

Form **990**

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

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RONALD MCDONALD HOUSE OF NEW YORK, INC.</b>		<b>D</b> Employer identification number <b>13-2933654</b>
	Doing Business As		<b>E</b> Telephone number <b>212-639-0900</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>26,288,797.</b>
	<b>405 EAST 73RD STREET</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10021</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>JOSEPH GUIDETTI</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.RMH-NEWYORK.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1977</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE RMDH PROVIDES TEMPORARY HOUSING FOR PEDIATRIC CANCER PATIENTS AND THEIR FAMILIES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>50</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>49</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>77</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>750</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>13,290,184.</b>	<b>Current Year</b> <b>16,200,009.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>667,362.</b>	<b>700,760.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>822,376.</b>	<b>790,077.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>220,189.</b>	<b>267,358.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,000,111.</b>	<b>17,958,204.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,020,446.</b>	<b>5,365,310.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>57,817.</b>	<b>54,000.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,561,066.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,095,366.</b>	<b>7,990,448.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,173,629.</b>	<b>13,409,758.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,826,482.</b>	<b>4,548,446.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>73,948,400.</b>	<b>End of Year</b> <b>83,540,694.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,913,916.</b>	<b>8,140,545.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>66,034,484.</b>	<b>75,400,149.</b>

**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.

<b>Sign Here</b>	<b>CLIENT COPY</b>	<i>Joseph M. Guido</i>	Date <b>9/23/14</b>
	Signature of officer	<b>JOSEPH GUIDETTI, CFO</b>	Type or print name and title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date
	<b>ROBERT R. LYONS, CPA</b>	<i>Robert R. Lyons</i>	<b>9/23/14</b>
	Firm's name ▶ <b>MARKS PANETH LLP</b>	Firm's EIN ▶ <b>11-3518842</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00227472</b>
	Firm's address ▶ <b>685 THIRD AVENUE</b> <b>NEW YORK, NY 10017</b>	Phone no. <b>212-503-8800</b>	

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



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 35 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? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 7,124,798. including grants of \$ ) (Revenue \$ 700,760.)

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.

THE ORGANIZATION HAS 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

4b (Code: ) (Expenses \$ 707,313. including grants of \$ ) (Revenue \$ )

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 \$ 541,581. including grants of \$ ) (Revenue \$ )

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 \$ 87,414. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,461,106.

**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 <b>Section 501(c)(3) organizations.</b> 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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>		



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or 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 25a		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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 <b>Section 501(c)(3) organizations.</b> 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 or note to any line in this Part V

Table with columns: Question, 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b. Includes 'Yes' and 'No' columns. Contains various tax-related questions and numerical inputs.

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	1a	50	
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.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	1b	49	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
<b>3</b> 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?	3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
<b>6</b> Did the organization have members or stockholders?	6		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X	
<b>9</b> 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	9		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a		X
<b>b</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		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
<b>c</b> 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	
<b>13</b> Did the organization have a written whistleblower policy?	13	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X	
<b>b</b> Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
<b>b</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 or note to any line in this Part VII

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

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

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

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) RAYMOND TIERNEY DIRECTOR	1.00	X					0.	0.	0.	
(15) MICHAEL E ROEMER DIRECTOR	1.00	X					0.	0.	0.	
(16) TERRY BOVIN DIRECTOR	1.00	X					0.	0.	0.	
(17) BRUCE COLLEY 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSEPH GROMEK DIRECTOR	1.00	X					0.	0.	0.	
(19) TIMOTHY J. MAHONEY JR. DIRECTOR	1.00	X					0.	0.	0.	
(20) ROBERT E. LABLANC DIRECTOR	1.00	X					0.	0.	0.	
(21) ROBERT GRUBERT DIRECTOR	1.00	X					0.	0.	0.	
(22) DAVID A. PREISER 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) MWAFFAK KANJEE DIRECTOR	1.00	X					0.	0.	0.	
(26) TOM MURRY DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,407,321.	0.	320,538.	
<b>d Total (add lines 1b and 1c)</b>							1,407,321.	0.	320,538.	

