OMB No 1515-0047



Form **990** 

Depariment of the Treasury Internal Revenue Service

Extended to November 15, 2018

# **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.

Open to Public Inspection ► Go to www.irs.gov/Form990 for Instructions and the latest information.

Α	For th	e 2017 calendar year, or tax year beginning	and	ending					
В	Check is applicat	C Name of organization			D Employer identif	ication number			
	Addi chun Nam	MARY RYDER HOME		<del></del>					
Ļ	chan	Doing business as	<del></del>	,	43-0	758611			
Ļ	retur		Number and street (or P.O box if mail is not delivered to street address)  Room/suite						
١.	- Iroturi		314-531-1413						
	terms aled	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	2,020,679.			
	Amer	ST. LOUIS, MO 63108			H(a) Is this a group i	return			
	Appli	Finame and address of principal officer.		~	for subordinate	s? Yes X No			
	pend	ng			H(b) Are all subordinates	included? Yes No			
1_	Tax-ex	ompt status. X 501(c)(3) 501(c)( )◀	(insert no.) 4947(a)(1)	dy 527	If "No," attach	a list (see instructions)			
J_	Webs	te: > WWW.MARYRYDERHOME.ORG			H(c) Group exemption	on number 🕨			
K	Form o	forganization: X Corporation Trust Associa	ation Other >	L Year	of formation: 1933	M State of legal donucile; MO			
P	art I	Summary							
Φ	1	Briefly describe the organization's mission or most sign	nificant activities						
Governance		THE PRIMARY GOAL OF THE MAR	Y RYDER HOME	IS TO	PROVIDE A S	SAFE, CLEAN,			
Ĕ	2	Check this box 🕨 🔲 if the organization discontinu	ied its operations or dispos	sed of more	than 25% of its net a	issets.			
5	3	Number of voting members of the governing body (Par	t VI, line 1a)	. ,	3				
	4	Number of independent voting members of the governing	ing body (Part VI, line 1b)		4	15			
es	5	Total number of individuals employed in calendar year.	2017 (Part V, line 2a)			58			
Activities &	6	Total number of volunteers (estimate if necessary)			6	667			
Ç	7 a	Total unrelated business revenue from Part VIII, coluกิโร	T (C), Inprite FILLE	<b>5</b>	., 7а	0.			
_	ь	Total unrelated business revenue from Part VIII, column Net unrelated business taxable income from Form 990	T, Ind 34 LULIVEL		7b	0.			
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	18	Prior Year	Current Year			
o)	8	Contributions and grants (Part VIII, line 1h)	하 . JUL .0.2 2018	}  q	716,969.	687,487.			
Revenue	9	Program service revenue (Part VIII, line 2g)	3)	S	1,022,464.	1,072,674.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and	70)	, <b>-</b>	2,843.	2,854.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			88,236.	121,190.			
	12	Total revenue add lines 8 through 11 (must equal Part			1,830,512.	1,884,205.			
. ~	13	Grants and similar amounts paid (Part IX, column (A), lir			0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), lin	e 4)	•	0.	0.			
S	15	Salaries, other compensation, employee benefits (Part	IX, column (A), lines 5-10)		1,078,651.	1,041,938.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1			0. 0.				
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)	<b>▶</b> 71,63	34.					
ij	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-	24e)		817,947.	911,483.			
	18	Total expenses. Add lines 13 17 (must equal Part IX, co	lumn (A), line 25)		1,896,598.	1,953,421.			
	19	Revenue less expenses. Subtract line 18 from line 12			-66,086.	-69,216.			
ts or				Вед	inning of Current Year	End of Year			
Sets	20	Total assets (Part X, line 16)			3,192,478.	3,113,908.			
Y D	21	Total liabilities (Part X, line 26)			107,246.	97,892.			
Net Assets Fund Balan	22	Net assets or fund balances. Subtract line 21 from line	20		3,085,232.	3,016,016.			
Pa	art II	Signature Block							
Und	er pena	Ities of perjury, I declare that I have examined this return, inclu	ding accompanying schedule	s and stateme	ents, and to the best of m	ny knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is t	based on all information of wh	nch preparer					
		1 m 15 15 m				9-2018			
Sıg	n	Signature of officer			Date				
Her	е		?/<		···-				
		Type or print name and tifle							
			arer's signature		ate Check	PTIN			
Pan		LUCAS ROW, CPA			6/24/18 sell emplo				
	parer		VILLIAMSON, CI	PA'S	Firm's EIN	37-1231621			
Use	Only	Firm's address 205 S. MAIN				0 004 /000			
		COLUMBIA, IL 62236			Phone no. 6 1	8-281-4999			
		RS discuss this return with the preparer shown above?				X Yes No			
7320	01 11-2 ت	8-17 LHA For Paperwork Reduction Act Notice, se ee Schedule O for Organizati			nt Contin	Form <b>990</b> (2017)			
	•	ee ponedute o for Ordanizari	TOTESTU DI	caceme.	ne conting	ICTOII			

