PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 023192

Form **990** Department of the Treasury

1

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 wany its gov/Form990 for instructions and the latest information

OMB No. 1545-0047
2020
Open to Public
Inspection

-		he 2020 calendar year, or tax year beginning and	ending	information.	Inspection				
	Check		chung	D Employer identif	ication number				
	applica	ble:		ication number					
	Add	RONALD MCDONALD HOUSE OF NEW YORK, INC.							
	Nan	10		**-***36	54				
	Initia retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er				
	Fina retu term	405 EAST 73RD STREET		212-639-					
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,908,307.				
	retu			H(a) Is this a group r	eturn				
	App tion pend			for subordinates	s? Yes X No				
-	11.00	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No				
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions				
		ite: WWW.RMH-NEWYORK.ORG		H(c) Group exemption					
		of organization: X Corporation Trust Association Other	L Year	of formation: 1977	M State of legal domicile: NY				
Pa	art I	Summary							
9	1	Briefly describe the organization's mission or most significant activities: THE I			PORARY				
Activities & Governance		HOUSING FOR PEDIATRIC CANCER PATIENTS AND							
ern	2	Check this box if the organization discontinued its operations or dispos							
Gov	3			3	55				
~	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	73				
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		<u>5</u> 6	1200				
tivi	7 2	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		0.					
Ac	h	Net unrelated business taxable income from Form 990-T, Part I, line 12	7a 7b	0.					
			Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	-	15,441,008.	12,726,496.				
nue	9	Program service revenue (Part VIII, line 2g)		608,489.	134,871.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							
Ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		130,672.	<u>893,045.</u> 31,538.				
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,525,730.	13,785,950.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
1	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,538,411.	7,115,287.				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		294,600.	96,605.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ► 3,868,21	.8.		10 2 2				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,985,472.	8,778,947.				
1	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,818,483.	15,990,839.				
_	19	Revenue less expenses. Subtract line 18 from line 12		-292,753.	-2,204,889.				
S OL				inning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		32,941,615.	139,787,663.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		11,912,935.	13,330,501.				
크	22	Net assets or fund balances. Subtract line 21 from line 20		21,028,680.	126,457,162.				
	rt II		a m al a k- k	to and to the back of	Inneuladas and LaBat 111				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules at, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is				
uue,	COLLEG	and complete-beclaration of preparer (other than officer) is based on all information of whi	on preparer r	as any knowledge.					

Sign Here 🧷	Signature of officer JAN NAVATKOSKI, CHIEF Type or print name and title	FINANCIAL OFFIC	CER /	1/2021
Paid	Print/Type preparer's name MAGDALENA M. CZERNIAWSKI	Preparer's signature MAGDALENA M. C	Date ZERNIA 10/20/21	
Preparer	Firm's name MARKS PANETH LLP		Firm	s EIN 🕨 **-***8842
Use Only	Firm's address 685 THIRD AVENUE NEW YORK, NY 100		Phon	e no.212-503-8800
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instruc	tions.	Form 990 (2020)

