

Form **990**

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

OMB No. 1545-0047

2012

Department of the Treasury
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **RONALD MCDONALD HOUSE OF NEW YORK, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **405 EAST 73RD STREET**
 City, town, or post office, state, and ZIP code: **NEW YORK, NY 10021**

D Employer identification number: **13-2933654**

E Telephone number: **212-639-0900**

F Name and address of principal officer: **JOSEPH GUIDETTI**
SAME AS C ABOVE

G Gross receipts \$: **30,549,579.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.RMH-NEWYORK.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1977** **M** State of legal domicile: **NY**

| Part I Summary | | Prior Year | Current Year |
|--|--|--|----------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE RMDH PROVIDES TEMPORARY HOUSING FOR PEDIATRIC CANCER PATIENTS AND THEIR FAMILIES. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 48 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 47 |
| | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) | 5 | 80 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 450 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 11,681,967. | 13,290,184. |
| | 9 Program service revenue (Part VIII, line 2g) | 739,248. | 667,362. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 589,836. | 822,376. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 161,326. | 220,189. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 13,172,377. | 15,000,111. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,634,043. | 5,020,446. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 74,631. | 57,817. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,162,022. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 6,880,240. | 7,095,366. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,588,914. | 12,173,629. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,583,463. | 2,826,482. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 68,985,365. | End of Year 73,948,400. |
| | 21 Total liabilities (Part X, line 26) | 8,815,907. | 7,913,916. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 60,169,458. | 66,034,484. |

Part II Signature Block
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: **JOSEPH GUIDETTI, CFO** Date: **9/18/13**
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **ROBERT R. LYONS, CPA** Preparer's signature: **FILED ELECTRONICALLY** Date: **9/18/13** Check if self-employed PTIN: **P00227472**
 Firm's name: **MARKS PANETH & SHRON LLP** Firm's EIN: **13-2933654**
 Firm's address: **685 THIRD AVENUE** Phone no.: **212 503-8800**
NEW YORK, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Product: Exempt

Name: ronald mcdonald house of new york,
FEIN: 13-2933654

Fiscal Year 1/1/2012
Begin Date:

Category:

IRS Center: Ogden

Fiscal Year 12/31/2012
End Date:

e-Postmark: 9/19/2013 9:36:18 AM
Notification:

| DCN | Date | Type Of Activity | Submission ID | Refund/(Due) | Updated By |
|-----|-----------|--|----------------------|--------------|------------|
| | 9/19/2013 | Upload Started | | | |
| | 9/19/2013 | Ready to Release by Customer | | | |
| | 9/19/2013 | Released for Transmission - Validation In Progress | | | MMaldonado |
| | 9/19/2013 | Ready to transmit - Validation Complete | | | |
| | 9/19/2013 | Transmitted to FD | 133631201326207d7e02 | | |
| | 9/19/2013 | Accepted by FD on 9/19/2013 | | | |

1000

Exempt Organization Declaration and Signature for
Electronic Filing

For calendar year 2012, or tax year beginning _____, 2012, and ending _____, 20__

2012

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

13-2933654

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | | |
|-----------------------------|-------------------------------------|--|----|-----------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>15000111</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission; (b) the reason for any delay in processing the return or return; and (c) the date of any refund.

Sign Here

[Signature] 9/18/13

Signature of officer

Date

CFO
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

| | | | | | |
|----------------|--|---------------------|--|---|-------------------------------|
| ERO's Use Only | ERO's signature <i>[Signature]</i> | Date <u>9/18/13</u> | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
| | Firm's name (or yours if self-employed), address, and ZIP code | | | | FIN <u>11-3518842</u> |
| | MARKS PANETH & SHRON LLP | | | | Phone no. <u>212 503-8800</u> |
| | 685 THIRD AVENUE | | | | |
| | NEW YORK, NY 10017 | | | | |

Under penalties of perjury, I declare that I am an authorized ERO and I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

| | | | | | |
|------------------------|-------------------------------------|---|---------------------|---|-------------------------------|
| Paid Preparer Use Only | Print type preparer's name | Preparer's signature <i>[Signature]</i> | Date <u>9/20/13</u> | Check <input type="checkbox"/> if self-employed | PTIN <u>P00227472</u> |
| | Firm's name | | | | Firm's EIN <u>13-2933654</u> |
| | Firm's address | | | | Phone no. <u>212 503-8800</u> |
| | MARKS PANETH & SHRON LLP | | | | |
| | 685 THIRD AVENUE | | | | |
| | NEW YORK, NY 10017 | | | | |

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

[X]

