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

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

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

Inspection

A F	or th	e 202	1 calendar year, or tax year beginnin	ng		and e	nding				
_			C Name of organization					D Employer ide	entification nu	mber	
Вс	heck if ap	oplicable:	MARY RYDER HOME								
	Addre		Doing Business As					43-0758	3611		
	Name	change	Number and street (or P.O. box if mail is not or	delivered to street address	s)	Room/su	ite	E Telephone n	umber		
	Initial	return	4361 OLIVE STREET					(314)5	31-1413		
	Termi	inated	City or town, state or province, country, and 2	ZIP or foreign postal code							
	Amen		ST. LOUIS, MO 63108					G Gross receip	ts \$ 1	,795	,794.
	Applio pendi	cation	F Name and address of principal officer:	KEVIN DROLLIN	IGER			H(a) Is this a ground		Yes	X No
			2650 OLIVE STREET, ST. LC	DUIS, MO 63103	3			H(b) Are all subord	I	Yes	No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) ()	◀ (insert no.)	4947(a)(1)	or	527	If "No," attac	ch a list. (see instr	uctions)	
J	Websi	te: 🕨	WWW.MARYRYDERHOME.PROVIDE	ENTSTL.ORG			•	H(c) Group exem	ption number	•	
K	Form (of organ	nization: X Corporation Trust Ass	ociation Other		L Ye	ear of format	ion: 1933 M	State of legal d	omicile:	MO
P	art I	Sui	mmary			'		•			
	1	Briefly	y describe the organization's mission or mo	ost significant activities:	TO SI	ERVE S	T. LOU	IS' MOST '	VULNERAB	LE	
ė			IOR WOMEN, NOURISHING THEI	-							
and											
Governance	2	Check	this box F if the organization disco	ontinued its operations	s or dispose	ed of more	 e than 25%	of its net assets	 S.		
Ó	3	Numb	er of voting members of the governing bod	dy (Part VI, line 1a)					3		25
	4		per of independent voting members of the						4		24
ties	5		number of individuals employed in calenda						5		49
ctivities &	6		number of volunteers (estimate if necessary						6		358
Ac	7a	Total	unrelated business revenue from Part VIII, o	column (C), line 12					7a		NONE
			nrelated business taxable income from Forr						7b		NONE
								Prior Year	Cur	rent Ye	ar
ø.	8	Contri	ibutions and grants (Part VIII, line 1h)				$\neg \Box$	146,31	10.	834	,691.
Revenue	9		am service revenue (Part VIII, line 2g)			Y FOR		988,21	16.	960	,816.
eve	10		ment income (Part VIII, column (A), lines 3		PUBLIC II	NSPECTION	ON	3,32			287.
œ	11		revenue (Part VIII, column (A), lines 5, 6d,				_	244,15			NONE
	12		revenue - add lines 8 through 11 (must equ					1,382,00		,795	,794.
	13		s and similar amounts paid (Part IX, column						ONE		NONE
	14		its paid to or for members (Part IX, column					No	ONE		NONE
Š	15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						39.	844	,744.
Expenses	16a		ssional fundraising fees (Part IX, column (A)		No	ONE	-				
xbe	b		fundraising expenses (Part IX, column (D), I								
Ш	17		expenses (Part IX, column (A), lines 11a-11					1,060,66	52. 1	,218	,018.
			expenses. Add lines 13-17 (must equal Par					2,048,95	51. 2	,062	,762.
	19		nue less expenses. Subtract line 18 from line					-666,94	16.	-266	,968.
ses							Begin	ning of Current \		d of Yea	
sets	20	Total	assets (Part X, line 16)					2,599,58	38. 2	,553	,567.
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)					176,24	ł5.	397	,192.
Fe	22		ssets or fund balances. Subtract line 21 fro					2,423,34	13. 2	,156	,375.
Pa	rt II	Sig	gnature Block				•				
Und	der per	nalties o	of perjury, I declare that I have examined this re	eturn, including accompa	nying sched	ules and s	tatements, a	and to the best of	my knowledge	e and be	elief, it is
True	e, corre	tt, and	complete. Declaration of preparer (other than offi	cer) is based on all inform	nation of whi	ich prepare	er nas any kr	nowledge.			
۵.		.	Stephanie K. French					11/1	15/2022		
Sig			Signature of officer					Date			
He	re		STEPHANIE FRENCH		DIF	RECTOR	, FINA	NCE &			
			Type or print name and title								
		Print/	Type preparer's name Pre	eparer's signature	. 7	Date		Check	if PTIN		
Paid		TRO	Y A LINDSEY	17 A	1 Lis	11/	14/202	2 self-employ	ed P0104	1237	
	parer Only	Firm's	sname ► FORVIS, LLP					Firm's EIN	44-016	0260	
		Firm's	s address > 211 N. BROADWAY, SUITE	600 ST. LOUIS, MO 6	53102-2733			Phone no.	314-23	1-554	14
Мау	the I	RS dis	cuss this return with the preparer shown ab	oove? (see instructions))		<u> </u>	<u> </u>	X	Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate in	structions.					Fc	rm 990	(2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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*.