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Par	t III Statement of Program Service Accomplishments
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE PRIMARY GOAL OF THE MARY RYDER HOME IS TO PROVIDE A SAFE, CLEAN,
	HOME-LIKE ATMOSPHERE, WITH GOOD MEDICAL CARE AND MOST IMPORTANT, A
	FEELING OF BEING WANTED TO THE LOW INCOME ELDERLY POPULATION IN THE
	ST. LOUIS AREA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	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  (Code ) (Expenses \$ 1,690,221. including grants of \$ ) (Revenue \$ 1,072,674.)
4a	(Code) (Expenses \$ 1,690,221. including grants of \$) (Revenue \$ 1,072,674.) PROVIDED FOOD, HOUSING, AND MEDICAL CARE TO LOW INCOME PERSONS
	THROUGHOUT THE YEAR.
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$
	<del> </del>
	<del></del>
4c	(Code) (Expenses \$
	<del></del>
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \( \) 1,690,221.
-70	reval program doi vido experiedo y

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Form	990	(2017)	

# MARY RYDER HOME

# Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		v
L	Schedule D, Parts XI and XII  Was the ergographic production under a consolidated, independent sudited financial statements for the tay year?	12a		<u> </u>
D	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	404		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		X
		Form	<b>990</b> (	2017)

Form 990 (2017) MARY RYDER HOME
Part IV Checklist of Required Schedules (continued)

•			<u>Yes</u>	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	ļ		İ
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	,	l	ł
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			İ
	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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		}	l
	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	<b> </b>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	Ì	ŀ	,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		}	3.7
	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		<b>!</b>	
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	۱ ۵۳۰		1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- V
	If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	<del>  ^</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
—	Note, All Form 990 filers are required to complete Schedule O	38 Form		L (2017)
		I UIII		120111

Form	990 (2017) MARY RYDER HOME **-***	***	Pa	age <b>5</b>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		l	
·	(gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u> </u>		
2.0	filed for the calendar year ending with or within the year covered by this return  2a 58		ĺ	·
ь.		2b		x
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)	20		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	-	x
		3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	30		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-	1	х
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country	1	- 1	i
<b>-</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
	any contributions that were not tax deductible as charitable contributions?	6a		
D	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).		-	х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
þ	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	_		х
	to file Form 8282?	7c		_^_
	If "Yes," indicate the number of Forms 8282 filed during the year	- 1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>—</b> —
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>—</b> —
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
_	sponsoring organization have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del></del>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter			1
a	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			1
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against			l
40	amounts due or received from them)	40-	-	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del></del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	_	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans	1		l
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2017)
		ruiiT	ップリ	(4017)

MARY RYDER HOME 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 in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 15 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 Х 16a taxable entity during the year? **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MO Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) ☐ Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