1 0	rt III Statement of Program Service Accomplishments
10	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	RONALD MCDONALD HOUSE OF NEW YORK, INC. PROVIDES TEMPORARY HOUSING,
	TRANSPORTATION, MEALS, AND PROGRAM ACTIVITIES FOR PEDIATRIC CANCER
	PATIENTS AND THEIR FAMILIES. THE HOUSE HOUSES UP TO 95 FAMILIES FROM
1	ALL OVER THE WORLD EACH DAY, 365 DAYS PER YEAR. NORMAL PROGRAM
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
21	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?
81	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 \$ 7,853,181. including grants of \$) (Revenue \$ 137,020
	DESPITE A GLOBAL PANDEMIC IN 2020, RMHD OF NEW YORK CONTINUED TO
	PROVIDE MOST OF THE SAME SERVICES AND PROGRAMS FOR OUR FAMILIES. THE
	HOUSE NEVER CLOSED ITS DOORS OR OUTREACH TO FAMILIES IN NEED. THE
	HOUSE PIVOTED THEIR APPROACH AT TIMES TOWARD THE DELIVERY OF SUCH
	PROGRAMS, KEEPING OUR FAMILY'S HEALTH AND SAFETY AT THE FOREFRONT. WE
	ESPECIALLY TAILORED OUR MEAL, TRANSPORTATION, AND WELLNESS PROGRAMS
	DURING 2020 TO MEET THE FAMILIES NEEDS.
	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 NO-COST
	TEMPORARY HOME FOR THE FAMILIES DURING THEIR STAY IN NEW YORK. THE
ŀЬ	(Code:) (Expenses \$1, 335, 557. 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, AND CARE GIVER
	SUPPORT PROGRAMS. OUR COMPUTER LAB ENABLES 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.
	BC0.000
C	(Code:) (Expenses \$762,323. including grants of \$) (Revenue \$)
	WITH STILL OVER 1,200 VOLUNTEERS DURING 2020, THE VOLUNTEER PROGRAM AT
	RONALD MCDONALD HOUSE NEW YORK CONTINUES TO PROVIDE SUPPORT TO OUR
	FAMILIES AND THE HOUSE. IN THE FIRST QUARTER OF THE YEAR, OUR CORPORATE
	& COMMUNITY GROUP VOLUNTEER PROGRAM ENLISTED DOZENS OF GROUPS TO TAKE
	PART IN OUR MEAL PROGRAM AND DAY OF SERVICE PROGRAM. OUR INDIVIDUAL
	VOLUNTEER PROGRAMS CONSISTS OF OVER 20 TEAMS THAT ENGAGE IN A VARIETY
	OF SERVICES MEANT TO SUPPORT THE NEEDS OF OUR FAMILIES. AFTER THE
	PANDEMIC HIT, OUR CRITICAL VOLUNTEERS PIVOTED FROM BEING IN PERSON TO
	PROVIDING SERVICES REMOTELY. WHETHER OUR VOLUNTEERS ARE PLANNING
	ACTIVITIES FOR THE CHILDREN, INTRODUCING THEIR THERAPY DOG TO THE
	CHILDREN, HOSTING A YOGA CLASS, EACH TEAM PLAYS A VITAL ROLE IN
	CREATING THE WARM, CARING AND COMFORTABLE ENVIRONMENT AT THE HOUSE. OUR
	Other program services (Describe on Schedule O.)
	(Expenses \$ 355, 233. including grants of \$) (Revenue \$)
-	Expenses 5 555,255 including grants of 5 (Revenue 5

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	5
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		35	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	î	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	F		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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	18		40
2.8.1824	as applicable.		-	5 ST
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	Denos alles		
	Part VI	11a	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	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	x
ri	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	110		
u		11d		х
0	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		Tie		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111		1.7102
12a		12a	x	
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D		126		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	bri		**
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	145		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes, " complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
11	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-"		
10		18	x	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
19		10	x	
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	22	X
20a		20a 20b	-	41
100	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		21		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

032003 12-23-20

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Forn	n 990 (2020) RONALD MCDONALD HOUSE OF NEW YORK, INC. **-*** rt IV Checklist of Required Schedules (continued)	3654	P	age 4
Pa	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		Tes	NU
+	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
2/2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	055		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	-	A
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		1010-10	
	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	18		
	instructions, for applicable filing thresholds, conditions, and exceptions):	and the second		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	00.0		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	X	- 25
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			-
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		6
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	005		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	X	_
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V		Vee	
9-	Enter the number reported in Box 3 of Form 1096. Enter -D- if not applicable 1a 32		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	12.0		

C	Did the organization comply with	backup withholding fules for reportable p
	(gambling) winnings to prize winner	ers?

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Ра	rt 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 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Provide State
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨	14		See a
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			iller en
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Lun (
39570	sponsoring organization have excess business holdings at any time during the year?	· 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	100	14 Mar 18	
а	Initiation fees and capital contributions included on Part VIII, line 12	a la pro		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
1000	Gross income from members or shareholders		2124	
	Gross income from other sources (Do not net amounts due or paid to other sources against			
5	amounts due or received from them.)		105.8	
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	STATE OF COMPANY	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Same and a	a bigata	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	200 55	The second	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	icu		
	Enter the amount of reserves the organization is required to maintain by the states in which the		deres 1	
D	에 가장 가장 문화가 있는 것 같이 있는 것 같은 것 같			
1000		14a		X
14a		14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	3	х
	excess parachute payment(s) during the year?	15	120000	1088
10	If "Yes," see instructions and file Form 4720, Schedule N.	40	100	x
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	<u></u>
	If "Yes," complete Form 4720, Schedule O.			

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RONALD MCDONALD HOUSE OF NEW YORK, INC.