•	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on	ine electronic					
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).							
	ons required to file an income tax return oth rm 7004 to request an extension of time to fi		•	20-C filers), partnerships, REMI	Cs, and trusts					
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN	l)					
print File by the	MARY RYDER HOME Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	43-0758611						
due date for filing your return. See instructions.	4361 OLIVE STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63103									
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1					
Application		Return	Application		Return					
Is For		Code	Is For		Code					
	Form 990-EZ	01	Form 1041-A		08					
Form 4720		03	Form 4720 (other tha	in individual)	09					
Form 990-PF		04	Form 5227 Form 6069		10					
	(sec. 401(a) or 408(a) trust) (trust other than above)	05 06	Form 8870		12					
	(corporation)	07	FUIII 6670		12					
If the orgaIf this is for the whole	2650 OLIVE STREE e No. ► 314 802-2630 anization does not have an office or place of let a Group Return, enter the organization's for a group, check this box. • group, check this box. • group, check this box.	business ir ur digit Gro f it is for pa	Fax No. ►	(GEN) If	▶ ☐ this is attach					
	e names and TINs of all members the extension of time up		11 /1F 20 C	22 , to file the exempt organiz	otion roturn					
for the	organization named above. The extension is calendar year 2021 or tax year beginning	for the org	ganization's return for:							
c	hange in accounting period									
nonrefu	application is for Forms 990-PF, 990-T, undable credits. See instructions. application is for Forms 990-PF, 990-T,			3a \$	NONE					
estima	ted tax payments made. Include any prior yea e due. Subtract line 3b from line 3a. In	ır overpayn	nent allowed as a credit	зь \$	NONE					
using E	FTPS (Electronic Federal Tax Payment System u are going to make an electronic funds withdraw	n). See inst	tructions.	3c \$	NONE TE for payment					
instructions.	at and Barramant Barbarian Art Nati			F 994	20 (Day 1 0000)					

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

Form **8868** (Rev. 1-2022)

Part 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: TO SERVE ST. LOUIS' MOST VULNERABLE SENIOR WOMEN, NOURISHING THEIR SOCIAL, PHYSICAL AND EMOTIONAL NEEDS, AND ENHANCING THEIR QUALITY OF LIFE THROUGH COMPASSIONATE CARE. 2 Did the organization undertake any significant program services during the year which were not listed on the 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. 4a (Code:) (Expenses \$ 1,803,315. including grants of \$) (Revenue \$ PROVIDED FOOD, HOUSING AND MEDICAL CARE TO THE LOW-INCOME ELDERLY POPULATION. DURING 2021, MARY RYDER HOME SERVED 57 RESIDENTS AND PROVIDED A SAFE, CLEAN AND HOME-LIKE ATMOSPHERE.) (Revenue \$ 4b (Code: including grants of \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ▶ 1,803,315.

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Form 990 (2021)

MARY RYDER HOME Form 990 (2021)
Part IV Page 3

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	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	40		3.7
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
• • • • • • • • • • • • • • • • • • • •	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,"			
u	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	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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	4.46		3.7
4 E	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		21
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
-	Part VIII, lines 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," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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

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MARY RYDER HOME

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ 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 Χ 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 Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I............ Χ 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? 25b Χ 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 Χ 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 entity (including an employee thereof) or family member of any of these 27 Χ Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Χ b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV Χ c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c Χ Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 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 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Χ Χ 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Χ Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O............... Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2021)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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?	6a		Х
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		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
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.			
D	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			
_	The original control of the control	-		
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			21
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes" complete Form 6069			

Form 990 (2021) MARY RYDER HOME 43-0758611 Page **6**

Part VI Governance, Management, and Disclo

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

Sect	ion 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 1a 25			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe on Schedule O how this was done	13	- 1	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17	21	
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a	Λ	
b	Other officers or key employees of the organization	136		
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		X
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			·
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	ds ▶		
	STEPHANIE FRENCH 2650 OLIVE STREET ST. LOUIS, MO 63103			