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

63108

statements available to the public during the tax year

TIMOTHY BUTLER - 314-531-1144

4361 OLIVE STREET, ST. LOUIS,

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

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	as pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional frustee	Officer		Highest compensated all compensated anyloyee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KELLY DOLAN	1.00									
PRESIDENT	<u> </u>	Х	_	Х		<u> </u>	_	0.	0.	0.
(2) ROBERT WAGNER	1.00	]							-	
VICE PRESIDENT	<u> </u>	X		X		<u> </u>		0.	0.	0.
(3) MEGHAN WEST	1.00	]								
SECRETARY		X		Х		<u> </u>		0.	0.	0.
(4) JEREMY PIQUARD	1.00									
TREASURER		Х		Х	L.			0.	0.	0.
(5) BARBI BERRONG	1.00									
BOARD MEMBER		X				_		0.	0.	0.
(6) RICH MCCARTNEY	1.00									
BOARD MEMBER		X	_					0.	0.	0.
(7) CHARLES BROWN JR.	1.00									
BOARD MEMBER		Х			<u> </u>		L	0.	0.	0.
(8) DEBBIE NASH	1.00									
BOARD MEMBER	ļ	X			<u>.</u>	_		0.	0.	0.
(9) BARBARA MERCADANTE	1.00									
BOARD MEMBER		X			<u> </u>		L	0.	0.	0.
(10) BARBARA PIERCE	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) H. ROBERT SANDERS	1.00									
BOARD MEMBER		Х					L.	0.	0.	0.
(12) CRAIG KAINTZ	1.00					Γ				
BOARD MEMBER		X			L.		L.,	0.	0.	0.
(13) CHARLES WIEGERS	1.00		Γ			П				
BOARD MEMBER		X					L	0.	0.	0.
(14) JOHN ELSER II	1.00									
BOARD MEMBER		X			L.			0.	0.	0.
(15) ALISHEA JOHNSON	1.00									
BOARD MEMBER		X				L		0.	0.	0.
(16) TIMOTHY BUTLER	40.00									
EXECUTIVE DIRECTOR			$oxed{oxed}$	<u> </u>	L	X		111,000.	0.	0.
		1	1			1	\			
	L		<u> </u>			乚		<u> </u>	<u> </u>	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9

_		Check if Schedule O conf	tains a resnonse	or note to any li	ne in this Part VIII			
		O. COCK II CON COLOR	100ponso	or riote to uny ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	687,487. 1,475.	687,487.			
Program Service Revenue	2 a b c d	VICCOURT CARE		623000 623990	849,381. 223,293.	849,381.		
4	f	All other program service reve	enue					
		Total. Add lines 2a-2f	<del></del>		1,072,674.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		•	2,854.	7.7		2,854.
	b	Gross rents Less rental expenses	(i) Real	(II) Personal				,
	d	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		-		
	С	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		•	-			
Other Revenue	8 a	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less direct expenses	of 1c) See	255,040. 136,474.				1
0	С	Net income or (loss) from fund	draising events	<b></b>	118,566.			118,566.
		Gross income from gaming ac Part IV, line 19 Less direct expenses	ctivities See a b					l l
	10 a	Net income or (loss) from garr Gross sales of inventory, less and allowances Less cost of goods sold	-					
		Net income or (loss) from sale	s of inventory	<b></b>	-		·	
	11 a b	Miscellaneous Revenu MISCELLANEOUS I		Business Code 900099	2,624.			2,624.
	C	All other reven						
	d e	All other revenue  Total. Add lines 11a-11d			2,624.			
	12	Total revenue. See instructions.		<u> </u>	1,884,205.	1,072,674.	0.	124,044.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 72,150. 5,550. 111,000. 33,300. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 751,212. 662,526. 41,573. 47,113. Other salaries and wages Pension plan accruals and contributions (include 1,915 479. 23,942. 21,548 section 401(k) and 403(b) employer contributions) 86,061. 74,342. 10,137. 1,582. Other employee benefits 69,723. 56,865. 9,257. 3,601. 10 Payroll taxes Fees for services (non-employees) 11 a Management 1,330. 1,330. **b** Legal 76,037. 68,433. 6,083. 1,521 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 154,217. 149,634. 4,583. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 16,098. 4,293. 1,073. 21,464 Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 630. 630, 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 96,121. 96,121. Depreciation, depletion, and amortization 41,189. 38,662. 1,596. 931. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 18,388. 3,343. 167,162. 145,431. FOOD 86,741. 86,741. b MEDICAL SUPPLIES 74,414. 71,438. c REPAIRS & MAINTENANCE 2,232. 744. 64,796. 1,944. 648. 62,204. d UTILITIES 127,382. 16,785. 5,049. 105,548. e All other expenses 1,953,421 1,690,221. 191,566. 71,634. Total functional expenses. Add lines 1 through 24e 25 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)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 549,336. 369,133. Cash - non-interest-bearing 1 1 551,348. 731,949. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 63,592. 68,004. 4 Accounts receivable net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 7 3,245. 2,226. 8 Inventories for sale or use 42,666. 51,400. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 2,769,169. basis Complete Part VI of Schedule D 10a 1,886,170. 882,999. 1,982,291. 10c b Less accumulated depreciation 10b 5,026. 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 3,192,478. 3,113,908. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 100,091. 94,931. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 7,155 2,961 Schedule D 25 107,246. 97,892 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,085,232. 3,016,016. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 3,085,232. 3,016,016. 33 33 Total net assets or fund balances 3,192,478. 3,113,908. 34 Total liabilities and net assets/fund balances 34