1 Briefly describe the organization's mission: RONALD MCDONALD HOUSE OF NEW YORK, INC. IS A TEMPORARY HOME-AWAY-FROM-HOME FOR PEDIATRIC CANCER PATIENTS AND THEIR FAMILIES. THE HOUSE HELPS UP TO 84 FAMILIES FROM ALL OVER THE WORLD, 365 DAYS PER YEAR AND HAS ASSISTED OVER 30,000 FAMILIES IN ITS 34 YEAR HISTORY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

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? [] Yes [X] No

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 \$ 6,115,166. including grants of \$) (Revenue \$ 667,362.) RMDH OF NEW YORK IS A "HOME AWAY FROM HOME" FOR PEDIATRIC CANCER PATIENTS AND THEIR FAMILIES WHILE RECEIVING OUTPATIENT TREATMENT AT OUR 13 PARTNERING HOSPITALS. THE LARGEST PROGRAM AT RMDH OF NEW YORK IS TO PROVIDE A LOW COST TEMPORARY HOME FOR THE FAMILIES DURING THEIR STAY IN NEW YORK. THE HOUSE HAS 84 GUEST ROOMS, LAUNDRY FACILITIES ON EACH GUEST FLOOR, SIXTEEN KITCHENS, DINING AREA, LIVING ROOM, CHAPEL, TWO OUTSIDE TERRACES, AN ATRIUM, PLAYROOM AND TWO COMPUTER ROOMS. THE HOUSE ALSO PROVIDES ROUNDTRIP TRANSPORTATION SERVICES TO FAMILIES FOR HOSPITAL APPOINTMENTS.

4b (Code:) (Expenses \$ 786,631. including grants of \$ 0.) (Revenue \$ 0.)

THE RMDH OF NEW YORK COMPREHENSIVE EDUCATION AND FAMILY ACTIVITIES PROGRAM CONSISTS OF COMPREHENSIVE EDUCATION PROGRAMS, EMOTIONAL AND SPIRITUAL SUPPORT PROGRAMS AND DOG THERAPY PROGRAMS. THE CORE EDUCATIONAL PROGRAM CONSISTS OF AFTER SCHOOL TUTORING FOR PATIENTS AND SIBLINGS TO ASSIST IN KEEPING EDUCATION AS STABLE PART OF THE CHILD'S DAILY ROUTINE. IN ADDITION TO THIS PROGRAM, RMDH OFFERS ESL FOR PARENTS WHO HAVE DIFFICULTY WITH ENGLISH. ROUNDING OUT THE CORE EDUCATION PROGRAM ARE SCIENCE, ART, MUSIC, CARE GIVER SUPPORT PROGRAMS, AND SELF-DEFENSE/DANCE MOVEMENT. OUR COMPUTER LAB ASSISTS OUR GUESTS TO STAY IN TOUCH WITH FRIENDS AND FAMILY AS WELL AS A COMMUNICATION NETWORK TO MAINTAIN WORK-RELATED COMMITMENTS. THE CARE GIVER SUPPORT PROGRAMS ARE VITAL TO PARENTS' WELL BEING AND STRESS MANAGEMENT AS THEY

4c (Code:) (Expenses \$ 545,082. including grants of \$ 0.) (Revenue \$ 0.)

THE VOLUNTEER PROGRAM TEAMS AT THE RONALD MCDONALD HOUSE OF NEW YORK WERE DEVELOPED TO BE A MULTI TEAM FOCUSED PROGRAM. EACH VOLUNTEER TEAM CONSISTS OF 10-15 VOLUNTEERS WITH TWO TEAM LEADERS FOR EVERY NIGHT OF THE WEEK. THE VOLUNTEER TEAM LEADERS COORDINATE THE TEAM'S ACTIVITIES DURING THEIR ASSIGNED NIGHT. EACH TEAM IS RESPONSIBLE TO CREATE AND IMPLEMENT AN ACTIVITY OF PROGRAM ON THEIR NIGHT, 52 WEEKS PER YEAR. THE MAIN OBJECTIVE OF THE VOLUNTEER PROGRAM TEAMS IS TO MEET THE SUPPORTIVE NEEDS OF THE CHILDREN AND FAMILIES WITHIN A COMMUNITY OF CARING. THESE ACTIVITIES HELP THE FAMILIES UNWIND AFTER A LONG DAY AT THE HOSPITAL AND GIVE THEM TIME TO BE A FAMILY AND INTERACT WITH OTHER GUESTS IN A FUN AND COMFORTABLE ENVIRONMENT. WE OFFER A COMMUNITY FOR VOLUNTEERS THAT GIVE THEM THE OPPORTUNITY TO BE IN RELATIONSHIPS AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 282,752. including grants of \$) (Revenue \$)

4e Total program service expenses 7,729,631.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II | | X |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | X | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 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 | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |
| 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 to any question in this Part V

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 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 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | 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)? | | X |
| 4b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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? | X | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