314-371-6500

Form **990** (2021)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unles	Pos neck ss pe	rson	e than cois both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KEVIN DROLLINGER	5.00									
PRESIDENT	35.00			Х				NONE	249,170.	3,696.
(2) STEPHANIE FRENCH	5.00									
DIRECTOR OF FINANCE	35.00			Х				NONE	142,645.	8,544.
(3) DR. ALICIA BARNES	1.00									
BOARD MEMBER	1.00	Х						NONE	11,079.	NONE
(4) DR. EDWARD LAWLOR, PHD	1.00									
CHAIRMAN	1.00	X		Х				NONE	NONE	NONE
(5) ROBERT FRUEND, JR	1.00									
SECRETARY	1.00	X		Χ				NONE	NONE	NONE
(6) TED WILLIAMSON	1.00									
TREASURER	1.00	X		Х				NONE	NONE	NONE
(7) JACK LAY	1.00									
BOARD MEMBER	1.00	X						NONE	NONE	NONE
(8) TOM ACKERMAN	1.00									
BOARD MEMBER	1.00	X						NONE	NONE	NONE
(9) PETER AMBROSE, JR	1.00									
BOARD MEMBER	1.00	X						NONE	NONE	NONE
(10) HON. NANNETTE A. BAKER	1.00							NONE	NONE	NONE
BOARD MEMBER	1.00	X						NONE	NONE	NONE
(11) DENISE BENTELE BOARD MEMBER	1.00	X						NONE	NONE	NONE
(12) JOHN BUTLER	1.00	Λ						NONE	NONE	NONE
BOARD MEMBER	1.00	X						NONE	NONE	NONE
(13) KELLY DOLAN	1.00	- 21						INOINE	NONE	INOTHE
BOARD MEMBER	1.00	X						NONE	NONE	NONE
(14) GERALD EARLY	1.00							1,011	1,011	1,011
BOARD MEMBER	1.00	Х						NONE	NONE	NONE

Form **990** (2021)

Part VII Section A. Officers, Directors, Tr	ustees. Ke	v En	olar	vee	25.	and F	lial	hest Compensat	ed Employees (c	Page 8
(A)	(B)	/ y	.p.c) (C		una i	9.	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posi neck ss pe	ition more rson	o is both cor/trustr employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) IDA EARLY	1.00									
BOARD MEMBER	1.00	Х						NONE	NONE	NONE
16) JOHN ELSER II	1.00									
BOARD MEMBER	1.00	X						NONE	NONE	NONE
17) ADAM FOURNIE	1.00									
BOARD MEMBER	1.00	X						NONE	NONE	NONE
18) KAREN FRIEDMAN	1.00									
BOARD MEMBER	1.00	X						NONE	NONE	NONE
19) MICHAEL GIRSCH	1.00	-								
BOARD MEMBER	1.00	X						NONE	NONE	NONE
20) BOB SANDERS	1.00									
BOARD MEMBER	1.00	X						NONE	NONE	NONE
21) SANFORD SCOTT	1.00	ł								
BOARD MEMBER	1.00	X						NONE	NONE	NONE
22) AARON STEWART	$\frac{1}{1} \cdot \frac{00}{00}$.,						NONE	NONE	NONE
BOARD MEMBER	1.00	X						NONE	NONE	NONE
23) LAWRENCE E. THOMAS BOARD MEMBER	$\frac{1.00}{1.00}$	X						NONE	NONE	NONE
24) ROBERT WAGNER	1.00							NONE	NONE	NONE
BOARD MEMBER	1.00	X						NONE	NONE	NONE
25) HENDY WEDDED	1.00	21						110111	NONE	110111
BOARD MEMBER	1.00	X						NONE	NONE	NONE
1b Sub-total	-						_	NONE		12,240.
c Total from continuation sheets to Part VII, S	Section A		• • •				•	NONE		NONE
d Total (add lines 1b and 1c)	_						•	NONE		12,240.
2 Total number of individuals (including but not	limited to t			d at	oov	e) who	re	ceived more than	\$100,000 of	·
reportable compensation from the organization	on ►				NO	NE				Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete School										3
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	If	"Yes	,"	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5
Section B. Independent Contractors		l - ·-	1			t		hat was about on	than #400 000	<u>, </u>
 Complete this table for your five highest concompensation from the organization. Report over. 										

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employe	es (cc	ontinue	d)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	Est amo	(F) imated ount of ther ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		orga and	m the nization related nizations
26) CHARLIE WIEGERS	1.00											
BOARD MEMBER	1.00	X						NONE	N	ONE		NON
27) RISA ZWERLING BOARD MEMBER	1.00	X						NONE	N	ONE		NON
		-								_		
										\dashv		
										\perp		
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				· ·		> >					
2 Total number of individuals (including but not reportable compensation from the organizatio	_	hose	liste	d a	bov	e) who	o re	ceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of repeater than	oortab \$15	ole o 50,0	com 00?	per	sation "Yes	n ai	nd other compens	sation from th	ne ch		
individual5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individu	al	4	Х
for services rendered to the organization? If "Y Section B. Independent Contractors	es," comple	te Scl	nedu	ıle J	l for	such	per	son		-	5	X
Complete this table for your five highest com- compensation from the organization. Report of year.												
(A) Name and business add	dress							(B) Description of se	rvices	Co	(C) ompens	ation
							+					
2 Total number of independent contractors (in more than \$100,000 in compensation from the						thos		,	received			

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Part VIII Statement of Revenue