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. X

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 55		1.2.3	1
	If there are material differences in voting rights among members of the governing body, or if the governing		Nie:	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	武		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 55	高山	1.3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		14	
	officer, director, trustee, or key employee?	2	X	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D		7b		x
Ð	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10	addana a	A
8		8-	x	EMPS
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	~		v
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	DOM: NO
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Sale S
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ł., .		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	and a local
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?		and the second	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	CM HOVED
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	News.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	80		
	taxable entity during the year?	16a		X
ъ	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	11 5	- Miller	
	exempt status with respect to such arrangements?	16b		
	ion 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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	financ	ial	
	statements available to the public during the tax year.			
	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			
	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)

Form 990 (2020)

RONALD MCDONALD HOUSE OF NEW YORK, INC

Form 990 (2020) 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	Average (do not ch hours per box, unless					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RUTH BROWNE	50.00									
PRESIDENT & CEO				Х				535,481.	0.	68,137.
(2) RICHARD MARTIN DIRECTOR OF DEVELOPMENT	50.00				x			384,752.	0.	47,766.
(3) JAN NAVATKOSKI CFO	50.00			x				274,493.	0.	41,244.
(4) WINIFRED CUDJOE	50.00									
DIRECTOR OF OPERATIONS					X			225,498.	0.	60,861.
(5) NELIDA BARRETO DIRECTOR OF PROGRAM	50.00				x			228,216.	0.	36 E01
(6) SHARON CARTER JONES	50.00	-		-	A		-	440,410.	0.	36,501.
DIR. OFFICE OF THE PRES.	50.00				x			178,535.	0.	26,573.
(7) MARIAN GRYZLO	50.00									
DIRECTOR-STRATEGIC PARTNER						X		134,019.	0.	34,163.
(8) JEROME KELTON	50.00									
DIR. SPECIAL EVENTS						Х		136,317.	0.	31,578.
(9) STEPHEN YARRI	50.00									
CONTROLLER						X		143,716.	0.	14,147.
(10) SHEILA SENECAL	50.00									
MANAGER OF OPERATIONS						Х		119,649.	0.	26,462.
(11) MEREDITH LEWANDO MANAGER OF TALENT	50.00					x		119,165.	0.	18,011.
(12) ANDREW KUNG	1.00	-		-		Δ	-			10,011.
DIRECTOR	1.00	x						0.	ο.	0.
(13) BENJAMIN NEEL	1.00									
DIRECTOR		Х						0.	0.	0.
(14) BETH ANN MCQUADE	1.00									
DIRECTOR		X						0.	0.	0.
(15) BRUCE COLLEY	1.00								a	2
VICE PRESIDENT		Х		X				0.	0.	0.
(16) CANDACE LEEDS	1.00									5.
DIRECTOR		Х						0.	0.	0.
(17) CHERYL GUERIN	1.00								2	0
DIRECTOR		X	_					0.	0.	0.

032007 12-23-20

RONALD MCDONALD HOUSE OF NEW YORK, INC. **-***3654 Page 8

Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average Position (do not check more than one						one	Reportable	Reportable	Estimated
	hours per week	bo	box, unless person is both an officer and a director/trustee					compensation	compensation	amount of
	(list any	-	Γ		Γ	Γ	T I	from the	from related organizations	other compensation
	hours for	direct							(W-2/1099-MISC)	from the
	related	66 OI	istee			nsate		(W-2/1099-MISC)	(organization
	organizations	I trust	nal tru		oyee	ompe				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
(18) CINDY PRICE GAVIN	1.00	Ē	Ins	Ð) E	E S	Fo			
DIRECTOR	1.00	x						0.	0.	0
(19) DAVID A. PREISER	1.00	122				-				<u> </u>
DIRECTOR	1.00	x						0.	0.	0
(20) DEBORAH FREER	1.00				-					· · · · ·
DIRECTOR		x						0.	0.	0
(21) E. RANDALL CLOUSER	1.00									
DIRECTOR (OUTGOING)		x						0.	0.	0
(22) ELLEN R. HARRIS	1.00									
DIRECTOR		x						0.	0.	0.
(23) ERIC MANDELBLATT	1.00									
DIRECTOR		X						0.	0.	0.
(24) FRANK PELLEGRINO JR.	1.00							cours 1		
DIRECTOR		X			_			0.	0.	0.
(25) GARY LABARBERA	1.00									
DIRECTOR		X						0.	0.	0.
(26) GEORGE SIMEONE	1.00									
VICE PRESIDENT		X		X	_			0.	0.	0.
1b Subtotal		·····						2,479,841.	0.	405,443
c Total from continuation sheets to Part								0.2,479,841.	0.	0.
d Total (add lines 1b and 1c)										405,443
2 Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ab	ove,) who	o re	ceived more than \$100,0	JUU of reportable	16
		-					-			Yes No
3 Did the organization list any former office	er director trusta	oo k		mole		or	hiat	hest compensated emplo		
line 1a? If "Yes," complete Schedule J for			-				-			3 X
4 For any individual listed on line 1a, is the										
and related organizations greater than \$1										4 X
5 Did any person listed on line 1a receive or										
rendered to the organization? /f "Yes." co					-					5 X
Section B. Independent Contractors				- 100						
1 Complete this table for your five highest of	compensated ind	eper	nden	t co	ntra	ctors	s tha	at received more than \$1	100,000 of compensa	tion from
the organization. Report compensation fo	r the calendar ye	ar e	nding	g wit	th o	r wit	hint	the organization's tax ye	ar	
(A)		-						(B)		(C)
Name and busines	s address	NC	NE				+	Description of se	ervices (ompensation
				-			-			
							+			
							+			