Check if Schedule O contains a response to any question in this Part VI

Section 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 if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 1a | 48 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 1b | 47 | | |
| 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | 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? | | 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? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 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 in Schedule O | | X |

Section 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? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | 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 | | | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, LA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JOSEPH GUIDETTI - 212-639-0900**
405 EAST 73RD STREET, NEW YORK, NY 10021

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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 line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) STEVEN J. BENSINGER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) JIM FITZGERALD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) CASEY GARD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (4) JUDY GILBERT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) JAMES A. JACOBSON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) SACHA LAINOVIC DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) KENNETH G. LANGONE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) CANDACE LEEDS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) JAMES P. MACGILVRAY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) JOEL NEWMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) JERRY DE ST. PAER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) FRANK PELLEGRINO DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) CLIFFORD A. STERLING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) MICHAEL E RORMER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) TERRY BOVIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) BRUCE COLLEY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) JOSEPH GROMEK DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|----------|---------|--------------|------------------------------|--------|--|---|---|
| | | Officer | Director | Trustee | Key employee | Highest compensated employee | Former | | | |
| (18) TIMOTHY J. MAHONEY JR. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) ROBERT E. LABLANC DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) ROBERT GRUBERT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) DAVID A. PREISER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) LOUISE CAMUTO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) WILLIAM L. CARROLL, MD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) THOMAS M. JOYCE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) TOM MURRY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) MYRON P. SHEVELL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 1,192,096. | 0. | 276,663. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,192,096. | 0. | 276,663. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| ICON PAINTING AND INTERIORS 64 MAJOR AVE, STATEN ISLAND, NY 10305 | RENOVATION/PAINTING | 785,968. |
| COLGATE RESTORATION CORPORATION 147 28TH STREET, BROOKLYN, NY 11232 | GENERAL CONTRACTING | 741,226. |
| ENERGY CONCEPTS, 3445 WINTON PLACE, SUITE 102, ROCHESTER, NY 14627 | HVAC DESIGN | 214,000. |
| NEUMAN'S 173 CHRYSTIE STREET, NEW YORK, NY 10002 | CATERING | 102,797. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Inc. 501(c)(3) or (4) org. | Inst./Fed trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) RANDEL A. FALCO DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (28) E. RANDALL CLOUSER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (29) ALEXANDER DIMITRIEF DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (30) PETER C. GEORGIPOULOS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (31) JACQUES JIHA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (32) RALPH MONTE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (33) KATHRYN BEAL, M.D. DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (34) ELLEN R. HARRIS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (35) GARY LABARBERA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (36) ERIC MANDELBLATT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (37) LEE H. PERLMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (38) KATHY B. PRESTO DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (39) JOAN M. SQUIRES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (40) STANLEY B. SHOPKORN CHAIRMAN | 1.00 | X | X | | | | 0. | 0. | 0. | |
| (41) RICHARD J. O'REILLY VICE PRESIDENT | 1.00 | X | X | | | | 0. | 0. | 0. | |
| (42) PETER SAMAHA VICE PRESIDENT | 1.00 | X | X | | | | 0. | 0. | 0. | |
| (43) GEORGE SIMEONE VICE PRESIDENT | 1.00 | X | X | | | | 0. | 0. | 0. | |
| (44) SHELLY S. FRIEDMAN, ESQ. SECRETARY | 1.00 | X | X | | | | 0. | 0. | 0. | |
| (45) JAMES FLANAGAN TREASURER | 1.00 | X | X | | | | 0. | 0. | 0. | |
| (46) MILTON BERLINSKI VICE CHAIRMAN | 1.00 | X | X | | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|---------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institution trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (47) HARRIS DIAMOND VICE CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (48) TINA LUNDGREN VICE CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (49) WILLIAM T. SULLIVAN PRESIDENT & CEO | 50.00 | | | X | | | | 419,280. | 0. | 87,728. |
| (50) JOSEPH M. GUIDETTI CFO | 50.00 | | | X | | | | 164,574. | 0. | 41,737. |
| (51) RICHARD MARTIN DEVELOP DIR. | 50.00 | | | | X | | | 210,442. | 0. | 38,707. |
| (52) PATRICK LENZ DIR. OF MR & VOLUNTEER DEV | 50.00 | | | | | X | | 132,644. | 0. | 27,847. |
| (53) WINIFRED CUDJOE DIR. OF OPERATIONS | 50.00 | | | | X | | | 133,950. | 0. | 42,123. |
| (54) NELIDA BARRETO DIR. OF PROGRAM | 50.00 | | | | X | | | 131,206. | 0. | 38,521. |
| Total to Part VII Section A, line 1c | | | | | | | | 1,192,096. | | 276,663. |