Par	rt VII						
		Check if Schedule O contains a respor	se or note to any	y line in this Part \			<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	632,258.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
A,G	С	Fundraising events 1c					
ar,	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants,					
outi her		and similar amounts not included above If	202,433.				
真	g	Noncash contributions included in					
Sel		lines 1a-1f					
<u> </u>	h	Total. Add lines 1a-1f		834,691.			
ø)			Business Code				
Program Service Revenue	2a	RESIDENT SERVICES	623000	818,462.	818,462.		
Ser	b	MISSOURI CARE OPTIONS	623990	142,354.	142,354.		
Z S	С						+
gra Re	d						
ō	е						
_	f	All other program service revenue Total. Add lines 2a-2f		960,816.			
	<u>g</u> 3	Investment income (including dividends,		300,010.			
	3	other similar amounts)		287.			287.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	·	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>e</u>	b	Less: cost or other basis					
venue		and sales expenses 7b					
	С	Gain or (loss) 7c					
F	d	Net gain or (loss)	▶	NONE			
Other Re	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE	170175			
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less	NONE				
	١.	returns and allowances	NONE				
	b	Less: cost of goods sold Net income or (loss) from sales of inventory		NONE			
		c. (1000) Holli Galoo of Involtory.	Business Code	NOME			
Miscellaneous Revenue	44-		2451000 0000				
ane nue	11a						†
ella Ve	b						1
ŠČ	d	All other revenue					†
Σ	e	Total. Add lines 11a-11d	·	NONE			
	12	Total revenue. See instructions		1,795,794.	960,816.		287.
ISA			· L				

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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 resp	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	665,557.	665,557.		
	Pension plan accruals and contributions (include	22,403.	22,403.		
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	103,137.	103,137.		
10	Payroll taxes	53,647.	53,647.		
	Fees for services (nonemployees):				
	Management	259,447.		148,527.	110,920
	Legal	708.	708.		
	Accounting	10,000.	10,000.		
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
3	(A), amount, list line 11g expenses on Schedule O.)	274,430.	274,430.		
12	Advertising and promotion	2,690.	2,690.		
	Office expenses	347,696.	347,696.		
	Information technology	10,939.	10,939.		
	Royalties	NONE			
	Occupancy	168,793.	168,793.		
	Travel	5,950.	5,950.		
	Payments of travel or entertainment expenses	37501	3,7501		
. •	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	98,402.	98,402.		
	Insurance	38,963.	38,963.		
	Other expenses. Itemize expenses not covered	3077031	3073031		
_ •	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 O.)				
2					
C					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,062,762.	1,803,315.	148,527.	110,920
	Joint costs. Complete this line only if the	2,002,702.	1,000,010.	110,021.	110,020
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	542,926.	1	523,842.
	2	Savings and temporary cash investments	244,672.	2	NONE
	3	Pledges and grants receivable, net	NONE	3	320,155.
	4	Accounts receivable, net	42,185.	4	55,061.
	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	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	3,258.	8	NONE
Ą	9	Prepaid expenses and deferred charges	4,377.	9	12,312.
	10 a	Land, buildings, and equipment: cost or other	·		·
		basis. Complete Part VI of Schedule D 10a 2,765,841.			
	b	Less: accumulated depreciation	1,736,970.	10c	1,642,197.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	25,200.	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,599,588.	16	2,553,567.
	17	Accounts payable and accrued expenses	114,004.	17	171,292.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	500.	19	NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
s	22	Loans and other payables to any current or former officer, director,	IVOIVE		IVOIVE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		225,900.
	25	Other liabilities (including federal income tax, payables to related third	NOINE	24	223,700.
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	61,741.	25	NONE
	26	Total liabilities. Add lines 17 through 25		26	397,192.
	20	Organizations that follow FASB ASC 958, check here ► X	170,243.	20	351,152.
ces		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	2,373,462.	27	1,766,379.
Ba	28	Net assets with donor restrictions.	49,881.	28	389,996.
Б	20	Organizations that do not follow FASB ASC 958, check here ▶	49,001.	20	309,990.
Ŀ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ř.	32	Total net assets or fund balances	2,423,343.	32	2,156,375.
Se	33	Total liabilities and net assets/fund balances	2,423,343.	33	
	55	Total habilities and het assets/fulla balances, , , , , , , , , , , , , , , , , , ,	4,599,568.	33	2,553,567. Form 990 (2021)

Form 990 (2021) Page **12**

Part 2	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		1,7	95,	<u> 794</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0	62,	<u>762</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	66,	<u>968</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,4	23,	<u>343</u> .
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 on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,1	56,	<u> 375</u> .
Part :	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," ex	plain	on			
	Schedule O.					
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 com-	piled	or			
	reviewed 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b	206	
				Form	990	(2021)

SCHEDULE A (Form 990)

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.

st. OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MAR	ĽΥ	RY	ZDEF	R F	OME											43-	0758	8611
Pai	τI		Rea	asc	n for	· Publ	ic Cha	arity St	atus. (All	organi	zations r	must (complet	te this p	art.) S	ee instructio	ns.	
The	org	an	nizati	on i	is not	a priv	ate fou	ındatior	n because i	it is: (Fo	or lines 1	throug	gh 12, ch	eck only	one bo	x.)		
1		Α	A chu	rch	ı, con	ventio	of ch	urches,	or associa	ation of	churches	desci	ribed in s	ection 1	70(b)(1)(A)(i).		
2] A	A sch	ool	desc	ribed i	n sect i	ion 170	(b)(1)(A)(ii). (Attac	ch Sched	ule E (Form 99	90).)				
3] A	\ hos	pita	al or a	а соор	erative	hospit	al service o	organiza	ation desc	cribed i	n sectio	n 170(b)	(1)(A)(iii).		
4] A	A me	dica	al res	earch	organi	zation o	perated in	conjun	ction with	a hos	spital de	scribed i	n secti o	on 170(b)(1)(A)(iii). Enter the
		h	ospi	tal'	s nam	ne, city	, and s	tate:										
5] A	An o	ga	nizatio	on ope	rated	for the	benefit of	a colle	ge or un	iversit	y owne	d or ope	erated	by a governn	nenta	al unit described in
		S	ecti	on '	170(b)(1)(A)	(iv). (C	Comple	te Part II.)									
6] A	A fed	era	l, stat	e, or l	ocal go	overnm	ent or gove	ernment	tal unit de	scribe	d in sect	ion 170((b)(1)(<i>A</i>	۸)(v).		
7	X	Α	An oi	ga	nizatio	on that	norm	ally red	ceives a su	bstantia	al part of	its su	pport fro	om a go	vernm	ental unit or	from	the general public
		_ d	lescr	ibe	d in s	ection	170(b)(1)(A)(vi). (Comp	lete Par	rt II.)							
8		JA	A cor	nm	unity 1	trust d	escribe	ed in se	ection 170(b)(1)(A))(vi). (Co	mplete	Part II.)					
9		△	An ag	ric	ultura	l resea	arch or	ganizat	ion describ	ed in s e	ection 17	0(b)(1)(A)(ix)	operated	d in cor	ijunction with	a lar	nd-grant college
		0	r un	ver	sity o	r a no	n-land-	grant c	ollege of a	gricultu	re (see ir	nstruct	ions). E	nter the	name,	city, and state	of the	e college or
			ınive															
10		ີ ro s a	eceip suppo scqui	ots ort red	from from (l by th	activiti gross i ie orga	es rela nvestn inizatio	ated to nent inc on after	its exempt come and u June 30, 1	functior inrelate 975. Se	ns, subje d busine: ee sectio	ct to c ss tax n 509 (ertain ex able inco (a)(2). (0	ceptions ome (les Complete	s; and (s section Part II	(2) no more th on 511 tax) fro I.)	an 33	ees, and gross 31/3 % of its sinesses
11	_	=		_		•			erated excl	•		•	-					
12		_		_		_		•		•						•	•	out the purposes of
									=									n 509(a)(3). Check
	_	_tl					_				• •					•		, 12f, and 12g.
а	L								-							•		oically by giving
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	Г	\neg	_					-	lete Part IV									
С	L						-	_				-					nally i	ntegrated with,
	Г	\neg			-	_			e instructio	-		-						
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е							_									a Type I, Type	e II, I	ype III
f	Fr	nte							III non-func izations			u sup	porting t	nyanizai	uon.			
g							•	•	ut the supp			on(s)						• • • • • • • • • • • • • • • • • • • •
						organizat			(ii) EIN		pe of organ		(iv) Is the	organization	(v) Am	nount of monetar	v T	(vi) Amount of
	(-,								(,	(descr	ibed on line	s 1-10	listed in yo	ur governing	`´ ;	support (see	'	other support (see
										above	(see instruc	tions))	Yes	Ment?	'	nstructions)		instructions)
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 Schedule A (Form 990) 2021
 Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,165,820.	1,102,355.	1,042,770.	287,367.	977,045.	4,575,357.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,165,820.	1,102,355.	1,042,770.	287,367.	977,045.	4,575,357.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						NONE
6	Public support. Subtract line 5 from line 4						4,575,357.
_	tion B. Total Support						4,373,337.
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,165,820.	1,102,355.	1,042,770.	287,367.	977,045.	4,575,357.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,854.	3,819.	5,569.	3,329.	287.	15,858.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,624.	1,334.	817.	18,250.	NONE	23,025.
11	Total support. Add lines 7 through 10						4,614,240.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	4,212,199.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Supp		_				
14	Public support percentage for 2021 (lin		-			14	99.16 %
15	Public support percentage from 2020					15	99.12 %
16a	331/3% support test - 2021. If the org	=					
	box and stop here. The organization qu	-		_			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization			_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	-
	Part VI how the organization meets			=	-	-	pported
	organization						· • L
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	•
	in Part VI how the organization meets			_	-		
40	organization.						
18	Private foundation. If the organizatio						
	instructions						

Schedule A (Form 990) 2021 Page **3**

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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 0047	41,0040	() 0040	(1) 0000	() 0004	(0 T / 1
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔙
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
15	Public support percentage for 2021 (line 8,	column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	t Income Perd	entage				
17	Investment income percentage for 2021 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the or	ganization did r	ot check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation 🕨 🔙
b	331/3% support tests - 2020. If the orga	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	t op here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔃
20	Private foundation If the organization of						