Form	1990 (2017) MART_RIDER_HOME			Pa	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				
		ĺ			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,88	4,2	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,95	3,4	21.
3	Revenue less expenses. Subtract line 2 from line 1	3		9,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,08	5,2	32.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,01	.6,0	16.
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del>	T.,	<del></del>
			F	Yes	No
1	Accounting method used to prepare the Form 990		<del></del>	1	ĺ
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 _		<b></b>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_ <u>2a</u>	<del> </del>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	Ì		
	separate basis, consolidated basis, or both			Į	l
	Separate basis Consolidated basis Both consolidated and separate basis		1		₩.
D	Were the organization's financial statements audited by an independent accountant?	•	<u>2b</u> _	╀—	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,		
	consolidated basis, or both			1	'
	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	e audi	1	-	}
	review, or compilation of its financial statements and selection of an independent accountant?			┼—	<del> </del>
0.5	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				İ
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 Al			X
	Act and OMB Circular A-133?		<u>3a</u>	├	<b>├</b> ^
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired at	l l		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u>	000	(2245)
			Forn	1 990	(2017)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(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.

OMB No 1545-0047

2017

Open to Public Inspection

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

	*	*	*	*	*	*	*	Page 2	
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		ŀ				
	include any "unusual grants.")	1,123,225.	1,175,264.	1,108,959.	1,083,223.	1,165,820.	5,656,491.
2	Tax revenues levied for the organ-						<del>_</del>
	ization's benefit and either paid to					1	
	or expended on its behalf		Į.	1			
3	The value of services or facilities						
_	furnished by a governmental unit to		1	1			
	the organization without charge			}			
4	Total. Add lines 1 through 3	1,123,225.	1,175,264.	1,108,959.	1,083,223.	1,165,820.	5,656,491.
	The portion of total contributions						
J	by each person (other than a	,	ļ			ì	
	governmental unit or publicly		ĺ	[			
	supported organization) included						
	on line 1 that exceeds 2% of the		İ	1			
	amount shown on line 11,						
	· ·		}	ļ			
_	column (f)						
	Public support. Subtract line 5 from line 4						5,656,491.
	ction B. Total Support						<del></del>
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,123,225.	1,175,264.	1,108,959.	1,083,223.	1,165,820.	5,656,491.
8	Gross income from interest,						
	dividends, payments received on		]	j		j	
	securities loans, rents, royalties,						
	and income from similar sources	1,743.	2,473.	2,828.	2,843.	2,854.	12,741.
9	Net income from unrelated business					-	
	activities, whether or not the						
	business is regularly carried on	i l		ļ	ı		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	1,094.	463.	844.	312.	2,624.	5,337.
11	Total support. Add lines 7 through 10						5,674,569.
	Gross receipts from related activities,	etc. (see instruction	ons)		<del></del>	12	<del></del>
	First five years. If the Form 990 is for		•	d. fourth, or fifth ta	x vear as a sectio		