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|--|---|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | | | | | |
| | b Membership dues | | | | | |
| | c Fundraising events | 7,052,602. | | | | |
| | d Related organizations | | | | | |
| | e Government grants (contributions) | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 6,337,582. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 680,010. | | | | |
| | h Total. Add lines 1a-1f | 13,290,184. | | | | |
| | Program Service Revenue | 2 a ROOM RENTAL | 667,362. | 667,362. | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 667,362. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | 569,987. | | | 569,987. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | <input type="checkbox"/> Real | 475,332. | | | |
| | | <input type="checkbox"/> Personal | 348,787. | | | |
| | | b Less: rental expenses | 126,545. | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | 126,545. | | | 126,545. | |
| | 7 a Gross amount from sales of assets other than inventory | <input type="checkbox"/> Securities | 13,856,933. | | | |
| | | <input type="checkbox"/> Other | | | | |
| | | b Less: cost or other basis and sales expenses | 13,604,544. | | | |
| | | c Gain or (loss) | 252,389. | | | |
| | d Net gain or (loss) | 252,389. | | | 252,389. | |
| | 8 a Gross income from fundraising events (not including \$ 7,052,602. of contributions reported on line 1c). See Part IV, line 18 | a | 1,545,310. | | | |
| | | b Less: direct expenses | 1,545,310. | | | |
| c Net income or (loss) from fundraising events | | 0. | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | 120,221. | | | | |
| | b Less: direct expenses | 50,827. | | | | |
| | c Net income or (loss) from gaming activities | 69,394. | | | 69,394. | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a MISCELLANEOUS | | 900099 | 24,250. | | 24,250. | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | 24,250. | | | | |
| 12 Total revenue. See instructions. | 15,000,111. | 667,362. | 0. | 1,042,565. | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 962,467. | 172,734. | 468,382. | 321,351. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,884,045. | 2,038,041. | 292,625. | 553,379. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 213,267. | 151,199. | 21,450. | 40,618. |
| 9 Other employee benefits | 716,854. | 447,540. | 110,048. | 159,266. |
| 10 Payroll taxes | 243,813. | 142,874. | 45,837. | 55,102. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 65,000. | 65,000. | | |
| b Legal | 28,886. | | 28,886. | |
| c Accounting | 45,000. | | 45,000. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 57,817. | | | 57,817. |
| f Investment management fees | 62,298. | | 62,298. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 72,858. | 49,290. | 19,562. | 4,006. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 268,106. | 222,274. | 33,377. | 12,455. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 262,232. | 260,921. | 1,311. | |
| 17 Travel | 51,984. | 19,624. | 21,238. | 11,122. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 56,818. | 56,534. | 284. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,078,891. | 2,053,983. | 19,044. | 5,864. |
| 23 Insurance | 82,191. | 81,780. | 411. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a POSTAGE AND SHIPPING | 1,254,784. | 367,973. | 6,557. | 880,254. |
| b FAMILY EXPENSE | 897,231. | 897,231. | | |
| c SPECIAL EVENTS EXPENSE | 714,136. | | | 714,136. |
| d REPAIRS AND MAINTENANCE | 304,059. | 302,539. | 1,520. | |
| e All other expenses | 850,892. | 400,094. | 104,146. | 346,652. |
| 25 Total functional expenses. Add lines 1 through 24e | 12,173,629. | 7,729,631. | 1,281,976. | 3,162,022. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input checked="" type="checkbox"/> if following SOP 99-2 (ASC 958-720) | 944,357. | 347,534. | 0. | 596,823. |

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|---|-----------------|--------------------|-------------|
| Assets | 1 | Cash - non-interest-bearing | 21,121. | 1 | 43,333. |
| | 2 | Savings and temporary cash investments | 4,731,982. | 2 | 3,680,706. |
| | 3 | Pledges and grants receivable, net | 1,036,118. | 3 | 1,339,955. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 560,836. | 9 | 512,614. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 46,538,942. | | |
| | b | Less: accumulated depreciation | 10b 21,303,336. | | |
| | 11 | Investments - publicly traded securities | 24,686,411. | 10c | 25,235,606. |
| | 12 | Investments - other securities. See Part IV, line 11 | 15,915,121. | 11 | 17,961,938. |
| | 13 | Investments - program-related. See Part IV, line 11 | 21,923,340. | 12 | 25,094,086. |
| | 14 | Intangible assets | | 13 | |
| | 15 | Other assets. See Part IV, line 11 | 110,436. | 14 | 80,162. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 68,985,365. | 15 | 73,948,400. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,139,270. | 16 | 1,205,616. |
| | 18 | Grants payable | | 17 | |
| | 19 | Deferred revenue | 176,637. | 18 | 108,300. |
| | 20 | Tax-exempt bond liabilities | 7,500,000. | 19 | 6,600,000. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 21 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 22 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 23 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 24 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 8,815,907. | 25 | 7,913,916. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 58,666,232. | 26 | 64,751,258. |
| | 28 | Temporarily restricted net assets | 399,311. | 27 | 179,311. |
| | 29 | Permanently restricted net assets | 1,103,915. | 28 | 1,103,915. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 29 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 33 | Total net assets or fund balances | 60,169,458. | 32 | 66,034,484. | |
| 34 | Total liabilities and net assets/fund balances | 68,985,365. | 33 | 73,948,400. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 15,000,111. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,173,629. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,826,482. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 60,169,458. |
| 5 | Net unrealized gains (losses) on investments | 5 | 3,038,544. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 66,034,484. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

