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EXTENDED TO AUGUST 15, 2016
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

mation about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. OMB No 1545-0052

~	_	dar year 2015 or tax year beginning MAR	13, 2015	and e		DEC 31, 2015	Open to Public Inspection
Nan	ne of	foundation				A Employer identification	
RYUJI UENO FOUNDATION, INC.					47-3532204		
Num	ber a	nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
4	<u>52:</u>	l WETHERILL ROAD				301-941-81	11 (W
		wn, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	ending, check here
_B	ET!	HESDA, MD 20816					
G C	heck	all that apply: X Initial return	Initial return of a fo	rmer public o	harity	D 1. Foreign organizations	, check here
		Final return	Amended return				
		Address change	Name change			Foreign organizations me check here and attach co	eting the 85% test, mputation
H C	٦.	type of organization: X Section 501(c)(3) ex				E If private foundation sta	tus was terminated
			Other taxable private founda	ition		under section 507(b)(1)	(A), check here
			ng method: X Cash	L Accr	ual	F If the foundation is in a	60-month termination
			ther (specify)			under section 507(b)(1)	(B), check here
		496,380 • (Part I, colu	mn (d) must be on cash i	basis)			
Ра	<u>rt I</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net	(0) Disbursements for charitable purposes
				IIIC)IIIE	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	550,000.			N/A	
	2	Check If the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
		Gross rents					
	_	Net rental income or (loss)				<u> </u>	
en e	Ua h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a	750				
Revenue		assets on line 6a Capital gain net income (from Part IV, line 2)	70		0.		
æ	8		19				
	9	Net short-term capital gain Income modifications Gross sales less returns	2016				
	10a	Gross sales less returns and allowances					
		Less Cost of goods sold	a. un				
		Gross profit or (loss)					
	11	Other income					- '
	12	Total. Add lines 1 through 11	550,000.		0.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages	7,574.		0.		7,574.
, 0		Pension plans, employee benefits	136.		0.		136.
enses		Legal fees STMT 1	3,284.		0.		0.
per		Accounting fees					
EX		Other professional fees STMT 2	300.		0.		300.
tive		Interest	4 254				
tra		Taxes STMT 3	1,371.		0.		1,371.
ij	19	Depreciation and depletion			 		
Ę,	20	Occupancy	0 245				0.245
Operating and Administrative Expo	21 22	Travel, conferences, and meetings	8,245.		0.		8,245.
) ar		Printing and publications Other expenses STMT 4	12,462.		84.		248.
ţį		Other expenses STMT 4 Total operating and administrative	12,402.		04.		11,528.
ēra	-7	expenses. Add lines 13 through 23	33,620.		84.		29 402
ဝီ	25	Contributions, gifts, grants paid	20,000.		04.		29,402. 20,000.
		Total expenses and disbursements.					20,000.
		Add lines 24 and 25	53,620.		84.		49,402.
	27	Subtract line 26 from line 12:	20,0200		<u> </u>	<u> </u>	10, 1021
		Excess of revenue over expenses and disbursements	496,380.			}	
		Net investment income (if negative, enter -0-)			0.		
		Adjusted net income (if negative, enter -0-)				N/A	
EDGE							

523511 11-24-15 <u>4</u>96,380.

