

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
RONALD MCDONALD HOUSE OF NEW YORK, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
405 EAST 73RD STREET
 City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10021

D Employer identification number
**** - *** 3654**

E Telephone number
212-639-0100

G Gross receipts \$ **23,438,364.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ **WWW.RMH-NEWYORK.ORG**

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE RMDH PROVIDES TEMPORARY HOUSING FOR PEDIATRIC CANCER PATIENTS AND THEIR FAMILIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	53	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	53	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	90	
	6	Total number of volunteers (estimate if necessary)	9000	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 39	440.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	14,186,203.	15,441,008.
	9	Program service revenue (Part VIII, line 2g)	568,272.	608,489.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-407,257.	1,345,561.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	582,652.	130,672.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,929,870.	17,525,730.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,692,838.	7,538,411.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	294,600.	294,600.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	4,471,826.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,446,107.	9,985,472.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,433,545.	17,818,483.	
19	Revenue less expenses. Subtract line 18 from line 12	-1,503,675.	-292,753.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	127,780,101.	132,941,615.
	21	Total liabilities (Part X, line 26)	16,408,252.	11,912,935.
	22	Net assets or fund balances. Subtract line 21 from line 20	111,371,849.	121,028,680.

Part II Signature Block

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

Sign Here Signature of officer: *JAN NAVATKOSKI* Date: **10/28/2020**
 Type or print name and title: **JAN NAVATKOSKI, CFO**

Paid Preparer Use Only
 Print/Type preparer's name: **MAGDALENA M. CZERNIAWSKI** Preparer's signature: **MAGDALENA M. CZERNIA** Date: **10/20/20** Check if self-employed: PTIN: **P00535099**
 Firm's name: **MARKS PANETH LLP** Firm's EIN: **** - *** 8842**
 Firm's address: **685 THIRD AVENUE**
NEW YORK, NY 10017 Phone no. **212-503-8800**

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. PROVIDES TEMPORARY HOUSING, TRANSPORTATION, MEALS, AND PROGRAM ACTIVITIES FOR PEDRIATIC CANCER PATIENTS AND THEIR FAMILIES. THE HOUSE HOUSES UP TO 95 FAMILIES FROM ALL OVER THE WORLD EACH DAY, 365 DAYS PER YEAR. PROGRAM ACTIVITIES

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,567,302. including grants of \$) (Revenue \$ 648,703.) RMDH OF NEW YORK FOCUSES ON KEEPING FAMILIES CLOSE WHILE PEDIATRIC PATIENTS RECEIVE 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 95 GUEST ROOMS (OF WHICH 6 ARE POST-TRANSPLANT SUITES), LAUNDRY FACILITIES ON EACH GUEST FLOOR, FOUR KITCHENS, DINING AREA, LIVING ROOM, TWO OUTSIDE TERRACES, WELLNESS CENTER, SERENITY ROOM, PLAYROOM AND A COMPUTER ROOM. 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 \$ 1,764,346. including grants of \$) (Revenue \$) THE RMDH OF NEW YORK EDUCATION AND FAMILY ACTIVITIES PROGRAM CONSISTS OF COMPREHENSIVE EDUCATION PROGRAMS, SUPPORT PROGRAMS AND DOG THERAPY PROGRAMS. THE CORE EDUCATIONAL PROGRAM CONSISTS OF AFTER SCHOOL TUTORING FOR PATIENTS AND SIBLINGS TO ASSIST IN KEEPING EDUCATION A 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, YOGA AND 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. THE PROGRAMS INCLUDE A CAREGIVER