| | |
|--|---|
| Name of the organization RONALD MCDONALD HOUSE OF NEW YORK, INC. | Employer identification number 13-2933654 |
|--|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|---|-----|----|
| 11g(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | | |
| 11g(ii) A family member of a person described in (i) above? | | |
| 11g(iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |
 - h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
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| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|-----------|----------|----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10552780. | 9126421. | 8055489. | 11681967. | 13290184. | 52706841. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 10552780. | 9126421. | 8055489. | 11681967. | 13290184. | 52706841. |
| 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) | | | | | | 205,780. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 52501061. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|-----------|----------|----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 10552780. | 9126421. | 8055489. | 11681967. | 13290184. | 52706841. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 986,103. | 1036875. | 879,713. | 719,662. | 948,921. | 4571274. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 49,755. | 43,263. | 34,128. | 31,500. | 24,250. | 182,896. |
| 11 Total support. Add lines 7 through 10 | | | | | | 57461011. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 7,338,887. |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 91.37 % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 90.41 % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 | | | | | | |
| 7a 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c 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 IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.

OMB No. 1545-0047

2012

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

13-2933654

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization 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)(v) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

| | |
|--|---|
| Name of organization RONALD MCDONALD HOUSE OF NEW YORK, INC. | Employer identification number 13-2933654 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u> | F | \$ <u>450,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization RONALD MCDONALD HOUSE OF NEW YORK, INC. | Employer identification number 13 2933654 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part 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 |
|------------------------------|--|--|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

| | |
|--|---|
| Name of organization RONALD MCDONALD HOUSE OF NEW YORK, INC. | Employer identification number 13-2933654 |
|--|---|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and 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 | |
|---|--|
| Transferee's name, address, and 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 | |
|---|--|
| Transferee's name, address, and 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 | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **RONALD MCDONALD HOUSE OF NEW YORK, INC.** Employer identification number **13-2933654**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

| | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,634,696. | 1,642,990. | 1,651,849. | 1,718,174. | 1,629,031. |
| b Contributions | 1,178,000. | | | | |
| c Net investment earnings, gains, and losses | 92,171. | 31,839. | 27,873. | 26,555. | 89,143. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 183,016. | 40,133. | 36,732. | 92,880. | |
| f Administrative expenses | | | | | |
| g End of year balance | 2,721,851. | 1,634,696. | 1,642,990. | 1,651,849. | 1,718,174. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 59.32 %
- b Permanent endowment 40.55 %
- c Temporarily restricted endowment .13 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 9,600,607. | | 9,600,607. |
| b Buildings | | 25,983,952. | 16,254,900. | 9,729,052. |
| c Leasehold improvements | | 10,346,986. | 5,010,991. | 5,335,995. |
| d Equipment | | 127,161. | 37,445. | 89,716. |
| e Other | | 480,236. | | 480,236. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 25,235,606. |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) HEDGE FUNDS | 4,822,222. | END-OF-YEAR MARKET VALUE |
| (B) LIMITED PARTNERSHIPS | 19,084,768. | END-OF-YEAR MARKET VALUE |
| (C) STRUCTURED INVESTMENTS | 1,187,096. | END-OF-YEAR MARKET VALUE |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 25,094,086. | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|---|----------------|
| 1. (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | | |
|---|---|----|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 18,151,495. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains on investments | 2a | 3,038,544. | |
| b | Donated services and use of facilities | 2b | 112,840. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | | 3,151,384. |
| 3 | Subtract line 2e from line 1 | 3 | | 15,000,111. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 15,000,111. |

| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | | |
|--|--|----|----------|-------------|
| 1 | Total expenses and losses per audited financial statements | | | 12,286,469. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 112,840. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | | 112,840. |
| 3 | Subtract line 2e from line 1 | 3 | | 12,173,629. |
| 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.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 12,173,629. |