Form **990-PF** (2015)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains	and Los	ses for Tax on In	vestmen	t Income		_				
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(P)	P-Pulchase		(c) Date (mo., d	acquired av. vr.)	(d) Date sold (mo., day, yr.)		
			۳_	- Dona	tion		-,,,,.,	(, day, y)		
b NO	ONE				\vdash					
C										
d									-	
е	·									
(e) Gross sales price	, ,	preciation allowed (or allowable)		st or other basis expense of sale					aın or (loss) s (f) mınus (
a										
<u>b</u>										
<u>C</u>	<u> </u>				_					
<u>d</u>		-			_					- · · · · · · · · · · · · · · · · · · ·
Complete only for assets show	100 0010 10 00	lump (h) and owned by	he foundation	00 12/21/60	\dashv					
Complete only for assets show									ol. (h) gain not less thar	
(i) F.M.V. as of 12/31/69		Adjusted basis is of 12/31/69		cess of col. (i) col. (j), if any					(from col. (
<u>a</u>	<u> </u>									
<u>b</u>	 			.					<u> </u>	
c d	-		_							
e	†	-	. <u>-</u>							
	1	C If gain also enter	ua Dart I lina	7	╗	Т				
2 Capital gain net income or (net o	apıtal loss)	$\begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases}$	in Part I, line - in Part I, line	7	<i>}</i>	2				·
3 Net short-term capital gain or (le			ıd (6):		٦١	l				
If gain, also enter in Part I, line 8		•			١	ا ،				
If (loss), enter -0- in Part I, line I		ction 4940(e) for	Reduced	Tax on Net	Inv	estm	ent In	come		
(For optional use by domestic priva		``								N/A
		•	10 10(a) abt 011	THE HIT COUNTY III		,				
If section 4940(d)(2) applies, leave	this part blan	ık.								
Was the foundation liable for the se	ction 4942 ta	x on the distributable am	ount of any ye	ear in the base per	od?					Yes No
If "Yes," the foundation does not qu										
1 Enter the appropriate amount in	each colum	n for each year; see the ir	structions be	fore making any e	ntries	i.		-		
(a) Base period years Calendar year (or tax year begini	ning in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchai		ıse asset	s	Dıstrıb (col. (b) dıv	(d) ution ratio ided by col. (c))
2014										
2013										
2012			<u></u> .							
2011										
2010										
O Total of time 4 nations (d)										
2 Total of line 1, column (d)3 Average distribution ratio for the	5-year baca	norrod - duudo the total :	an lina û bir E	or by the arms	مد الم	ore	•	2	<u> </u>	
the foundation has been in exist	•	•	on line 2 by 5,	or by the number	or ye	ars		3		
the foundation has been in exist	G11CG 11 1G33 (1	ian 5 years						<u> </u>		<u> </u>
4 Enter the net value of noncharita	ible-use asse	ets for 2015 from Part X,	line 5					4		
5 Multiply line 4 by line 3					5					
6 Enter 1% of net investment inco	me (1% of P	art I, line 27b)						6		
7 Add lines 5 and 6			-					7		
8 Enter qualifying distributions fro	om Part XII. lı	ne 4						8		
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.										

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Part VI Excise Tax Based on Investment Income (Section 4940)		4948 -	see inst	ructio	ns)	
1a Exempt operating foundations described in section 4940(d)(2), check here and entity						
Date of ruling or determination letter: (attach copy of letter if neces	ssary-see instructions)].			0.	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%					
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	of Part I, line 12, col. (b).	1.1				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ers enter -0-)	2	_	_	0.	
3 Add lines 1 and 2		3			0.	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	ers enter -0-)	4			0.	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.	
6 Credits/Payments:						
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a					
b Exempt foreign organizations - tax withheld at source	6b	1 1				
c Tax paid with application for extension of time to file (Form 8868)	6c	1				
d Backup withholding erroneously withheld	6d	1				
7 Total credits and payments. Add lines 6a through 6d		771			0.	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach	ned	8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9		-	0.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10				
11 Enter the amount of line 10 to be; Credited to 2016 estimated tax	Refunded	11				
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local legislat	tion or did it participate or interven	e in		Yes	No	
any political campaign?			18		X	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpose:	s (see instructions for the definition	1)?	11	,	X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and				1		
distributed by the foundation in connection with the activities						
c Did the foundation file Form 1120-POL for this year?						
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •						
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditu		-		ļ		
managers. ► \$ 0 •				1		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS	57		2		Х	
If "Yes," attach a detailed description of the activities						
3 Has the foundation made any changes, not previously reported to the IRS, in its governing ins		or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	5		3		X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•		48	ı	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?		N	'A 4t)	<u> </u>	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X	
If "Yes," attach the statement required by General Instruction T						
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	er:					
 By language in the governing instrument, or 						
 By state legislation that effectively amends the governing instrument so that no mandatory 	directions that conflict with the sta	e law	İ			
remain in the governing instrument?			6			
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	olete Part II, col. (c), and Part X	V	7	Х		
8a Enter the states to which the foundation reports or with which it is registered (see instructions	s) NONE					
	·					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
of each state as required by General Instruction G? If "No," attach explanation						
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar						
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV						
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	listing their names and addresses	TMT	6 10		Ц	
			Form 9	90-PF	(2015)	

