 1545-0047

Open to Public Inspection

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Employer identification number 47-1094057

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Sche	dule D (Form 990) 2020 THE RYR	-1 FOUNDAT	ION					47-10	9405	7 _{Pa}	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histori	cal Tre	easures, or	Other	r Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check any	of the f	ollowing that n	nake sig	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🔛 Loar	or exch	ange program						
b	Scholarly research	e	Othe	r							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they f	urther th	e organization	's exem	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, histori	cal treas	ures, or other	similar a	assets		-		-
	to be sold to raise funds rather than to be m		U						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	nization	answered "Ye	es" on F	Form 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod		2						-		-
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								1		1
	Did the organization include an amount on F							∟	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete										
1 0		(a) Current year						voare back		rvoare	back
10	Designing of year balance	(a) Current year	(b) Prior	ear			u) Thee y	Cais Dack	s back (e) Four y		Dack
la k	Beginning of year balance										
U O	Contributions										
с d	Net investment earnings, gains, and losses Grants or scholarships										
	Other expenditures for facilities										
e	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1 a. ca	lumn (a)) held as:						
-	Board designated or quasi-endowment	Torre your one building	%	anni (a)							
b	Permanent endowment	%									
		%									
-	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 an	nd administered	d for the	e organiz	ation			
	by:	5					5			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Scheo	lule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 990), Part IV, line	e 11a. Se	ee Form 990, F	Part X, li	ine 10.				
	Description of property	(a) Cost or o basis (investr		o) Cost (basis (d	or other other)	• •	cumulate reciation	ed	(d) Boo	k value	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (E), line 10)c.)						0.
								~ · · ·	- /-	000	0000

Schedule D (Form 990) 2020

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)		
(3)		
10		

 (2)
 (3)

 (3)
 (4)

 (4)
 (5)

 (5)
 (6)

 (7)
 (8)

 (9)
 (6)

 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	1,411.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,411.

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... X

Sche	dule D (Form 990) 2020 THE RYR-1 FOUNDATION			47-	1094057 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	391,731.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-1,125.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		4,079.		
е	Add lines 2a through 2d			2e	2,954.
3	Subtract line 2e from line 1			3	388,777.
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.)	. 4 b	4,793.		
с	Add lines 4a and 4b			4c	4,793.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	393,570.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		I Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	329,682.
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	2 b			
С	Other losses				
d	Other (Describe in Part XIII.)	2 d	4,079.		
е	Add lines 2a through 2d			2e	4,079.
3	Subtract line 2e from line 1			3	325,603.
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	4 a			
b	Other (Describe in Part XIII.)	. 4b	4,793.		
с	Add lines 4a and 4b			4c	4,793.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	330,396.
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, 2020 OR 2019. THE ORGANIZATION IS NO LONGER

SUBJECT TO TAX EXAMINATIONS FOR THE YEARS BEFORE DECEMBER 31, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REFUNDED GRANT INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERED GRANT INCOME

PART XI, LINE 4B

THERE WAS ONE GRANT THAT WAS RETURNED TO THE FOUNDATION IN THE DECEMBER 31, 2020 PERIOD. THE GRANT WAS AWARDED TO DULHUNTY RESEARCH. THE AMOUNT OF THE GRANT WAS \$4,793, WHICH WAS PAID IN 2019 AND REFUNDED IN 2020. THE FINANCIAL STATEMENTS NETTED TOGETHER THE RETURNED FUNDS AND CURRENT YEAR GRANTS IN THE STATEMENT OF FUNCTIONAL EXPENSES.

PART XII LINE 4B

THERE WAS ONE GRANT THAT WAS RETURNED TO THE FOUNDATION IN THE DECEMBER 31, 2020 PERIOD. THE GRANT WAS AWARDED TO DULHUNTY RESEARCH. THE AMOUNT OF THE GRANT WAS \$4,793, WHICH WAS PAID IN 2019 AND REFUNDED IN 2020. 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.