Part XIII Supplemental Information

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

PART V, LINE 4: TEMPORARILY RESTRICTED NET ASSETS WERE RELEASED FROM

DONOR RESTRICTIONS BY INCURRING EXPENSES SATISFYING THE RESTRICTED PURPOSES OR BY THE OCCURRENCE OF OTHER EVENTS SPECIFIED BY DONORS. DONATED SECURITIES WITH A DONOR STIPULATION THAT THE VALUE OF THE GIFT BE MAINTAINED INTACT IN PERPETUITY. ALL INCOME FROM THESE SECURITIES IS TEMPORARILY RESTRICTED UNTIL APPROPRIATED FOR SPENDING BY THE BOARD. INCOME FROM THE REMAINDER OF PERMANENTLY RESTRICTED SECURITIES IS RESTRICTED FOR THE PURCHASE OF SUPPLIES AND GIFTS FOR CHILDREN SERVED BY

Part XIII Supplemental Information *(continued)*

THE ORGANIZATION.

PART X, LINE 2: THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2012 AND 2011 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES", WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDED BEFORE DECEMBER 31, 2009.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|---|---|---------------------------------------|----------------------|---------------------------------|------------|
| | | ANNUAL GALA (event type) | SKATE WITH THE GREATS (event type) | 24 (total number) | (add col. (a) through col. (c)) | |
| Revenue | 1 | Gross receipts | 3,452,081. | 748,851. | 4,396,980. | 8,597,912. |
| | 2 | Less: Contributions | 2,897,551. | 575,581. | 3,579,470. | 7,052,602. |
| | 3 | Gross income (line 1 minus line 2) | 554,530. | 173,270. | 817,510. | 1,545,310. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | 138,565. | 589,235. | 817,510. | 1,545,310. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| 11 | Net income summary. Combine line 3, column (d), and line 10 | | | | | 0. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|---|---|---|--|--|----------|
| | | 1 | Gross revenue | | | 120,221. |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | 32,000. | 32,000. |
| | 4 | Rent/facility costs | | | 18,827. | 18,827. |
| | 5 | Other direct expenses | | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No | | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | | 50,827. |
| 8 | Net gaming income summary. Combine line 1, column (d), and line 7 | | | | | 69,394. |

9 Enter the state(s) in which the organization operates gaming activities: NY
 a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|--------|---|
| a The organization's facility | | % |
| b An outside facility | 100.00 | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JOSEPH M. GUIDETTI

Address ▶ 405 EAST 73RD STREET - NEW YORK, NY 10021

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RICHARD MARTIN

(I) ADDRESS OF FUNDRAISER: 405 EAST 73RD STREET, NEW YORK, NY 10021

(I) NAME OF FUNDRAISER: TRUE SENSE MARKETING

(I) ADDRESS OF FUNDRAISER: 155 COMMERCE DR., FREEDOM, PA 15042

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

13-2933654

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2012

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
 Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization **RONALD MCDONALD HOUSE OF NEW YORK, INC.** Employer identification number **13-2933654**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|-----------------------------------|---|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|--------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| NINA FRIEDMAN - HIRED EMPLOYEE | DAUGHTER OF SHELLY | 32,635. | | | X |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

NINA FRIEDMAN - HIRED EMPLOYEE OF RMDH IN 2011

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF SHELLY FRIEDMAN, SECRETARY OF THE BOARD

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **RONALD MCDONALD HOUSE OF NEW YORK, INC.**
Employer identification number: **13-2933654**

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | | | | |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶ (<u>TICKETS ETC.</u>) | X | 235 | 412,601. | FMV |
| 26 | Other ▶ (<u>PROP. & EQUIP.</u>) | X | 7 | 178,753. | FMV |
| 27 | Other ▶ (<u>REPAIR/MAINT.</u>) | X | 4 | 48,765. | FMV |
| 28 | Other ▶ (<u>SUPPLIES</u>) | X | 74 | 38,604. | FMV |

| | | | |
|-----|---|-----|----|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | |
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | Yes | No |
| | b If "Yes," describe the arrangement in Part II. | | X |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| | b If "Yes," describe in Part II. | | |
| 33 | If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2012)

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

PART I, OTHER TYPES OF PROPERTY:

RECOGNITION ITEMS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII § 1287.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