	organization, check this box and stop	•	, , , , , , , , , , , , , , , , , , , ,	-,	,		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (	line 6. column (f) di	ivided by line 11, c	olumn (f))	<del></del>	14	99.68 %
	Public support percentage from 2016		•			15	99.53 %
	a 33 1/3% support test - 2017. If the			line 13, and line 1	14 is 33 1/3% or n		
100	stop here. The organization qualifies	-			14 15 05 17070 01 11	nore, erreek tris be	►X
	•		-		ling 15 is 22 1/20/	or more check th	•
	33 1/3% support test - 2016. If the				1116 13 18 33 1/370	o of filore, check th	IS DOX
	and stop here. The organization qual				10 10 10	11 44 4504	
1/8	10% -facts-and-circumstances tes	•					
	and if the organization meets the "fac					π vi now the organ	ization
	meets the "facts-and-circumstances"	-			-		▶∟
k	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		
	organization meets the "facts-and-cire		•	•			▶Щ
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	ind see instruction:	<u>▶</u>
					Sche	edule A (Form 990	or 990-F7) 2017

# Schedule A (Form 990 or 990-EZ) 2017 MARY RYDER HOME [Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not		}	{	1			
	ınclude any "unusual grants.")			L <u>.</u>				
2	Gross receipts from admissions,							
	merchandise sold or services per-		ļ					
	formed, or facilities furnished in any activity that is related to the		}		}			
	organization's tax-exempt purpose							
3	Gross receipts from activities that		}	1	}			
	are not an unrelated trade or bus-				/			
	iness under section 513							
4	Tax revenues levied for the organ-						_	
	ızatıon's benefit and either paid to		]	]				
	or expended on its behalf		<u> </u>					
5	The value of services or facilities							
	furnished by a governmental unit to			/	4			
	the organization without charge							
6	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and		·		}			
	3 received from disqualified persons				L			
t	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			Y				
(	: Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) <sup>2</sup> 014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6				<u></u>			
10	Gross income from interest,		/					
	dividends, payments received on securities loans, rents, royalties,	1	1	İ		1		
	and income from similar sources							
t	Unrelated business taxable income	/		ľ		!		
	(less section 511 taxes) from businesses	/				ļ		
	acquired after June 30, 1975					ļ <u></u>		
•	Add lines 10a and 10b			<u> </u>				
11	Net income from unrelated business	/	}	1		}		
	activities not included in line 10b, whether or not the business is	l /			ļ	}		
	regularly carried on			<u> </u>			L	
12	Other income Do not include gain	\ /						
	or loss from the sale of capital assets (Explain in Part VI)	<u> </u>						
	Total support. (Add lines 9 10c, 11, and 12)	<u> </u>	<u></u>	<u> </u>	1	<u> </u>		
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,	
	check this box and stop here				<del>. –</del>	·		
<u>Se</u>	ction C. Computation of Publ	ic/Support Pe	rcentage					
15	Public support percentage for 2017 (	line 8, column (f) c	livided by line 13,	column (f))		15	%	
	Public support percentage from 2016				<del></del>	16	%	
<u>Se</u>	ction D. Computation of Inve	stment Incom	<u>ie Percentage</u>	<del>}</del>	<del></del>			
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	%	
	Investment income percentage from					18	%	
19:	9a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
1	o 33 1/3% support tests - 2016. If the	•					and	
	line 18 is not more than 33 1/3%, che			•		_	<b>▶</b>  -	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a. or 19b. check t	this box and see in	structions	▶∟∟	