4c (Code:) (Expenses \$ 606,940. including grants of \$) (Revenue \$) WITH OVER 9,000 VOLUNTEERS, THE VOLUNTEER PROGRAM AT RONALD MCDONALD HOUSE NEW YORK PROVIDES INTEGRAL SUPPORT TO OUR FAMILIES AND THE HOUSE. OUR CORPORATE & COMMUNITY GROUP VOLUNTEER PROGRAM ENLISTS OVER 480 GROUPS TO TAKE PART IN OUR MEAL PROGRAM AND DAY OF SERVICE PROGRAM ON A YEARLY BASIS. THESE PROGRAMS ALLOW OUR FAMILIES TO HAVE HOT MEALS WAITING FOR THEM AND OUR STAFF TO HAVE VOLUNTEER SUPPORT IN ACCOMPLISHING HOUSE TASKS. OUR INDIVIDUAL VOLUNTEER PROGRAMS CONSISTS OF OVER 20 TEAMS THAT ENGAGE IN A VARIETY OF SERVICES MEANT TO SUPPORT THE NEEDS OF OUR FAMILIES. WHETHER OUR VOLUNTEERS ARE PLANNING NIGHT ACTIVITIES FOR THE CHILDREN, BRINGING THEIR THERAPY DOG IN FOR A VISIT, HOSTING A YOGA CLASS OR WELCOMING OUR FAMILIES IN OUR LOBBY, EACH TEAM PLAYS A VITAL ROLE IN CREATING THE WARM, CARING AND COMFORTABLE

4d Other program services (Describe on Schedule O.) (Expenses \$ 422,474. including grants of \$) (Revenue \$)

4e Total program service expenses 11,361,062.

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 <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 90		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see instructions and file Form 4720, Schedule N.</i>		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>		X

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 on 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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 53		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 53		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, LA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **JAN NAVATKOSKI, CFO - 212-639-0100**
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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) ANDREW KUNG DIRECTOR	1.00	X					0.	0.	0.	
(2) BENJAMIN NEEL DIRECTOR	1.00	X					0.	0.	0.	
(3) BETH ANN MCQUADE DIRECTOR	1.00	X					0.	0.	0.	
(4) BRUCE COLLEY VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(5) CANDACE LEEDS DIRECTOR	1.00	X					0.	0.	0.	
(6) CINDY PRICE GAVIN DIRECTOR	1.00	X					0.	0.	0.	
(7) DAVID A. PREISER DIRECTOR	1.00	X					0.	0.	0.	
(8) DEBORAH FREER DIRECTOR	1.00	X					0.	0.	0.	
(9) E. RANDALL CLOUSER DIRECTOR	1.00	X					0.	0.	0.	
(10) ELLEN R. HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(11) ERIC MANDELBLATT DIRECTOR	1.00	X					0.	0.	0.	
(12) FRANK PELLEGRINO JR. DIRECTOR	1.00	X					0.	0.	0.	
(13) GARY LABARBERA DIRECTOR	1.00	X					0.	0.	0.	
(14) GEORGE SIMEONE VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(15) GINO POTESTA DIRECTOR (OUTGOING)	1.00	X					0.	0.	0.	
(16) GREGORY FLEMING DIRECTOR	1.00	X					0.	0.	0.	
(17) GUY WELTSCH 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) HARRIS DIAMOND CHAIRMAN EMERITUS	1.00	X		X				0.	0.	0.
(19) JAMES A. JACOBSON DIRECTOR	1.00	X						0.	0.	0.
(20) JAMES E. FITZGERALD JR DIRECTOR	1.00	X						0.	0.	0.
(21) JAMES FLANAGAN TREASURER	1.00	X		X				0.	0.	0.
(22) JAMES P. MACGILVRAY DIRECTOR	1.00	X						0.	0.	0.
(23) JASON A. RABIN DIRECTOR	1.00	X						0.	0.	0.
(24) JEFFREY A. KANTOR DIRECTOR	1.00	X						0.	0.	0.
(25) JESSE COLE DIRECTOR	1.00	X						0.	0.	0.
(26) JOSEPH GROMEK DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,381,167.	0.	403,557.
d Total (add lines 1b and 1c)								2,381,167.	0.	403,557.