Schedule A (Form 990) 2021 Page **4**

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

- 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
- 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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.**
- 10 a 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
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MARY RYDER HOME

 Schedule A (Form 990) 2021
 Page 5

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Castia	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secur	on B. Type i Supporting Organizations		Voc	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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.	1	163	NO
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		V	NI -
			res	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	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
	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 on 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	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on 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.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021 Page **6**

Pa	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 qualifyin	g trust on	Nov. 20, 1970 (explain	in in Part VI). See			
	instructions. All other Type III non-functionally integrated supporting organi	izations r	nust complete Sectio	ns A through E.			
Se	ection 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					
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
C	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					
	Multiply line 5 by 0.035.	6					
7		7					
8		8					
Se	ection 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		lly integra	ited Type III supporting	g organization			
	(see instructions).	-		· -			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p		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 organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				

Schedule A (Form 990) 2021

5

6

Applied to 2021 distributable amount

Part VI. See instructions.

Breakdown of line 7:

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

and 4c.

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2021. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2022. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2021 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 A, PART II - OTHER INCO)ME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	2,624.	1,334.	817.	18,250.	NONE	23,025.
TOTALS	2,624.	·	817.	18,250.	NONE	23,025.

Schedule B (Form 990)

Schedule of Contributors

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.

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

2021

Name of the organization		Employer identification number						
MARY RYDER HOME		43-0758611						
Organization type (check one).							
Filers of:	Section:							
Form 990 or 990-EZ	$\boxed{\mathtt{X}}$ 501(c)(3) (enter number) organization	501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a pri	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation							
Check if your organization is	covered by the General Rule or a Special Rule .							
Note: Only a section 501(c)(7 instructions.), (8), or (10) organization can check boxes for both the General	Rule and a Special Rule. See						
General Rule								
_	filing Form 990, 990-EZ, or 990-PF that received, during the year property) from any one contributor. Complete Parts I and II. Secontributions.	-						
Special Rules								
regulations under se 16b, and that receiv	described in section 501(c)(3) filing Form 990 or 990-EZ that mections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule Aved from any one contributor, during the year, total contributions int on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.	A (Form 990), Part II, line 13, 16a, or s of the greater of (1) \$5,000; or						
contributor, during the literary, or education	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.							
contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 9 he year, contributions exclusively for religious, charitable, etc., pd more than \$1,000. If this box is checked, enter here the total of an exclusively religious, charitable, etc., purpose. Don't complete is to this organization because it received nonexclusively religious more during the year	purposes, but no such contributions that were received e any of the parts unless the s, charitable, etc., contributions						
-	isn't covered by the General Rule and/or the Special Rules doe line 2, of its Form 990; or check the box on line H of its Form 990.							

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

43_0758611

	MARI RIDER HOME		43-0/50011
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$632,258	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
			Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on 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.

► Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MAI	Y RYDER HOME		43-0758611
Pa	rt I Organizations Maintaining Donor Ad		or Accounts.
	Complete if the organization answered	d "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 dono	or advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal control?.	Yes 🔛 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the ben-		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for examp		n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization l	held a qualified conservation contribution i	
	easement on the last 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 easemen		2b
С.	Number of conservation easements on a certified		2c
d	Number of conservation easements included in		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tr	ansferred, released, extinguished, or tern	ninated by the organization during the
	tax year ▶ Number of states where property subject to cons	aryotion againment is located	
4 5	Does the organization have a written policy re		etion handling of
5	violations, and enforcement of the conservation e		-
6	Staff and volunteer hours devoted to monitoring, ins		
U	Starr and volunteer flours devoted to monitoring, ins	pecting, manding of violations, and emorcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspe	cting handling of violations and enforcing	conservation easements during the year
•	►\$	oung, nanaung or violatione, and orneroning	oonoorvation casemonic during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue ar	nd expense statement and
	balance sheet, and include, if applicable, the text		· · · · · · ·
	organization's accounting for conservation easem	ents.	
Pa	rt III Organizations Maintaining Collection		er Similar Assets.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under F of art, historical treasures, or other similar ass	ASB ASC 958, not to report in its reven-	ue statement and balance sheet works
	of art, historical treasures, or other similar ass service, provide in Part XIII the text of the footnote	ets held for public exhibition, education to its financial statements that describes	, or research in furtherance of public
b	If the organization elected, as permitted under I		
	art, historical treasures, or other similar assets h provide the following amounts relating to these ite	eld for public exhibition, education, or re- ems:	search in furtherance of public service,
	(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	
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$
b	Assets included in Form 990, Part X		▶ \$