### Part IV Supporting Organizations

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

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

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
		-
3a		
3b		
3c	i	
4a		-
45		
4b		
4c		
5a		
5b	_	ļ. ,
5c		<del> </del>
_6_		<u> </u>
7		
8		
9a		,
9b		
9c		
10a		├—
10b		

Sche	dule A (Form 990 or 990-EZ) 2017 MARY RYDER HOME **-	*****	*_ Pa	age <b>5</b>
_	rt IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Ţ		1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ļ
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ŀ		
	controlled the organization's activities. If the organization had more than one supported organization,			i
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ĺ	_	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			i
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		_
	supervised, or controlled the supporting organization	_ 2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ŀ		l
	or management of the supporting organization was vested in the same persons that controlled or managed			İ
	the supported organization(s)	11		
Sec	tion D. All Type III Supporting Organizations		,	,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		!	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	}		1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		_	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<b>-</b>
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	-	<b> </b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		1
	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	<u> </u>	L
	tion 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 yeafsee instruct	tions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b			_ \	
c		e instruction		T
2	Activities Test. Answer (a) and (b) below.		Yes	No
а			ĺ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ļ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ŀ	i
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities	<u>2a</u>	┼	<del> </del>
b			l	l
	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		-	1
_	activities but for the organization's involvement	2b	┼	<del> </del>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				ł
ı.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	₩-	$\vdash$
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		Ì	(
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	_3b		Щ.

	dule A (Form 990 or 990-EZ) 2017 MARY RYDER HOME	0		Page 6
Par	Typo III (10) Tarrottering Integration Goo(u)(o) Cupporting			
1.	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. Al
Secti	other Type III non-functionally integrated supporting organizations must co on A - Adjusted Net Income	omplete Se	(A) Prior Year	(B) Current Year (optional)
_	Not short town assistances	1	<del></del>	(optional)
1 2	Net short-term capital gain	1 2	<del></del>	<del></del>
	Recoveries of prior-year distributions	3		<del></del>
3	Other gross income (see instructions)	4		<del> </del>
4_	Add lines 1 through 3	5		<del>  </del>
	Depreciation and depletion	+5+		<del> </del>
6	Portion of operating expenses paid or incurred for production or	1 1		1
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	<del></del>	<del> </del>
	Other expenses (see instructions)	7		<del>                                     </del>
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<del></del>	<u> </u>
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	<u> </u>		<u> </u>
a	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		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	·	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6	<del> </del>	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		†
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	· <del>····································</del>	
5	Income tax imposed in prior year	5		1
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<del>                                     </del>	<del></del>	
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting or	anization (see
-		,	- ,	/

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 MARY RYDER HOME	**-***** Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part III, line 17a 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 II, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, t V, Section B, line 1e, Part V,
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# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number \*\*\_\*\*\*\* MARY RYDER HOME

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the		
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes I		
6	Did the organization inform all grantees, donors, and donor a		e used only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring		
	impermissible private benefit?		Yes		
Pai	t II Conservation Easements. Complete if the or	ganızatıon answered "Yes" on Form 990,	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)			
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area		
	Protection of natural habitat	Preservation of a cer	tified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last		
	day of the tax year		Held at the End of the Tax Y		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc-	ture		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re-	eleased, extinguished, or terminated by th	ne organization during the tax		
	year ▶				
4	Number of states where property subject to conservation ea	asement is located >			
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?				
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year		
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ation easements during the year		
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) about	ive satisfy the requirements of section 17			
	and section 170(h)(4)(B)(ii)?		Yes		
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for		
_	conservation easements		S.I. S. II A		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.		
	Complete if the organization answered "Yes" on Forr				
1a	If the organization elected, as permitted under SFAS 116 (A				
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part X		
	the text of the footnote to its financial statements that desc				
b	If the organization elected, as permitted under SFAS 116 (A	•			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amou		
	relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$		
2	If the organization received or held works of art, historical tri		ial gain, provide		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items			
а	Revenue included on Form 990, Part VIII, line 1		<b>S</b>		
b	Assets included in Form 990, Part X		<b>▶</b> \$		