statement - see instructions.)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)

N/A

b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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4a

X

N/A

2b

If "Yes," list the years

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)		_	
5a During the year did the foundation pay or incur any amount to:					_	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	оп 4945(e)) ?	Ye	s X No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						
any voter registration drive?						
(3) Provide a grant to an individual for travel, study, or other similar purpose:	s?	Ye	s X No	1 1		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section					
4945(d)(4)(A)? (see instructions)		Ye	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	or				
the prevention of cruelty to children or animals?		Ye	s X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the exceptions described i					
section 53.4945 or in a current notice regarding disaster assistance (see instr			N/A	5b		
Organizations relying on a current notice regarding disaster assistance check	·				-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ned				
expenditure responsibility for the grant?			s 🔲 No			
If "Yes," attach the statement required by Regulations section 53 494		.,	.3 140			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				<u> </u>		
	pay premiums on		s X No			
a personal benefit contract?	normanal hanefit apptract?	16		6b X		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u> -</u> '	6b X	_	
If "Yes" to 6b, file Form 8870	ahalka- 440		. [V]		*	
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6	es X No		_	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	_	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	inagers, Higniy	<i>'</i>			
List all officers, directors, trustees, foundation managers and their	r componention				_	
List all officers, directors, a ustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evnence	_	
(a) Name and address	hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	r	
	to position	enter -0-)	compensation	allowances	_	
RYUJI UENO	PRESIDENT					
28307 MALLARD DRIVE	٠, -,			•		
EASTON, MD 21601	7.50	0.	0.	0 .	<u>.</u>	
KEI S. TOLLIVER	SECRETARY & T	REASURER				
2001 L STREET, N.W., SUITE 750	1					
WASHINGTON, DC 20036	1.00	0.	0.	0 .	<u>.</u>	
	_					
	4					
					_	
· · · · · · · · · · · · · · · · · · ·						
		<u> </u>			_	
2 Compensation of five highest-paid employees (other than those in		enter "NONE."			_	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other	r	
(a) Name and address of each employee paid more than \$\infty\$0.500	devoted to position	(C) compensation	and deferred compensation	allowances	•	
NONE					_	
					_	
	7		ļ			
	•	<u> </u>			_	
	7					
	-	 			-	
		1	l			
	 	 	 		_	
	-			1		
Total number of other employees paid over \$50,000		<u> </u>		<u> </u>	<u>೧</u>	
Total number of other employees paid over \$50,000				000 BE (2016	<u> </u>	

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (s		.NC •	47-	3532204 Page 9
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2014	2014	2015
Distributable amount for 2015 from Part XI, line 7			;	6,573.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only	ì		0.	
b Total for prior years:				
		0.	3	
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				· · · · · · · · · · · · · · · · · · ·
Part XII, line 4: ►\$ 238, 202.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				6,573.
e Remaining amount distributed out of corpus	231,629.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below;				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	231,629.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.	.[.	
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.	,	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	,	
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_]			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	231,629.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013	ı		t	

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d Excess from 2014

e Excess from 2015

231,629.