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 **13**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

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) JUDY GILBERT DIRECTOR	1.00	X						0.	0.	0.
(28) KATHY B. PRESTO DIRECTOR	1.00	X						0.	0.	0.
(29) KENNETH G. LANGONE DIRECTOR	1.00	X						0.	0.	0.
(30) LEE H. PERLMAN DIRECTOR	1.00	X						0.	0.	0.
(31) LINDA DUNHAM DIRECTOR	1.00	X						0.	0.	0.
(32) MARIA GINZBURG DIRECTOR	1.00	X						0.	0.	0.
(33) MICHAEL E ROEMER DIRECTOR	1.00	X						0.	0.	0.
(34) MICHAEL MIEBACH DIRECTOR	1.00	X						0.	0.	0.
(35) MILTON BERLINSKI VICE CHAIRMAN	1.00	X	X					0.	0.	0.
(36) MORRIS GOLDFARB DIRECTOR	1.00	X						0.	0.	0.
(37) MYRON P. SHEVELL DIRECTOR	1.00	X						0.	0.	0.
(38) NANCY CUTLER DIRECTOR	1.00	X						0.	0.	0.
(39) RALPH MONTE DIRECTOR	1.00	X						0.	0.	0.
(40) RAYMOND TIERNEY DIRECTOR	1.00	X						0.	0.	0.
(41) RICHARD J. O'REILLY VICE PRESIDENT	1.00	X	X					0.	0.	0.
(42) RICHARD WURTZBURGER DIRECTOR	1.00	X						0.	0.	0.
(43) ROBERT GRUBERT VICE CHAIRMAN/CHAIR ELECT	1.00	X	X					0.	0.	0.
(44) ROBERT HOWE DIRECTOR	1.00	X						0.	0.	0.
(45) SACHA LAINOVIC DIRECTOR	1.00	X						0.	0.	0.
(46) SARA FURBER DIRECTOR	1.00	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) SCOTT PANZER DIRECTOR	1.00	X						0.	0.	0.
(48) SHELLY S. FRIEDMAN, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
(49) STANLEY SHOPKORN CHAIRMAN EMERITUS	1.00	X		X				0.	0.	0.
(50) STEVEN J. BENSINGER CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
(51) STEVEN SHIFFMAN DIRECTOR	1.00	X						0.	0.	0.
(52) TERRY BOVIN DIRECTOR	1.00	X						0.	0.	0.
(53) TIMOTHY BAXTER DIRECTOR (OUTGOING)	1.00	X						0.	0.	0.
(54) TINA LUNDGREN CHAIRWOMAN EMERITUS	1.00	X		X				0.	0.	0.
(55) WILL PLATT-HIGGINS DIRECTOR	1.00	X						0.	0.	0.
(56) JAN NAVATKOSKI CFO	50.00			X				270,075.	0.	38,916.
(57) KEVIN FOSTER CHIEF BRAND AND COMM. OFFI	50.00			X				176,198.	0.	40,823.
(58) RUTH BROWNE PRESIDENT & CEO	50.00			X				518,844.	0.	59,819.
(59) NELIDA BARRETO DIRECTOR OF PROGRAM	50.00				X			219,768.	0.	33,534.
(60) RICHARD MARTIN DIRECTOR OF DEVELOPMENT	50.00				X			373,225.	0.	44,966.
(61) WINIFRED CUDJOE DIRECTOR OF OPERATIONS	50.00				X			216,958.	0.	53,909.
(62) DAWN OPANTIRI DIRECTOR OF HUMAN RESOURCES	50.00					X		107,634.	0.	17,708.
(63) EDWARD CHO IT SENIOR MANAGER	50.00					X		109,197.	0.	21,381.
(64) KAREN KIRK ASSISTANT DIRECTOR OF DEV.	50.00					X		124,435.	0.	47,214.
(65) MARIAN GRYZLO DIRECTOR-STRATEGIC PARTNERSHIPS	50.00					X		126,490.	0.	31,829.
(66) STEPHEN YARRI CONTROLLER	50.00					X		138,343.	0.	13,458.
Total to Part VII, Section A, line 1c								2,381,167.		403,557.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	5,894,273.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,546,735.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 724,539.			
	h	Total. Add lines 1a-1f		15,441,008.			
Program Service Revenue	2 a	ROOM DONATION REVENUE	Business Code 532000	608,489.	608,489.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		608,489.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,099,758.		1,099,758.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				5,082,375.			
	b	Less: cost or other basis and sales expenses	7b	4,836,572.			
	c	Gain or (loss)	7c	245,803.			
	d	Net gain or (loss)		245,803.		245,803.	
8 a	Gross income from fundraising events (not including \$ 5,894,273. of contributions reported on line 1c). See Part IV, line 18	8a	1,068,228.				
		b	Less: direct expenses	8b	1,034,957.		
c	Net income or (loss) from fundraising events		33,271.		33,271.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a	94,517.				
		b	Less: direct expenses	9b	41,105.		
c	Net income or (loss) from gaming activities		53,412.		53,412.		
10 a	Gross sales of inventory, less returns and allowances	10a					
		b	Less: cost of goods sold	10b			
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER	Business Code 900099	40,214.	40,214.		
	b	SODA MACHINE	900099	3,775.		3,775.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		43,989.			
12	Total revenue. See instructions		17,525,730.	648,703.	0.	1,436,019.	