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	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	5	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	1,932,879.
INTEGRATED GEOTHERMAL LLC 410 SUNRISE HIGHWAY, WEST BABYLON, NY 11704	HVAC/POWER PLANT CONTRACTOR	1,194,300.
TRUE SENSE MARKETING 155 COMMERCE DRIVE, FREEDOM, PA 15042	DIRECT MAIL CONSULTANT	1,162,491.
SATELLITE PLUMBING 65 BRUCKNER BLVD., BRONX, NY 10454	PLUMBING CONTRACTOR	278,059.

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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MYRON P. SHEVELL DIRECTOR	1.00	X						0.	0.	0.
(28) RANDEL A. FALCO DIRECTOR	1.00	X						0.	0.	0.
(29) E. RANDALL CLOUSER DIRECTOR	1.00	X						0.	0.	0.
(30) ALEXANDER DIMITRIEF DIRECTOR	1.00	X						0.	0.	0.
(31) PETER C. GEORGIPOPOULOS DIRECTOR	1.00	X						0.	0.	0.
(32) JACQUES JIHA DIRECTOR	1.00	X						0.	0.	0.
(33) RALPH MONTE DIRECTOR	1.00	X						0.	0.	0.
(34) KATHRYN BEAL, M.D. DIRECTOR	1.00	X						0.	0.	0.
(35) ELLEN R. HARRIS DIRECTOR	1.00	X						0.	0.	0.
(36) GARY LABARBERA DIRECTOR	1.00	X						0.	0.	0.
(37) ERIC MANDELBLATT DIRECTOR	1.00	X						0.	0.	0.
(38) LEE H. PERLMAN DIRECTOR	1.00	X						0.	0.	0.
(39) KATHY B. PRESTO DIRECTOR	1.00	X						0.	0.	0.
(40) JOAN M. SQUIRES DIRECTOR	1.00	X						0.	0.	0.
(41) STANLEY B. SHOPKORN CHAIRMAN	1.00	X		X				0.	0.	0.
(42) RICHARD J. O'REILLY VICE PRESIDENT	1.00	X		X				0.	0.	0.
(43) PETER SAMAHA VICE PRESIDENT	1.00	X		X				0.	0.	0.
(44) GEORGE SIMEONE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(45) SHELLY S. FRIEDMAN, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
(46) JAMES FLANAGAN TREASURER	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	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MILTON BERLINSKI VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(48) HARRIS DIAMOND VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(49) TINA LUNDRGREN VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(50) JESSE COLE DIRECTOR	1.00	X						0.	0.	0.
(51) WILLIAM T. SULLIVAN PRESIDENT & CEO	50.00			X				534,090.	0.	94,303.
(52) JOSEPH M. GUIDETTI CFO	50.00			X				186,161.	0.	48,347.
(53) RICHARD MARTIN DEVELOP DIR.	50.00				X			253,866.	0.	50,062.
(54) PATRICK LENZ DIR. OF HR & VOLUNTEER DEV	50.00					X		142,400.	0.	39,458.
(55) WINIFRED CUDJOE DIR. OF OPERATIONS	50.00					X		146,125.	0.	46,188.
(56) NELIDA BARRETO DIR. OF PROGRAM	50.00					X		144,679.	0.	42,180.
Total to Part VII, Section A, line 1c								1,407,321.		320,538.



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 9,348,993.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 6,851,016.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	135,026.				
	<b>h Total.</b> Add lines 1a-1f	▶ 16,200,009.				
	<b>Program Service Revenue</b>	<b>2 a</b> ROOM RENTAL	<b>Business Code</b> 532000	700,760.	700,760.	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		▶ 700,760.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶ 584,341.			584,341.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross rents	(i) Real	498,761.			
		(ii) Personal				
	<b>b</b> Less: rental expenses	377,604.				
	<b>c</b> Rental income or (loss)	121,157.				
	<b>d</b> Net rental income or (loss)	▶ 121,157.			121,157.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	6,514,280.			
		(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	6,308,544.				
	<b>c</b> Gain or (loss)	205,736.				
	<b>d</b> Net gain or (loss)	▶ 205,736.			205,736.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 9,348,993. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	1,592,344.			
		<b>b</b> Less: direct expenses	1,592,344.			
<b>c</b> Net income or (loss) from fundraising events		▶ 0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	177,360.				
	<b>b</b> Less: direct expenses	52,101.				
	<b>c</b> Net income or (loss) from gaming activities	▶ 125,259.			125,259.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MISCELLANEOUS	900099	20,942.			20,942.	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	▶ 20,942.				
<b>12 Total revenue.</b> See instructions.	▶ 17,958,204.	700,760.	0.	1,057,435.		