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

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Part VII Section A. Officers, Director	and the second states and the second	T		1.20				the second state of the se		(F)
(A) Name and title	(B)			Pos	C) ition			(D) Depertable	(E) Reportable	Estimated
Name and title	Average hours	6	check				h/l	Reportable compensation	compensation	amount of
	per	10	T		linat	app	197	from	from related	other
	week					186		the	organizations	compensation
	(list any	ector				mplo		organization	(W-2/1099-MISC)	from the
	hours for	or dir				ated e	13	(W-2/1099-MISC)		organization
	related	ustee	truste		8	suadu				and related
	organization below	al tri	tional		playe	t corr				organizations
	line)	co Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GREGORY FLEMING	1.00									
DIRECTOR (OUTGOING)		X						0.	0.	0
(28) GUY WELTSCH	1.00							1.25	100	
DIRECTOR		X			_			0.	0.	0
(29) HARRIS DIAMOND	1.00									
CHAIRMAN EMERITUS		X		Х		1		0.	0.	0
(30) JAMES A. JACOBSON	1.00									
DIRECTOR		X		_		1		0.	0.	0
(31) JAMES E. FITZGERALD JR	1.00	-					- 1	2		
DIRECTOR	- 1 00	X	-		_	-	-	0.	0.	0
(32) JAMES FLANAGAN	1.00	۰.,							0	0
TREASURER	1 00	X	-	X	_	-	_	0.	0.	0
(33) JAMES P. MACGILVRAY	1.00	x						Ο.	0.	0
DIRECTOR (OUTGOING)	1.00	1	-	-	_	-		0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
(35) JEFFREY A. KANTOR	1.00			-	_		-	0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
(36) JESSE COLE	1.00	A		_	-		-		0.	0
DIRECTOR	1.00	1x						0.	0.	0
37) JOSEPH GROMEK	1.00					1				
DIRECTOR		x						0.	0.	0
38) JUDY GILBERT	1.00									
DIRECTOR		1x						0.	0.	0
39) KATHY B. PRESTO	1.00									
DIRECTOR		X						0.	0.	0
40) KENNETH G. LANGONE	1.00									· · · · · · · · · · · · · · · · · · ·
DIRECTOR (OUTGOING)		X						0.	0.	0
41) LEE H. PERLMAN	1.00									
IRECTOR		X						0.	0.	0
42) LINDA DUNHAM	1.00									
IRECTOR (OUTGOING)		X				_		0.	0.	0
43) MARCOS A QUESADA	1.00									-
IRECTOR		X		$ \rightarrow $		_		0.	0.	0
44) MARIA GINZBURG	1.00									0
IRECTOR	1 00	X	\square		-	-	-	0.	0.	0.
45) MICHAEL E ROEMER	1.00									0
IRECTOR	1 00	X	\vdash	-	-	-		0.	0.	0
46) MICHAEL MIEBACH	1.00							0	0.	0
IRECTOR (OUTGOING)		X		1				0.	υ.	0