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,047,035.	769,495.	811,805.	465,735.
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	3,951,515.	2,932,415.	322,893.	696,207.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	273,285.	204,888.	19,293.	49,104.
9 Other employee benefits	840,954.	544,364.	126,385.	170,205.
10 Payroll taxes	425,622.	266,353.	76,616.	82,653.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	294,600.			294,600.
f Investment management fees	392,754.		392,754.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	260,811.	176,513.	65,642.	18,656.
12 Advertising and promotion	10,048.	4,082.	113.	5,853.
13 Office expenses	845,280.	530,084.	68,035.	247,161.
14 Information technology	138,572.	93,783.	34,876.	9,913.
15 Royalties				
16 Occupancy	304,046.	302,526.	1,520.	
17 Travel	20,320.	11,473.	5,160.	3,687.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	393,223.	391,257.	1,966.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,495,261.	2,471,075.	19,455.	4,731.
23 Insurance	216,860.	215,776.	1,084.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL CAMPAIGN EXP	1,544,146.	314,892.		1,229,254.
b FAMILY EXPENSE	1,284,029.	1,284,029.		
c SPECIAL EVENTS EXPENSE	802,635.			802,635.
d REPAIRS AND MAINTENANCE	489,407.	486,960.	2,447.	
e All other expenses	788,080.	361,097.	35,551.	391,432.
25 Total functional expenses. Add lines 1 through 24e	17,818,483.	11,361,062.	1,985,595.	4,471,826.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,489,332.	1	1,459,787.
	2	Savings and temporary cash investments	12,679,222.	2	5,099,106.
	3	Pledges and grants receivable, net	2,053,010.	3	1,664,823.
	4	Accounts receivable, net		4	240,855.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	573,106.	9	351,231.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 71,424,714.		
	10b	Less: accumulated depreciation	10b 36,742,057.		
	10c		36,551,298.	10c	34,682,657.
	11	Investments - publicly traded securities	26,934,473.	11	37,819,093.
	12	Investments - other securities. See Part IV, line 11	46,486,816.	12	50,927,070.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	12,844.	15	696,993.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	127,780,101.	16	132,941,615.	
Liabilities	17	Accounts payable and accrued expenses	1,905,849.	17	2,012,803.
	18	Grants payable		18	
	19	Deferred revenue	345,794.	19	791,417.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	14,156,609.	23	9,108,715.
	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	Total liabilities. Add lines 17 through 25	16,408,252.	26	11,912,935.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	108,418,810.	27	118,323,962.
	28	Net assets with donor restrictions	2,953,039.	28	2,704,718.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	111,371,849.	32	121,028,680.	
33	Total liabilities and net assets/fund balances	127,780,101.	33	132,941,615.	

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	17,525,730.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,818,483.
3	Revenue less expenses. Subtract line 2 from line 1	3	-292,753.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	111,371,849.
5	Net unrealized gains (losses) on investments	5	9,949,584.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	121,028,680.

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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22632983.	13365691.	14867315.	14186203.	15441008.	80493200.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22632983.	13365691.	14867315.	14186203.	15441008.	80493200.
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)						3158097.
6 Public support. Subtract line 5 from line 4.						77335103.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	22632983.	13365691.	14867315.	14186203.	15441008.	80493200.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	685,813.	476,573.	686,980.	743,412.	1099758.	3692536.
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 VI.)	1906389.	1502075.	1510698.	1783511.	1206734.	7909407.
11 Total support. Add lines 7 through 10						92095143.
12 Gross receipts from related activities, etc. (see instructions)					12	2,913,242.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	83.97 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	83.37 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2015 AMOUNT: \$ 28,285.