 Schedule D (Form 990) 2021
 MARY RYDER HOME
 43-0758611
 Page 2

Pa	rt Organizations Maintaini	ng Collection	ns of Art,	Histo	rical Tre	asures	, or Oth	er Similar A	ssets (c	ontinued)	
3	Using the organization's acquisition										
	collection items (check all that app	ly):									
а	Public exhibition			d	Loan	or excha	inge prog	gram			
b	Scholarly research			e	Other						
С	Preservation for future gene	rations			_						
4	Provide a description of the organ		ections an	d expla	in how t	hev fur	ther the	organization's	s exemp	purpose i	n Part
	XIII.							3			
5	During the year, did the organization	on solicit or re	ceive dona	itions o	f art. histo	orical tre	easures.	or other simila	ar		
-	assets to be sold to raise funds rath									Yes	No
Pa	rt IV Escrow and Custodial A									100	
	Complete if the organiza 990, Part X, line 21.			on For	m 990, F	Part IV,	line 9, o	r reported a	n amour	nt on Form	
1a	Is the organization an agent, trus	tee, custodia	n or other	interm	ediary fo	or contr	ibutions	or other asse	ets not		
	included on Form 990, Part X?								[Yes	No
b	If "Yes," explain the arrangement i	n Part XIII an	d complete	the fol	lowing tak	ole:					
			•		Ū				Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					-	1f				
2a	Did the organization include an am							ial account lia	bility?	Yes	No
	If "Yes," explain the arrangement i										_
	rt V Endowment Funds.				4-101.011011		э р. о т.а.			· · · · · · <u>· </u>	
	Complete if the organiza	ation answer	ed "Yes" o	on Fori	m 990. F	Part IV.	line 10.				
	с сопрессо и иле содения	(a) Current		(b) Prio			years bac	k (d) Three ye	ears back	(e) Four year	rs back
4.	Denimina of wear balance			(-,	, , , , , ,	. ,	•	(4)		(-) ,	
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			balance	e (line 1g,	column	(a)) held	as:			
а	Board designated or quasi-endown	nent ▶	%								
b	Permanent endowment	%									
С	Term endowment ▶	_%									
	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in	the possession	on of the o	rganiza	tion that	are held	d and ad	ministered for	the		
	organization by:									Yes	No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizatio	ns listed as	require	ed on Sch	edule R	?			3b	
4	Describe in Part XIII the intended u										
Pa	rt VI Land, Buildings, and Equal Complete if the organiz	uipment.	od "Voo"	on For		Dort IV	lina 11a	Soo Form	000 Da	rt V ling 1	0
	Description of property		Cost or other		(b) Cost of			Accumulated) Book value	0
	2000 Iption of property	(a)	(investment			ther)		lepreciation	(u	, Dook value	
1 a	Land			NONE	1	52,80	0.			152,	800.
b	Buildings			NONE	1,9	00,00	0.	692,144.		1,207,	856.
С	Leasehold improvements			NONE		97,22		132,667.			560.
d	Equipment			NONE		315,81		298,833.			981.
е	Other									•	
Tota	I. Add lines 1a through 1e. (Column		al Form 99	0. Part	X. columi	n (B). lin	e 10c.)			1.642.	197.

Schedule D (Form 990) 2021

 Schedule D (Form 990) 2021
 MARY RYDER HOME
 43-0758611
 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financi	al derivatives			
(2) Closely	held equity interests			
	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Voc" on Form 000	Part IV/ line 11a See Form 000	Part V line 12
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
rareix	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (h) must squal Form 000 Port V sol (P) li	no 15)		
Part X	umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	ne 15.)		
Pail A	Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	* * * * * * * * * * * * * * * * * * * *	tion of liability		(b) Book value
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	nat reports the

Schedule D (Form 990) 2021 MARY RYDER HOME 43-0758611 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	1,858,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	62,583.
3	Subtract line 2e from line 1	3	1,795,794.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1777577711
a	investment expenses het meladed en i ein ees, i art vin, me i e		
b		4c	
5 	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,795,794.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	2,125,345.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	62,583.
3	Subtract line 2e from line 1	3	2,062,762.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· ·
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,062,762.
	XIII Supplemental Information.		2700277021
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2021 MARY RYDER HOME 43-0758611 Page **5**

Part XIII Supplemental Information (continued)

PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

PART XI & XII, LINE 2D

EMPLOYEE RETENTION CREDIT

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. 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 MARY RYDER HOME

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Employer identification number

43-0758611

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	10		
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 MARY RYDER HOME 43-0758611 Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 ar	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KEVIN DROLLINGER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 PRESIDENT	(ii)	217,117.	31,904.	149.	2,495.	1,201.	252,866.	NONE
STEPHANIE FRENCH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 DIRECTOR OF FINANCE	(ii)	125,147.	17,234.	264.	1,486.	7,058.	151,189.	NONE
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021 MARY RYDER HOME 43-0758611 Page **3**

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART 1, LINE 3

THE PRESIDENT OF THE ORGANIZATION IS COMPENSATED BY A RELATED

ORGANIZATION. THE RELATED ORGANIZATION USES THE FOLLOWING METHODS TO

ESTABLISH THE COMPENSATION OF THE PRESIDENT: COMPENSATION COMMITTEE, FORM

990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION

SURVEY OR STUDY, APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

43-0758611

MARY RYDER HOME

FORM 990, PART VI, SECTION A, LINE 2

GERALD AND IDA EARLY HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6

PROVIDENT, INC. IS THE SOLE MEMBER OF THE ORGANIZATION.