Sche	44.0 \$ (101111000) 2011	DER HOME				**_**	****	Page 2
Par	t III Organizations Maintaining C	ollections of Art, H	istorical Tr	easures, or Oth	ner Simi	ilar Asset	<b>S</b> (continue	?d)
3、	Using the organization's acquisition, accessi	on, and other records, ch	eck any of the	following that are a	significan	t use of its c	ollection if	tems
	(check all that apply)							
а	Public exhibition	d 🗆	Loan or exc	hange programs				
b	Scholarly research	e 🗆	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain how	they further t	he organization's ex	empt pur	pose in Part	XIII	
5	During the year, did the organization solicit of	r receive donations of art	, historical trea	sures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma	aintained as part of the or	ganization's c	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Complete if	the organizatio	on answered "Yes" o	on Form 99	90, Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21					_	
1a	Is the organization an agent, trustee, custod	an or other intermediary	or contribution	ns or other assets n	ot included	t		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	ig table					
	· · · · · · · · · · · · · · · · · · ·						Amount	
С	Beginning balance				1c			
ď	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 21, f	or escrow or c	ustodial account lial	bility?		Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the explan	ation has been	provided on Part X				
Par								
		(a) Current year (b	) Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs						_	
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance (lin	e 1g, column (	a)) held as	-			
а	Board designated or quasi-endowment	%						
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%						
3a	Are there endowment funds not in the posse	ession of the organization	that are held a	and administered for	r the orgar	nization	_	
	by						Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as required o	n Schedule R7	•			3b	
4	Describe in Part XIII the intended uses of the	organization's endowme	nt funds					
Par	t VI Land, Buildings, and Equipn	nent.						
	Complete if the organization answere	d "Yes" on Form 990, Pa	t IV, line 11a	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or other	1		Accumula		(d) Book v	/alue
		basis (investment)		(other) c	lepreciatio	n		
1a	Land	152,800			<u>.</u>			,800.
b	Buildings	1,900,000			414,	545.	L,485	
С	Leasehold improvements	290,144			54,	588.	<u>235</u>	,556.
d	Equipment	411,720			399,		12	,359.
e	Other	14,499			14,4	499.		0.
T - 4 -		acual Form 000 Part V or	(Lunn (D) Lunn	10-1		_ · ·	1 886	1.74

Schedule D (Form 990) 2017

art VII Investments - Other Securities.	<del></del>		
Complete if the organization answered "Yes"			
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Co	ost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes"		11d See Form 990, Part X, line	15.
(a)	Description		(b) Book value
(1)			
			<del></del>
(2)			
(2)			
(3)			
(3)			
(3) (4) (5)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities.			•
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes"			X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities.		: 11e or 11f See Form 990, Part (b) Book value	X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) lime art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		(b) Book value	X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability			X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxs.		(b) Book value	X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability (1) Federal income taxes (2) RESIDENT DEPOSITS		(b) Book value	X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) RESIDENT DEPOSITS (3)		(b) Book value	X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) RESIDENT DEPOSITS (3) (4)		(b) Book value	X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) RESIDENT DEPOSITS (3) (4) (5)		(b) Book value	X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) RESIDENT DEPOSITS (3) (4) (5) (6)		(b) Book value	X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) RESIDENT DEPOSITS (3) (4) (5) (6) (7)		(b) Book value 2,961.	X, line 25.
(3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability (1) Federal income taxes (2) RESIDENT DEPOSITS (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	(b) Book value	X, line 25.