2016 AMOUNT: \$ 16,035.

2017 AMOUNT: \$ 2,800.

2018 AMOUNT: \$ 539,008.

2019 AMOUNT: \$ 40,214.

GROSS INCOME FROM FUND. EVENTS NOT INCLUDING CONTRIBUTIONS

2015 AMOUNT: \$ 1,755,321.

2016 AMOUNT: \$ 1,368,499.

2017 AMOUNT: \$ 1,390,827.

2018 AMOUNT: \$ 1,147,888.

2019 AMOUNT: \$ 1,068,228.

GAMING INCOME

2015 AMOUNT: \$ 122,783.

2016 AMOUNT: \$ 117,541.

2017 AMOUNT: \$ 117,071.

2018 AMOUNT: \$ 96,615.

2019 AMOUNT: \$ 94,517.

SODA MACHINE

2019 AMOUNT: \$ 3,775.

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

RONALD MCDONALD HOUSE OF NEW YORK, INC.

**** - ***3654**

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization RONALD MCDONALD HOUSE OF NEW YORK, INC.	Employer identification number ** - ***3654
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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	ESTATE OF CATHERINE HINTERBUCHNER 720 MILTON ROAD RYE, NY 10580	\$ 596,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RONALD MCDONALD HOUSE CHARITIES 267-07 76 AVENUE NEW HYDE PARK, NY 11040	\$ 337,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RONALD MCDONALD HOUSE OF NEW YORK, INC.	Employer identification number ** - ***3654
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization
RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number
****-***3654**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019 Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number ** - *** 3654

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 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.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
8 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)?
9 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" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB 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.
b If the organization elected, as permitted under FASB 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:
2 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 FASB ASC 958 relating to these items:

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 make 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 program
 - 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" on 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	2,743,171.	2,896,463.	20,940,003.	29,362,110.	31,228,915.
b Contributions					200,000.
c Net investment earnings, gains, and losses	75,496.	6,268.	41,945.	75,764.	1,146.
d Grants or scholarships					
e Other expenditures for facilities and programs	73,078.	159,560.	18,085,485.	8,497,871.	2,067,951.
f Administrative expenses					
g End of year balance	2,745,589.	2,743,171.	2,896,463.	20,940,003.	29,362,110.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 59.79 %
 - b Permanent endowment 40.21 %
 - c Term endowment _____ %
- The percentages on 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 | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 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" on 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		6,038,784.		6,038,784.
b Buildings		48,183,575.	21,027,814.	27,155,761.
c Leasehold improvements		13,578,232.	12,690,320.	887,912.
d Equipment				
e Other		3,624,123.	3,023,923.	600,200.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,682,657.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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	3,651,743.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	44,115,512.	END-OF-YEAR MARKET VALUE
(C) STRUCTURED INVESTMENTS	3,159,815.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	50,927,070.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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)	
Total. (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 FASB 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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	27,309,219.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,949,584.	
b	Donated services and use of facilities	2b	260,451.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-33,792.	
e	Add lines 2a through 2d	2e	10,176,243.	
3	Subtract line 2e from line 1	3	17,132,976.	
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	392,754.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	392,754.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,525,730.	

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

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

1	Total expenses and losses per audited financial statements		1	17,652,388.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	260,451.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	260,451.	
3	Subtract line 2e from line 1	3	17,391,937.	
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	392,754.	
b	Other (Describe in Part XIII.)	4b	33,792.	
c	Add lines 4a and 4b	4c	426,546.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,818,483.	

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:

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:

THE ORGANIZATION BELIEVES IT HAD NO UNCERTAIN TAX POSITIONS AS OF DECEMBER

Part XIII Supplemental Information (continued)

31, 2019 AND 2018 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EXPENSES -33,792.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EXPENSES 33,792.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))	
		ANNUAL GALA (event type)	SKATE WITH GREATS (event type)	SKATE WITH GREATS 10 (total number)		
Revenue	1	Gross receipts	3,099,144.	854,054.	3,009,303.	6,962,501.
	2	Less: Contributions	2,790,534.	710,054.	2,393,685.	5,894,273.
	3	Gross income (line 1 minus line 2)	308,610.	144,000.	615,618.	1,068,228.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	277,776.	122,400.	512,373.	912,549.
	7	Food and beverages			59,380.	59,380.
	8	Entertainment	4,550.		1,600.	6,150.
	9	Other direct expenses	26,096.	21,489.	9,293.	56,878.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,034,957.
11	Net income summary. Subtract line 10 from line 3, column (d)				33,271.	