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year NEW ORCHESTRA OF WASHINGTON TO SUPPORT MUSICAL 12320 PARKLAWN DRIVE EDUCATION AND THE ROCKVILLE, MD 20852 DEVELOPMENT OF YOUNG MUSICIANS 20,000. Total 20,000. ▶ 3a **b** Approved for future payment NONE Total **▶** 3b

Part XVI-A Analysis of Income-Producing Activities
--

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ided by section 512, 513, or 514	(e)
z.no. g. coc anicanto anicos other wise incloated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business code	Amount	sion	Amount	function income
	Code		-		
<u> </u>			├	<u></u>	
b			 		···
<u> </u>			 		
0					
e					
f					
g Fees and contracts from government agencies					<u> </u>
2 Membership dues and assessments					
3 Interest on savings and temporary cash	i l				
investments					
4 Dividends and interest from securities				<u> </u>	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			 		
8 Gain or (loss) from sales of assets other			\vdash		
than inventory	1		ļ		
9 Net income or (loss) from special events			-		
			-		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	1				
b			-		
C			-		
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	
13 Total. Add line 12, columns (b), (d), and (e)				13_	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acc	omplishment of Ex	xemr	ot Purposes	
Line No. Explain below how each activity for which inco			\ contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing fu	ınds for such purposes).			
				<u> </u>	
				· · ·	
		- "			·
				• • •	
					
		 			
-	<u>.</u>				
					
					
					

Form 990-	PF (2015) RYUJ I	UENO FOUNDATIO	N, INC.	47-35	532204 Page 13
Part X	VII Information R	egarding Transfers To a		nd Relationships With Nonc	
1 Did ti	Exempt Organ he organization directly or inde	nizations irectly engage in any of the followin	ig with any other organization	n described in section 501(c) of	Yes No
	= -	c)(3) organizations) or in section 52			
		lation to a noncharitable exempt or			* *
	Cash	·			1a(1)
	Other assets			•	1a(2) X
	r transactions:			•	3, 4, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
(1)	Sales of assets to a noncharita	able exempt organization			1b(1) X
		oncharitable exempt organization			1b(2) X
	Rental of facilities, equipment,				1b(3) X
	Reimbursement arrangements				1b(4) X
	Loans or loan guarantees				1b(5) X
		embership or fundraising solicitatio	ons		1b(6) X
		ailing lists, other assets, or paid em			1c X
	• • • • • • • • • • • • • • • • • • • •		• •	ays show the fair market value of the goo	
	_			e in any transaction or sharing arrangeme	
		other assets, or services received.		,	,
(a)Line no		(c) Name of noncharitable		(d) Description of transfers, transactions,	and sharing arrangements
		N/A			
	-				
				***	· -
-					
		1			
		<u> </u>			
		<u> </u>			<u> </u>
2a Is th	e foundation directly or indirec	ctly affiliated with, or related to, one	or more tax-exempt organiz	rations described	
	· · · · · · · · · · · · · · · · · · ·	er than section 501(c)(3)) or in sec	· · · · · · · · · · · · · · · · · · ·		Yes X No
b If "Ye	es," complete the following sch	hedule.			
	(a) Name of or		(b) Type of organization	(c) Description of relati	onship
	N/A				
				statements, and to the best of my knowledge	May the IHS discuss this
Sign	and belief, it is true, correct, and co	omplete Declaration of preparer (other that	an taxpayer) is based on all informa	ation of which preparer has any knowledge	return with the preparer shown below (see instr)?
Here	1 191		1/128/16	PRESIDENT	X Yes No
1	Signature of officer or truste	e	Date	Title	
	Print/Type preparer's r	name Prenarer's s	sionature	Date Check if P	TIN

P00190795

Phone no. (301) 986-0600

Paid

Preparer Use Only RICHARD E. MORRIS 06/29/16

Firm's name ► COUNCILOR, BUCHANAN & MITCHELL, P.C.