**Part IX Statement of Functional Expenses**

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

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

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	1,896,416.	660,793.	708,506.	527,117.
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	2,397,055.	1,795,616.	165,433.	436,006.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	181,504.	134,702.	13,704.	33,098.
9 Other employee benefits	605,563.	387,965.	90,206.	127,392.
10 Payroll taxes	284,772.	166,449.	55,018.	63,305.
11 Fees for services (non-employees):				
a Management	41,938.	41,938.		
b Legal	46,865.		32,949.	13,916.
c Accounting	46,000.		46,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	54,000.			54,000.
f Investment management fees	65,580.		65,580.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	93,055.	65,316.	538.	27,201.
12 Advertising and promotion				
13 Office expenses	304,161.	246,612.	44,086.	13,463.
14 Information technology				
15 Royalties				
16 Occupancy	281,098.	279,693.	1,405.	
17 Travel	51,248.	18,305.	20,961.	11,982.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	45,697.	45,469.	228.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,639,153.	2,604,975.	25,701.	8,477.
23 Insurance	81,772.	81,363.	409.	
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 <b>POSTAGE AND SHIPPING</b>	1,326,611.	315,512.	5,285.	1,005,814.
b <b>SPECIAL EVENTS EXPENSE</b>	610,463.			610,463.
c <b>FAMILY EXPENSE</b>	594,528.	594,528.		
d <b>REPAIRS AND MAINTENANCE</b>	428,069.	425,929.	2,140.	
e All other expenses	1,334,210.	595,941.	109,437.	628,832.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	13,409,758.	8,461,106.	1,387,586.	3,561,066.
26 <b>Joint costs.</b> 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 98-2 (ASC 958-720)	1,383,046.	299,524.	0.	1,083,522.



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	43,333.	1	1,019,535.
	2	Savings and temporary cash investments	3,680,706.	2	4,072,791.
	3	Pledges and grants receivable, net	1,339,955.	3	1,503,435.
	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	512,614.	9	695,074.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,177,468.		
	b	Less: accumulated depreciation	10b 24,108,143.	10c	27,069,325.
	11	Investments - publicly traded securities	17,961,938.	11	20,306,891.
	12	Investments - other securities. See Part IV, line 11	25,094,086.	12	28,810,203.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	80,162.	15	63,440.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	73,948,400.	16	83,540,694.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,205,616.	17	2,424,380.
	18	Grants payable		18	
	19	Deferred revenue	108,300.	19	116,165.
	20	Tax-exempt bond liabilities	6,600,000.	20	5,600,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	7,913,916.	26	8,140,545.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	64,751,258.	27	73,819,029.
	28	Temporarily restricted net assets	179,311.	28	477,205.
	29	Permanently restricted net assets	1,103,915.	29	1,103,915.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	66,034,484.	33	75,400,149.	
34	<b>Total liabilities and net assets/fund balances</b>	73,948,400.	34	83,540,694.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,958,204.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,409,758.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,548,446.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,034,484.
5	Net unrealized gains (losses) on investments	5	4,817,219.
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	75,400,149.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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		





**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9126421.	8055489.	11681967.	13290184.	16200009.	58354070.
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 <b>Total.</b> Add lines 1 through 3 .....	9126421.	8055489.	11681967.	13290184.	16200009.	58354070.
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) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						58354070.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	9126421.	8055489.	11681967.	13290184.	16200009.	58354070.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1036875.	879,713.	719,662.	948,921.	790,077.	4375248.
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.) .....	43,263.	34,128.	31,500.	24,250.	20,942.	154,083.
11 <b>Total support.</b> Add lines 7 through 10						62883401.
12 Gross receipts from related activities, etc. (see instructions) .....					12	7,189,637.
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	92.80 %
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	91.37 %
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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)(vi) 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 its Form 990-PF, Part I, line 2, 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) (2013)



Name of organization <b>RONALD MCDONALD HOUSE OF NEW YORK, INC.</b>	Employer identification number <b>13-2933654</b>
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**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
1	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>RONALD MCDONALD HOUSE OF NEW YORK, INC.</b>	Employer identification number  <b>13-2933654</b>
--	---