Part III Gaming. Complete if the organization answered "Yes" on 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))
		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
Revenue	1	Gross revenue		94,517.	94,517.
	2	Cash prizes		26,780.	26,780.
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses		14,325.	14,325.
6	Volunteer labor				
7	Direct expense summary. Add lines 2 through 5 in column (d)				41,105.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				53,412.

9 Enter the state(s) in which the organization conducts gaming activities: NY

a Is the organization licensed to conduct 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 conduct 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 conducted 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 ▶ JAN NAVATKOSKI

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 provide any additional information. See instructions.

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

(I) NAME OF FUNDRAISER: TRUE SENSE MARKETING

(I) ADDRESS OF FUNDRAISER: 155 COMMERCE DR., FREEDOM, PA 15086

(I) NAME OF FUNDRAISER: ORR ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: _____

3000 K STREET, NW SUITE E280, WASHINGTON, DC 20007

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

**** - ***3654**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAN NAVATKOSKI	(i) 237,663.	(ii) 30,000.	(iii) 2,412.	21,390.	17,526.	308,991.	0.
CFO	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) KEVIN FOSTER	(i) 154,322.	(ii) 20,000.	(iii) 1,876.	14,258.	26,565.	217,021.	0.
CHIEF BRAND AND COMM. OFFI	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) RUTH BROWNE	(i) 405,708.	(ii) 70,000.	(iii) 43,136.	38,488.	21,331.	578,663.	0.
PRESIDENT & CEO	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) NELIDA BARETO	(i) 178,692.	(ii) 27,500.	(iii) 13,576.	15,999.	17,535.	253,302.	0.
DIRECTOR OF PROGRAM	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) RICHARD MARTIN	(i) 295,430.	(ii) 55,000.	(iii) 22,795.	26,416.	18,550.	418,191.	0.
DIRECTOR OF DEVELOPMENT	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) WINIFRED CUDJOE	(i) 176,771.	(ii) 25,000.	(iii) 15,187.	16,997.	36,912.	270,867.	0.
DIRECTOR OF OPERATIONS	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) KAREN KIRK	(i) 102,424.	(ii) 17,500.	(iii) 4,511.	10,130.	37,084.	171,649.	0.
ASSISTANT DIRECTOR OF DEV.	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) MARIAN GRYZLO	(i) 119,748.	(ii) 5,000.	(iii) 1,742.	9,086.	22,743.	158,319.	0.
DIRECTOR-STRATEGIC PARTNERSHIPS	(ii) 0.	0.	0.	0.	0.	0.	0.
(9) STEPHEN YARRI	(i) 128,606.	(ii) 7,000.	(iii) 2,737.	11,575.	1,883.	151,801.	0.
CONTROLLER	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 4B:

THE ORGANIZATION PARTICIPATES IN SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN, HOWEVER, THERE WERE NO CONTRIBUTIONS TO THE PLAN DURING THE YEAR.

PART I, LINE 7:

THE AMOUNTS REPORTED ON PART II, COLUMN B (II) REPRESENT BONUSES AND INCENTIVES APPROVED BY THE BOARD.

FORM 990, SCHEDULE J, PART II:

FOR SOME OF THE EMPLOYEES, AMOUNTS IN COLUMN (III) REPRESENT CONTRIBUTIONS TO A 457(B) RETIREMENT PLAN. IN ADDITION TO GROUP TERM LIFE INSURANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

Name of the organization **RONALD MCDONALD HOUSE OF NEW YORK, INC.** Employer identification number **** - *** 3654**

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	X	56	74,894.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SUPPLIES, FUR</u>)	X	105	254,893.	FMV
26 Other ▶ (<u>GAME TICKETS</u>)	X	99	250,850.	FMV
27 Other ▶ (<u>TOYS/PROGRAMS</u>)	X	150	114,934.	FMV
28 Other ▶ (<u>TRIP TICKETS</u>)	X	9	28,968.	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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