Part	General Info	rmation on A	ctivities Ou	tside the United States. Comple	te if the organization answered "	es" on
	Form 990, Part IV	/, line 14b.				
	-	-		ds to substantiate the amount of its gra		
th	e grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes X No
		ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance outs	side the
	nited States.					
3 A	· · ·			an be duplicated if additional space is n		(0 T))
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	 (e) If activity listed in (d) is a program service, 	(f) Total expenditures
		in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and
			contractors	recipients located in the region)	of service(s) in the region	investments in the region
	SIA AND THE		in the region			
	C - AUSTRALIA,					
				GRANTS TO RECIPIENTS		
CAMBOD	, BURMA,	0	0	LOCATED IN REGION		28,550.
	AMERICA -	•	Ŭ	LICCATED IN REGION		20,550.
	AND MEXICO,					
	T THE UNITED			GRANTS TO RECIPIENTS		
STATES		0	0	LOCATED IN REGION		11,726.
EUROPE	(INCLUDING			GRANTS TO RECIPIENTS		
	ID & GREENLAND)	0	0	LOCATED IN REGION		37,600.
						,
	ubtotal	0	C			77,876.
	otal from continuation					
	neets to Part I	0	(0.
	otals (add lines 3a					
ar	nd 3b)	0	(77,876.

(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

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

Name of the organization

SCHEDULE F

THE RYR-1 FOUNDATION

Employer identification number

47-1094057

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

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)
		,	RESEARCH					
		BRUNEI, BURMA, NORTH AMERICA - CANADA AND MEXICO, BUT NOT	;LISTTOTAL 59885	3,550.		0.		
		THE UNITED STATES	RESEARCH	11,726.		0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	25,000.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	25,000.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	12,600.		0.		
exempt 501(c)(3) orga	inization by the IRS,	or for which the grantee	recognized as charities by the or counsel has provided a sec	ction 501(c)(3) ed	quivalency letter			<u> </u>

Schedule F (Form 990) 2020

THE RYR-1 FOUNDATION Schedule F (Form 990) 2020 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	1	1	1	1	1	Sched	 ule F (Form 990) 2020

Page 3

47-1094057

Schedule F (Form 990) 2020 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? If "Yes," 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

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 G	Suppleme	ntal Information Regarding	j Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1					2020
Department of the Treasury		Attach to Form 990) or Fo	rm 99	0-EZ.		Open to Public Inspection
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for inst	ruction	is and	the latest informat		identification number
		-1 FOUNDATION				47-10	
	ing Activities, complete this par	 Complete if the organization answ t 	ered "Y	′es" oi	n Form 990, Part IV,	line 17. Form 990)-EZ filers are not
 Indicate whether the a Mail solicitation b Internet and c Phone solicities d In-person solicities 2 a Did the organization key employees lister 	e organization rais ions email solicitations tations licitations in have a written c ed in Form 990, P highest paid indiv	sed funds through any of the followi e Solicita f Solicita g Specia or oral agreement with any individua eart VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra l (inclue profess	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees, or	Yes No to be
(i) Name and address or entity (fund		(ii) Activity	nave c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount part to (or retained b fundraiser listed in col. (i	by) to (or retained by)
			Yes	No			
Total		·					
3 List all states in white or licensing.	ch the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is exempt fro	m registration

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 THE RYR-1 FOUNDATION

47-1094057 Page 2

Pa	rt I		-			
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	events with gross receip (c) Other events NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	19,638.			19,638.
	2	Less: Contributions	19,638.			19,638.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ses	5	Noncash prizes				
pens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			`	4,079. 4,079.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	.,			-4,079.
Pa	rt I					_,
		\$15,000 on Form 990-EZ, line 6a.		() Dull tabe/instant		
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes% └── No	Yes%	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No

Sch	hedule G (Form 990 or 990-EZ) 2020 THE RYR-1 FOUNDATION 47-	1094	057	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
•	of gaming revenue retained by the third party \triangleright \$			
	c) If "Yes," enter name and address of the third party:			
	in res, entername and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🖵	Yes	└── No
t	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activities during the tax year s art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F		in an 0	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, I	ines 9,	90, 100,

SCHEDULE I (Form 990) Department of the Treasury	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.									
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization THE RYR-1	FOUNDATI	ON					Employer identification number $47 - 1094057$			
Part I General Information on Grants a	nd Assistance									
 Does the organization maintain records a criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						tion XYes 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			
INGENIOUS TARGETING LABORATORY 2200 SMITHTOWN AVENUE			6.255							
RONKONKOMA, NY 11779 THE REGENTS OF THE UNIVERSITY OF			6,355.	0.			RESEARCH			
MINNESOTA - 600 MCNAMARA ALUMNI										
CENTER SUITE 200 SE OAK STREET -										
MINNEAPOLIS, MN 55455			49,993.	0.			RESEARCH			
UNIVERSITY OF ROCHESTER 500 JOSEPH C. WILSON BLVD										
ROCHESTER, NY 14627			20,000.	0.			RESEARCH			
NATIONAL INSTITUTE OF NURSING RESEARCH - 10 CENTER DRIVE - BETHESDA, MD 20892			25,000.	0.			RESEARCH			
UCONN HEALTH 263 FARMINGTON AVENUE FARMINGTON , CT 06030			3,565.	0.			RESEARCH			
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	•	•								