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

THE RETURN IS REVIEWED IN DETAIL BY THE FINANCE DIRECTOR AND THE FINANCE COMMITTEE BEFORE BEING PRESENTED TO THE MEMBERS OF THE BOARD FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C

OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE

POTENTIAL CONFLICTS OF INTEREST TO THE BOARD CHAIR ANNUALLY,

INCLUDING BOARD MEMBERSHIPS ON, SUBSTANTIAL FINANCIAL INTERESTS IN,

OR EMPLOYMENT OF THE OFFICER, DIRECTOR OR KEY EMPLOYEE OR A RELATIVE

OF THE OFFICER, DIRECTOR OR KEY EMPLOYEE BY ANY ORGANIZATION DOING

BUSINESS WITH THE AGENCY. THE CHAIR DETERMINES WHETHER UNACCEPTABLE

CONFLICTS EXIST AND ARRANGES WITH THE OFFICER, DIRECTOR OR KEY

EMPLOYEE TO CEASE ANY INAPPROPRIATE ACTIVITY. UNSETTLED MATTERS ARE

REPORTED TO THE BOARD FOR APPROPRIATE ACTION.

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

PROVIDENT, INC. USES DATA FROM AN INDEPENDENT COMPENSATION REVIEW

PERFORMED BY AAIM IN JUNE 2016, ADJUSTED FOR INFLATION, AND COMPARES

ITS RATE OF PAY WITH OTHER SIMILAR ORGANIZATIONS. THE BOARD OF

DIRECTORS SETS THE SALARY FOR THE EXECUTIVE DIRECTOR AND MONITORS AND

EVALUATES PERFORMANCE ANNUALLY. FOR OTHER OFFICERS AND KEY EMPLOYEES,

PROVIDENT BASES ANNUAL COMPENSATION INCREASES ON OVERALL PERFORMANCE

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OF KEY METRICS, WHICH ARE ASSIGNED A NUMERICAL AVERAGE WHICH THEN
DICTATES THE SUGGESTED AMOUNT OF ADJUSTMENT FOR A GIVEN POSITION.

SALARY ADJUSTMENTS ARE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT AND
APPROVED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE JOINTLY.

FORM 990, PART VI, SECTION C, LINE 19

MARY RYDER HOME MAINTAINS COPIES AT THE ADMINISTRATIVE OFFICE.

Name of the organization			Employer identification	on number
MARY RYDER HOME			43-0758613	1
FORM 990, PART IX - OTHER F	EES			
=======================================	===			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTANTS	104,087.	104,087.		
EMPLOYEE SCREENING	7,318.	7,318.		
PAYROLL PROCESSING	3,379.	3,379.		
TEMP STAFFING	159,646.	159,646.		
TOTALS				
	274,430.	274,430.		
	==========	=========	==========	==========

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

MARY RYDER HOME

Employer identification number 43-0758611

Part I	Identification of Disregarded Entities. Complete if the organization	answered "Yes" or	n Form 990, Part I\	/, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the one or more related tax-exempt organizations during the tax year.	ne organization ans	wered "Yes" on Fo	orm 990, Part IV	, line 34, because	e it had

Name, address	(a) s, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
							Yes	No
(1) PROVIDENT, INC.	43-0652630							
2650 OLIVE STREET	ST. LOUIS, MO 63103	BEHAVIOR HLTH	MO	501(C)(3)	7	N/A		Х
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2021 MARY RYDER HOME 43-0758611 Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021 MARY RYDER HOME 43-0758611 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b	Gift, grant, or capital contribution to related organization(s)				1b	X
	Gift, grant, or capital contribution from related organization(s)				1c	X
	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees by related organization(s)				1e	Х
	(4)					
f	Dividends from related organization(s)				1f	Х
	Sale of assets to related organization(s)				1g	X
	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s).				1i	X
i	Lease of facilities, equipment, or other assets to related organization(s).				1j	X
•						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
	Sharing of paid employees with related organization(s)				10 X	
	0 (,					
р	Reimbursement paid to related organization(s) for expenses				1p	X
	Reimbursement paid by related organization(s) for expenses				1q X	
r	Other transfer of cash or property to related organization(s)				1r	X
s	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cover	red relationships and trans	action thres	sholds.	
	(a)	(b) Transaction	(c)	Madhad	(d) of determin	
	Name of related organization	type (a-s)	Amount involved		ot determin int involved	3
		,, ,				
(1)	PROVIDENT, INC	Q	29,635.	INVOIC	ES	
(2)	PROVIDENT, INC.	0	259,447.	MGMT A	GREEME	INT_
,						
(3)						
/ / \						
(4)						
(5)						
(3)						
(6)						

Yes No

Χ

Schedule R (Form 990) 2021 MARY RYDER HOME 43-0758611 Page $\mathbf{4}$

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)		e) partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													