**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 <b>RONALD MCDONALD HOUSE OF NEW YORK, INC.</b>	Employer identification number <b>13-2933654</b>
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**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	
_____			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____			
(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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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	2,721,851.	1,634,696.	1,642,990.	1,651,849.	1,718,174.
b Contributions		1,178,000.			
c Net investment earnings, gains, and losses	78,469.	92,171.	31,839.	27,873.	26,555.
d Grants or scholarships					
e Other expenditures for facilities and programs	259,530.	183,016.	40,133.	36,732.	92,880.
f Administrative expenses					
g End of year balance	2,540,790.	2,721,851.	1,634,696.	1,642,990.	1,651,849.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  54.95 %
  - b Permanent endowment  45.05 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- 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:
- |                             | Yes | No                                  |
|-----------------------------|-----|-------------------------------------|
| (i) unrelated organizations |     | <input checked="" type="checkbox"/> |
| (ii) related organizations  |     | <input checked="" type="checkbox"/> |
- 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		25,983,954.	17,032,858.	8,951,096.
c Leasehold improvements		15,465,746.	6,995,453.	8,470,293.
d Equipment		127,161.	79,832.	47,329.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  27,069,325.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	3,719,494.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	23,897,492.	END-OF-YEAR MARKET VALUE
(C) STRUCTURED INVESTMENTS	1,193,217.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>28,810,203.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	23,089,986.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	4,817,219.	
b	Donated services and use of facilities	2b	314,563.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	5,131,782.	
3	Subtract line 2e from line 1	3	17,958,204.	
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	17,958,204.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	13,724,321.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	314,563.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	314,563.	
3	Subtract line 2e from line 1	3	13,409,758.	
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	13,409,758.	

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

**EXPLANATION: 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 THE ORGANIZATION.**

**PART X, LINE 2:**

**EXPLANATION: THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AS OF**

**Part XIII** Supplemental Information *(continued)*

DECEMBER 31, 2013 AND 2012 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, 2010.





**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	GOLF OUTINGS	19	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	6,267,213.	1,212,164.	3,461,960.	10,941,337.
	2	Less: Contributions	5,601,512.	771,478.	2,976,003.	9,348,993.
	3	Gross income (line 1 minus line 2)	665,701.	440,686.	485,957.	1,592,344.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	603,651.	440,686.	485,957.	1,530,294.
	7	Food and beverages				
	8	Entertainment	41,599.			41,599.
	9	Other direct expenses	20,451.			20,451.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,592,344.
	11	Net income summary. Subtract line 10 from line 3, column (d)				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			177,360.
Direct Expenses	2	Cash prizes			22,000.	22,000.
	3	Noncash prizes				
	4	Rent/facility costs			30,101.	30,101.
	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)				52,101.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				125,259.	

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 | 13a | %        |
| b An outside facility         | 13b | 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.** 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)**

**Compensation Information**

OMB No. 1545-0047

**2013**

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**RONALD MCDONALD HOUSE OF NEW YORK, INC.**

Employer identification number

**13-2933654**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <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)                 </p>		
<p><b>b</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 .....</p>	<b>X</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>X</b>	
<p><b>3</b> 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.</p> <p> <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                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>		<b>X</b>
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>		<b>X</b>
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		<b>X</b>
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? .....</p>		<b>X</b>
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		<b>X</b>
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? .....</p>		<b>X</b>
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		<b>X</b>
<p><b>7</b> 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 .....</p>		<b>X</b>
<p><b>8</b> 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 .....</p>		<b>X</b>
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>		











**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	DAUGHTER OF SHELLY	33,628.			X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: NINA FRIEDMAN

(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

**2013**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 ▶ ( <b>PROP. &amp; EQUIP.</b> )	X	8	79,044.	FMV
26	Other ▶ ( <b>SUPPLIES</b> )	X	48	37,666.	FMV
27	Other ▶ ( <b>REPAIR/MAINT.</b> )	X	10	11,948.	FMV
28	Other ▶ ( <b>STORAGE</b> )	X	1	6,368.	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**

	Yes	No
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? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any 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.		

**Part II**

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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 642 INDIVIDUALS AND 266 GROUPS 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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

13-2933654

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 \$ 87,414. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

EXPLANATION: THE FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE/AUDIT

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

13-2933654

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.

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

EXPLANATION: 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:

EXPLANATION: 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 2013, 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:



Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

13-2933654

EXPLANATION: 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:

EXPLANATION: HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.