13-2933654

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OVER 450 INDIVIDUALS AND GROUP VOLUNTEERS DONATE OVER 50,000 HOURS PER
YEAR FOR PROGRAMS INCLUDING PET THERAPY, MUSIC & DANCE PROGRAMS,
TUTORING, COMPUTER TRAINING, SCIENCE, CAMP RONALD MCDONALD,
SELF-DEFENSE AND STRESS RELIEF, DAILY PLAYROOM AND EVENING TEAM
ACTIVITIES. THE PROGRAMS GIVE FAMILIES THE CHANCE TO SHARE
EXPERIENCES, BECOME FRIENDS, AND CREATE A SUPPORT GROUP WHILE BUILDING
A FRIENDLY, CARING, SUPPORTING AND FUN COMMUNITY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2012, THE ORGANIZATION EMBARKED ON A HOSPITAL OUTREACH INITIATIVE TO
PROVIDE SERVICES NOT ONLY FOR OUR GUESTS BUT ALSO FOR LOCAL FAMILIES,
NOT STAYING AT THE ORGANIZATION. AS A NEW YORK CITY CHARITY WHICH
PROVIDES SERVICES FOR FAMILIES FROM AROUND THE UNITED STATES AND
VARIOUS PARTS OF THE GLOBE, THE ORGANIZATION HAS ALWAYS BEEN CHALLENGED
WITH THE PROPER VEHICLE TO DEVELOP AND EXPAND OUR SERVICES TO THE
RESIDENTS OF THE FIVE BOROUGHES OF NEW YORK. THIS THREE-PRONGED
INITIATIVE INCLUDES HOSPITAL OUTREACH PROGRAMS FOR NEW YORK CITY
CHILDREN WHO ARE NOT RESIDENTS OF THE ORGANIZATION YET NEED SUPPORT
WHILE UNDERGOING TREATMENT, INPATIENT SERVICES FOR OUR CHILDREN AND
FAMILIES WHEN THEY ARE ADMITTED TO A PARTNER HOSPITAL AND NAVIGATION
SERVICES TO HELP FIRST-TIME FAMILIES BECOME ACCLIMATED TO THEIR
ENVIRONMENT IN NEW YORK CITY WHILE SUPPORTING THEIR CHILD'S HEALTH CARE
EXPERIENCES. THE PROJECT IS CURRENTLY IN THE PILOT PHASE WITH A SMALL
GROUP OF OUR PARTNER HOSPITALS. THE OUTREACH PROGRAM IS THE FIRST STEP
IN DEVELOPING A LONG-TERM GROWTH STRATEGY FOR THE ORGANIZATION. THE

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

13-2933654

PROGRAMS GIVE FAMILIES THE OPPORTUNITY TO SHARE EXPERIENCES, MAKE NEW FRIENDS, AND CREATE A SUPPORT GROUP WHILE BUILDING A FRIENDLY CARING, SUPPORTING AND FUN COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MANAGE THE TREATMENT PROCESS FOR THEIR CHILD. THESE GROUP PROGRAMS PROVIDE A SUPPORT NETWORK FOR UP TO 84 FAMILIES WHO STAY AT THE HOUSE. THE PROGRAMS INCLUDE A CAREGIVER SUPPORT GROUP, NEW GUEST ORIENTATION, WOMEN'S WELLNESS AND EXERCISE, INTERFAITH PRAYER SERVICE, HOPE AND HEALING MASS WITH SACRAMENT OF THE SICK AND A LATINA SPIRITUALITY AND SUPPORT GROUP.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORT EACH OTHER WHILE GIVING OF THEIR TIME AND RESOURCES THROUGH A GROUP EFFORT. WE HELP TO CREATE COMMUNITY GOODWILL, TO KEEP VOLUNTEERS CONNECTED TO EACH OTHER, TO MAINTAIN A RELATIONSHIP TO OUR DONORS AND TO BRIDGE THE WORK OF THE STAFF WITH OUR GUESTS.

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

CAMP RONALD MCDONALD - WHERE ELSE CAN YOU BUILD A VOLCANO, ENJOY ROASTED MARSHMALLOW S'MORES, CREATE THE BEST WATER BALLOON AND LAUGH UNTIL YOU CRY, ALL IN ONE PLACE? CAMP RONALD MCDONALD OF COURSE! DURING THE MONTHS OF JULY & AUGUST, CHILDREN STAYING AT THE RONALD MCDONALD HOUSE CAN ENJOY EXCITING CAMP ACTIVITIES LIKE KAYAKING, TRAPEZE SCHOOL, ARTS & CRAFTS, DRAMA, DANCE, WATER GAMES, SPORTS AND TONS MORE! THE CAMP VOLUNTEERS ARE INCREDIBLE AND CREATE A SPECIAL MAGIC FOR CAMP AT THE HOUSE!