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Page 2

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Open to Public Inspection

ployer	identi	ificati	on r	number
1.	7 1	001		7

Vallie	e of the organization	ייייי א רידארא	ON		Employer identification num 47-1094057
Dai	THE RYR-1 FC	JUNDATI	ON		4/-109405/
r ai		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of determining noncash contribution amounts
		аррісаріс		Form 990, Part VIII, line 1g	noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	Х	4	30,846.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ()				

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	: it		
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			x
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule M (Fori	m 990)	2020

47-1094057 Page 2

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

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



47-1094057

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 2, NEW PROGRAM SERVICES:

THE RYR-1 FOUNDATION PUBLISHED THE CLINICAL CARE GUIDELINES (CCG) IN

FALL OF 2020.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

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

RYR-1 FOUNDATION TO ASSESS THE QUALITY OF THE RESEARCH IN A "GIVE AND

TAKE" ENVIRONMENT; AND 4) TO ENCOURAGE MEDICAL/RESEARCH TRAINEES TO

PURSUE A CAREER IN RYR-1-RM.

THE RYR-1 FOUNDATION HAS HOSTED NINE, ONE-DAY SCIENTIFIC MEETINGS OVER THE PAST FIVE 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020						
Name of the organization THE R	FOUNDATION Employer identification numb 47-1094057	er				
THE CLINICAL, RESEAL	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.

EXPENSES \$ 9,015. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

MICHAEL GOLDBERG IS PRESIDENT & A DIRECTOR OF THE RYR-1 FOUNDATION. HE IS MARRIED TO LINDSAY GOLDBERG AND IS THE SON OF MYRNA AND MORTON GOLDBERG.

LINDSAY GOLDBERG IS SECRETARY & TREASURER, PATIENT LIAISON, AND BUSINESS MANAGER AS WELL AS A DIRECTOR 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 DIRECTOR 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 DIRECTOR OF THE RYR-1 FOUNDATION. SHE IS THE MOTHER OF

 MICHAEL GOLDBERG, WIFE OF MORTON GOLDBERG, AND MOTHER-IN-LAW OF LINDSAY

 032212 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

THE RYR-1 FOUNDATION

Employer identification number 47 - 1094057

GOLDBERG.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE SECRETARY/TREASURER 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 DIRECTORS. ADMINISTRATIVE SUPPORT FROM BUSINESS

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

BOARD OF DIRECTORS WHO DO NOT HAVE A FAMILIAL RELATIONSHIP WITH THIS

INDIVIDUAL. BOARD MEMBERS WHO ARE RELATED TO THIS INDIVIDUAL WERE RECUSED

FROM DELIBERATIONS AND APPROVAL OF THIS PERSON'S COMPENSATION.

ADMINISTRATIVE SUPPORT HOURLY PAY FOR GINA STANZIANO WAS DETERMINED BY THE BOARD OF DIRECTORS.

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	ictions.		Taxpaye	r identification nu	mber (TIN)	
print	THE RYR-1 FOUNDATION				47-1094057		
File by the							
filing your	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 th	ne Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1	
Application 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			08	
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		11		
Form 9	90-T (trust other than above)	06	Form 8870 ECRETARY/TREASURER			12	
 If the If the If the box 1 the t	request an automatic 6-month extension of time until he organization named above. The extension is for the org \mathbf{X} calendar year 2020 or	Group Exe and atta NOVEI anization's	emption Number (GEN) I ch a list with the names and TINs of MBER 15, 2021 , to file a return for: d ending	f this is fo all memb	r the whole group pers the extension npt organization re	is for.	
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.	
-	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
e	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
c E	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by				
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.	
Cautio instruct	n: If you are going to make an electronic funds withdrawal tions.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO	for payment	

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

Form 8868 (Rev. 1-2020)