Firm's address ▶ 7910 WOODMONT AVENUE, SUITE 500

BETHESDA, MD 20814

RICHARD E. MORRIS

self- employed

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

R	YUJI UENO FOUNDATION, INC.	47-3532204				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
-	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its let the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

RYULT HENO FOUNDATION INC

47-3532204

KIOOI	CENC TOUNDATION, INC.	<u> </u>	3332204
Part I	Contributors (see instructions). Use duplicate copies of Part I	of additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RYUJI UENO 28307 MALLARD DRIVE EASTON, MD 21601	\$550,000.	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2		\$Sabadula B/Facer	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

RYUJI UENO FOUNDATION, INC.

47-3532204

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-15	**************************************	990, 990-EZ, or 990-PF) (

	B (Form 990, 990-EZ, or 990-PF) (2015)		Page 4					
Name of org	ganization		Employer Identification number					
RYUJI	UENO FOUNDATION, INC.		47-3532204					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	tributions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
-	completing Part III, enter the total of exclusively religiou	is, charitable, etc., contributions of \$1,000 o	r less for the year (Enter this info once)					
(a) No.	Use duplicate copies of Part III if addition	al space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	<u> </u>							
-		(e) Transfer of git						
		(-,						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.		<u> </u>						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
12.11								
ŀ	(e) Transfer of gift							
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
ļ	Transferee's name, address, a	Relationship of transferor to transferee						
Ì	Transferee 3 flame, address, a	IIG ZII + 4	netationship of dansieror to dansieree					
(a) No.	(h) Duman of sife	(2) 112 2 25 275	40.5					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
								
		(e) Transfer of gi	ft					
1	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
Ī								
								
								

FORM 990-PF	LEGAL	FEES	S	TATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
LEGAL FEES	3,284.	0.		0.	
TO FM 990-PF, PG 1, LN 16A	3,284.	0.		0.	
FORM 990-PF	OTHER PROFES	SIONAL FEES	S	TATEMENT 2	
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
OUTSIDE CONTRACT SERVICES	300.	0.		300.	
TO FORM 990-PF, PG 1, LN 160	300.	0.		300.	
FORM 990-PF	TAX	ES	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
PAYROLL TAXES	1,371.	0.		1,371.	
TO FORM 990-PF, PG 1, LN 18	1,371.	0.		1,371.	
FORM 990-PF	OTHER EXPENSES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL EXPENSE POSTAGE OFFICE SUPPLIES PERFORMANCE FEES MEALS FOR ARTISTS SUBSCRIPTIONS PIANO TUNING	1,244. 63. 131. 6,050. 2,454. 134. 180.	0. 0. 0. 0. 0.		1,244. 63. 131. 6,050. 2,454. 134. 180.	

RYUJI UENO FOUNDATION, INC.				272. 0. 0. 1,000.	
EQUIPMENT RENTAL AND MAINTENANCE BANK CHARGES BUSINESS EXPENSE - IRS ASSISTANT FEES FOR NCBF	272. 84. 850. 1,000.		0. 84. 0.		
TO FORM 990-PF, PG 1, LN 23	12,462.		84.	11,528.	
FORM 990-PF	OTHER ASSE	TS		STATEMENT 5	
DESCRIPTION	BEGINNING YR BOOK VA		END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
NONDEPRECIABLE ASSETS - FLUTE NONDEPRECIABLE ASSETS - PIANO NONDEPRECIABLE ASSETS -		0.	24,400. 129,900.	24,400. 129,900.	
COLLECTIBLE AUTOMOBILE	0. 34,500.			34,500.	
TO FORM 990-PF, PART II, LINE 15		0.	188,800.	188,800.	
	BSTANTIAL CC		TORS	STATEMENT 6	
NAME OF CONTRIBUTOR	ADDRESS				
RYUJI UENO	28307 MALLARD DRIVE EASTON, MD 21601				

FORM 990-PF CASH DEEMED CHARITABLE EXPLANATION STATEMENT STATEMENT PART X, LINE 4

ADDITIONAL CASH IS REQUIRED AS THE ORGANIZATION IS IN THE START-UP PHASE