EXPENSES \$ 107,416. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

| | |
|---|--|
| Name of the organization RONALD MCDONALD HOUSE OF NEW YORK, INC. | Employer identification number 13-2933654 |
|---|--|

IN 2012, THE ORGANIZATION EMBARKED ON A HOSPITAL OUTREACH INITIATIVE TO PROVIDE SERVICES NOT ONLY FOR OUR GUESTS BUT ALSO FOR LOCAL FAMILIES, NOT STAYING AT THE ORGANIZATION. AS A NEW YORK CITY CHARITY WHICH PROVIDES SERVICES FOR FAMILIES FROM AROUND THE UNITED STATES AND VARIOUS PARTS OF THE GLOBE, THE ORGANIZATION HAS ALWAYS BEEN CHALLENGED WITH THE PROPER VEHICLE TO DEVELOP AND EXPAND OUR SERVICES TO THE RESIDENTS OF THE FIVE BOROUGHES OF NEW YORK. THIS THREE-PRONGED INITIATIVE INCLUDES HOSPITAL OUTREACH PROGRAMS FOR NEW YORK CITY CHILDREN WHO ARE NOT RESIDENTS OF THE ORGANIZATION YET NEED SUPPORT WHILE UNDERGOING TREATMENT, INPATIENT SERVICES FOR OUR CHILDREN AND FAMILIES WHEN THEY ARE ADMITTED TO A PARTNER HOSPITAL AND NAVIGATION SERVICES TO HELP FIRST TIME FAMILIES BECOME ACCLIMATED TO THEIR ENVIRONMENT IN NEW YORK CITY WHILE SUPPORTING THEIR CHILD'S HEALTH CARE EXPERIENCES. THE PROJECT IS CURRENTLY IN THE PILOT PHASE WITH A SMALL GROUP OF OUR PARTNER HOSPITALS. THE OUTREACH PROGRAM IS THE FIRST STEP IN DEVELOPING A LONG-TERM GROWTH STRATEGY FOR THE ORGANIZATION. THE PROGRAMS GIVE FAMILIES THE OPPORTUNITY TO SHARE EXPERIENCES, MAKE NEW FRIENDS, AND CREATE A SUPPORT GROUP WHILE BUILDING A FRIENDLY CARING, SUPPORTING AND FUN COMMUNITY.

EXPENSES \$ 175,336. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE/AUDIT COMMITTEES. AFTER THEIR REVIEW IS COMPLETED, THE APPROVED RETURN IS MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS BY WAY OF E-MAIL. THE BOARD'S APPROVAL IS BASED ON POSITIVE AFFIRMATION. IF, AFTER ONE WEEK, THERE ARE NO ADDITIONAL COMMENTS TO ADDRESS FROM THE FULL BOARD, THE FORM 990 IS FILED AS APPROVED.

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

13-2933654

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, A CONFLICT OF INTEREST FORM IS DISSEMINATED TO THE FULL BOARD AND IS REQUIRED TO BE RETURNED WITHIN TWO WEEKS. ALL FORMS ARE REVIEWED AND ANY EXCEPTIONS ARE FOLLOWED UP. DURING THE INTERIM PERIOD, BOARD MEMBERS ARE REQUIRED TO REPORT ANY CONFLICTS THAT MAY ARISE. IF THERE IS A QUESTION, BOARD MEMBERS ARE ENCOURAGED TO ASK FOR GUIDANCE PRIOR TO THE TRANSACTION CREATING THE POTENTIAL CONFLICT. IN THE EVENT OF A CONFLICT, BOARD MEMBERS MUST RECUSE THEMSELVES FROM VOTING ON THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S SALARY IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE WHO SUBMITS IT TO THE ENTIRE BOARD FOR APPROVAL. A COMPENSATION SURVEY OR STUDY IS UTILIZED IN THIS PROCESS. OTHER SENIOR PERSONNEL ARE REVIEWED BY THE CEO WHO SUBMITS HIS RECOMMENDATIONS FOR SALARY ADJUSTMENT TO THE BOARD FOR APPROVAL. IN 2012, THE COMPENSATION COMMITTEE ALSO USED THE SERVICES OF A COMPENSATION CONSULTANT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OH
OK, OR, PA, RI, SC, TN, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: RMDH'S APPLICATION FOR EXEMPTION WAS FILED AND APPROVED PRIOR TO 1987 AND AS SUCH, IS NOT REQUIRED TO BE MADE AVAILABLE FOR PUBLIC INSPECTION. OTHER DOCUMENTS ARE AVAILABLE ON REQUEST.

FORM 990, PART XII, LINE 2C:

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

13-2933654

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.

Lined area for additional text or notes.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number. See instructions

| | | |
|---|---|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions RONALD MCDONALD HOUSE OF NEW YORK, INC. | Employer identification number (EIN) or 13-2933654 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 405 EAST 73RD STREET | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10021 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|--------------------|-------------|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a); trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOSEPH GUIDETTI

- The books are in the care of **405 EAST 73RD STREET - NEW YORK, NY 10021**
Telephone No. **212-639-0900** FAX No. **212-472-0376**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.

5 For calendar year **2012**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
INFORMATION REQUESTED FROM THIRD PARTIES IN ORDER TO COMPLETE THE RETURN IS STILL NOT AVAILABLE

| | | | |
|--|-----------|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date