** - ***3654

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

INCLUDE PET THERAPY, MUSIC & DANCE PROGRAMS, TUTORING, COMPUTER
TRAINING, SCIENCE, GREAT DAYS PROGRAM, SELF-DEFENSE, STRESS RELIEF,
DAILY PLAYROOM AND EVENING TEAM ACTIVITIES. THE PROGRAMS GIVE FAMILIES
THE CHANCE TO SHARE EXPERINCES, 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 WORKED TO DEVELOP AND EXPAND OUR SERVICES TO THE
RESIDENTS OF THE FIVE BOROUGHS 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 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.

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

SUPPORT GROUP, NEW GUEST ORIENTATION, WELLNESS, AND EXERCISE. WE ALSO
OFFER HOSPITALITY PROGRAMS AT NEIGHBORING HOSPITALS WHICH SERVE

Name of the organization

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number

-*3654

FAMILIES WHO CHILDREN ARE HOSPITALIZED WITH COMPLIMENTARY REFRESHMENTS,
SNACKS, AND TOILETRIES.

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

ENVIRONMENT AT THE HOUSE. OUR VOLUNTEER COMMUNITY ALLOWS VOLUNTEERS TO
DEVELOP RELATIONSHIPS WITH ONE ANOTHER, PROVIDING THEM WITH A NETWORK
THAT ENCOURAGES SHARING, COMMUNITY GOODWILL AND LONG-TERM ENGAGEMENT.
THEY COME TOGETHER TO TAKE AN ACTIVE ROLE IN FUNDRAISING THROUGH OUR
ANNUAL HEROES VOLUNTEER EVENT, WHICH BUILDS CAMARADERIE AMONG THE
VOLUNTEER COMMUNITY AND PROVIDES THEM WITH A DEEPER SENSE OF CONNECTION
TO THE ACTIVITIES THEY DO ON A DAILY BASIS. OVERALL, OUR VOLUNTEER
PROGRAMS AIM TO NOT ONLY MEET OUR FAMILIES' NEEDS, BUT ALSO GO ABOVE
AND BEYOND TO MAKE THEIR STAY AT THE HOUSE AS ENJOYABLE AS POSSIBLE.
SUPPORT EACH OTHER WHILE GIVING OF THEIR TIME AND RESOURCES THROUGH A
GROUP EFFORT. WE HELP TO CREATE COMMUNITY GOODWILL, KEEP VOLUNTEERS
CONNECTED TO EACH OTHER, 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:

THE GREAT DAYS PROGRAM IS A SERIES OF VERY SPECIAL DONATED TRIPS AND
EVENTS DESIGNED FOR WHOLE FAMILIES TO ENJOY. THROUGHOUT THE YEAR,
FAMILIES TAKING PART IN THE GREAT DAYS PROGRAM ENJOY PRIVATE TOURS OF
MUSEUMS AND OPPORTUNITY TO SPEND DAYS SWIMMING AND RELAXING AT PRIVATE
COUNTRY CLUBS. GREAT DAYS LIKE THESE ALLOW FAMILIES TIME TO RECONNECT
AND MAKE LASTING MEMORIES TOGETHER.

EXPENSES \$ 422,474. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

Name of the organization RONALD MCDONALD HOUSE OF NEW YORK, INC.	Employer identification number **-***3654
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-SACHA LAINOVIC HAS A BUSINESS RELATIONSHIP WITH KEN LANGONE.

-STEVE SHIFFMAN HAS A BUSINESS RELATIONSHIP WITH RICK WURTZBURGER AND TIM BAXTER.

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

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

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

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

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

THE CEO'S AND OTHER SENIOR PERSONNEL'S SALARY ARE 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.

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

Name of the organization

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OK, OR, PA, RI, SC, TN, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

RMDH'S APPLICATION FOR EXEMPTION WAS FILED AND APPROVED PRIOR TO 1987 AND AS SUCH, IS NOT REQUIRED TO BE MADE AVAILABLE FOR PUBLIC INSPECTION. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.