Schedule D (Form 990) 2017 MARY RYDER HOME	onto With Povenue per P	oturn	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem	•	etun	la e
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	<del></del> 1	2,020,679.
1 Total revenue, gains, and other support per audited financial statements		-1-	2,020,073.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	اما		
a Net unrealized gains (losses) on investments	2a	1	
b Donated services and use of facilities	2b	1	
c Recoveries of prior year grants	2c   2d   136,474.		
d Other (Describe in Part XIII )	2d 136,4/4.	.	136,474.
e Add lines 2a through 2d		2e	1,884,205.
3 Subtract line 2e from line 1		3	1,004,203.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4- 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b	۱. ۱	0.
c Add lines 4a and 4b		4c	1,884,205.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial States	ments With Expenses per	Botu	
		netu	111.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ia		2,089,895.
1 Total expenses and losses per audited financial statements		-1-	2,009,093.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	10-1	1	
a Donated services and use of facilities	2a	1	
b Prior year adjustments	2b		
c Other losses	2c   2d   136,474.	1	
d Other (Describe in Part XIII.)	2d 136,474.		136,474.
e Add Ines 2a through 2d		2e	1,953,421.
3 Subtract line 2e from line 1		3	1,555,421.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4- 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	i I	
b Other (Describe in Part XIII )	4b	ا ۱	n
c Add lines 4a and 4b		4c	1,953,421.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	<del>-</del>	5	1,933,441.
	All I have the section of the sectio	4 5-4	V I 0 D1 VI
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part		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 ad	aditional information.		
<del></del>			<del></del>
Part XI, Line 2d - Other Adjustments:			
raic XI, hine 2d " Other Adjustments.			
DIRECT FUNDRAISING EVENT EXPENSES			136,474.
DIRECT FUNDRAISING EVENT EXPENSES			130,4/4.
Part XII, Line 2d - Other Adjustments:			
rait Air, line 2d Other Adjustments.			
DIRECT FUNDRAISING EVENT EXPENSES			136,474.
DIRECT FUNDRATISING EVENT EXPENSES			130,474.
ROUNDING			
NOUNDING		_	
			<del></del>
	<del></del>		·
	<del></del>		

# SCHEDUĻE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MARY RYDER HOME

Employer identification number \*\*\_\*\*\*\*

Form 990, Part I, Line 1, Description of Organization Mission:
HOME-LIKE ATMOSPHERE, WITH GOOD MEDICAL CARE AND MOT IMPORTANT, A
FEELING OF BEING WANTED TO THE LOW INCOME ELDERLY POPULATION IN THE ST.
LOUIS AREA.
Form 990, Part VI, Section B, line 11b:
THE BOARD AND EXECUTIVE DIRECTOR ARE PROVIDED WITH A COPY OF THE 990. THE
EXECUTIVE DIRECTOR AND THE CONTROLLER REVIEW THE 990 WITH THE AUDITED
FINANCIALS. ANY QUESTIONS OR NECESSARY CHANGES ARE DISCUSSED WITH OR MADE
BY THE TAX PREPARER.
Form 990, Part VI, Section B, Line 12c:
THE EXECUTIVE DIRECTOR REGULARLY REVIEWS AND MONITORS COMPLIANCE WITH THE
POLICY AND WILL ENFORCE COMPLIANCE IF THERE IS AN ISSUE.
Form 990, Part VI, Section B, Line 15a:
THE BOARD PEPRIODICALLY INVESTIGATES OUTSIDE INFORMATION TO DETERMINE THE
EXECUTIVE DIRECTOR'S COMPENSATION.
Form 990, Part VI, Section C, Line 18:
MARY RYDER HOME MAINTAINS COPIES AT THE ADMINISTRATIVE OFFICE.
Form 990, Part VI, Section C, Line 19:
MARY RYDER HOME MAINTAINS COPIES AT THE ADMINISTRATIVE OFFICE.