RONALD MCDONALD HOUSE OF NEW YORK, INC.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		8		Reportable	Reportable	Estimated
	hours	(0	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	Week	5				loyee		the	organizations	compensatio from the
	(list any hours for	director				demp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	trustee or (ustee		1	ensate		(11 2) 1000 11100)		and related
	organization	al trus	nal tri		loyee	compe				organization
	below line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MILTON BERLINSKI	1.00		-	0	×	Ŧ	u			
VICE CHAIRMAN		X		х				0.	0.	(
(48) MORRIS GOLDFARB	1.00									
DIRECTOR		X						0.	0.	C
(49) MYRON P. SHEVELL	1.00									
DIRECTOR		X						0.	0.	(
(50) NANCY CUTLER	1.00							1.00	100	53
DIRECTOR	_	X			_	_		0.	0.	
(51) PAUL GOOMAN	1.00									102
DIRECTOR		X						0.	0.	(
(52) FJ FONSECA	1.00	-								
DIRECTOR	1 00	X			_	-	-	0.	0.	(
(53) RALPH MONTE	1.00							0		
DIRECTOR (54) RAYMOND TIERNEY	1 00	X	$\left \right $		-	_		0.	0.	(
DIRECTOR	1.00	x						0.	0.	
(55) RICHARD J. O'REILLY	1.00	A	\vdash			-		<u> </u>	0.	0
VICE PRESIDENT	1.00	x		x				Ο.	0.	C
(56) RICHARD WURTZBURGER	1.00	A		A	-			0.	0.	
DIRECTOR	1.00	x						0.	0.	0
(57) ROBERT GRUBERT	1.00			-						
VICE CHAIRMAN/CHAIR ELECT		x		x				0.	0.	0
(58) ROBERT HOWE	1.00									
DIRECTOR		x						0.	0.	0
59) SACHA LAINOVIC	1.00									
DIRECTOR (OUTGOING)		X	1					0.	0.	0
60) SARA FURBER	1.00					1				
DIRECTOR		Х				_		0.	0.	0
61) SCOTT PANZER	1.00									
IRECTOR		X	_	_	_	_		0.	0.	0
62) SHELLY S. FRIEDMAN, ESQ.	1.00							~		
ECRETARY	1 00	X	-	X	\rightarrow	\rightarrow	\rightarrow	0.	0.	0
63) STANLEY SHOPKORN	1.00							0	0	0
HAIRMAN EMERITUS	1 00	X	+	X	-	-	-	0.	0.	0
64) STEVEN J. BENSINGER HAIRMAN OF THE BOARD	1.00	x		x				0.	0.	0
65) STEVEN SHIFFMAN	1.00	Δ	-	^	+	-	+	0.	0.	
IRECTOR	1.00	x						0.	0.	0
66) TERRY BOVIN	1.00		+	+	+	+	+			
IRECTOR	1.00	x						0.	0.	0

RONALD MCDONALD HOUSE OF NEW YORK, INC. **-***3654

Part VII Section A. Officers, Directors, 7	rustees, Key Er	mplo I	oyee	s, al	nd H	ligh	est	Compensated Employe	ees (continued)	(5)
(A) Name and title	(B) Average hours per	(C	heck	Pos	C) ition that		ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
67) TINA LUNDGREN	1.00								0	
CHAIRWOMAN EMERITUS 68) WILL PLATT-HIGGINS	1 00	X	_	X	_	-	-	0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
-										
						5				
						Ę				
									-	
X										
					1					
					1					
			1	+	1					
					+					
		+	-	+	+					
		-	+	+					_	
		+	+				+			
		+	+		+	+				
		+	+	+		+	+			
			_				+			

	m 990 art VI	(2020) RONALD MCDONA II Statement of Revenue	ALD HOUSE	OF NEW YOL	RK, INC.	**_**3	654 Page 9
		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
tts	1 1 2	a Federated campaigns 1a		in the second		A REPORT	
Contributions, Gifts, Grants		Membership dues 1b				and the second sec	
ts,		Fundraising events1c	1,000,920.				多强的 国际
Gif	e c	Related organizations 1d				A Straight	
US,	e	Government grants (contributions) 1e			and the second second		Service States
utío		All other contributions, gifts, grants, and	11 725 576			Real Street	State State
Ę.		similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	11,725,576. 703,866.				
luo		Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f		12,726,496.			AND DECEMBER OF
00		Total, Add lines la li	Business Code	12,720,490.			100
(î)	2	ROOM DONATION REVENUE	621498	134,871.	134,871.		
Program Service	b						
Ser							
E							
ogr	l e						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		134,871.			1 (1 an - 1 an
	3	Investment income (including dividends, inter-					
	1 °	other similar amounts)	►	523,879.			523,879.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal			State State	
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b				And the second	
	C			A REAL PROPERTY OF			
		Net rental income or (loss)		And the second se			
	7 a	Gross amount from sales of (i) Securities	(ii) Other		一 教授书 第一		的时候我们 不是
		assets other than inventory 7a 10,218,330.			Canada and Canada		
ŝ	D	Less: cost or other basis and sales expenses 7b 9,849,164.					
venue							
		Gain or (loss)		369,166.			369,166.
R R		Gross income from fundraising events (not		505,100,			
Other Re	0 4	including \$1,000,920. of				1 States and	Constant State
0		contributions reported on line 1c). See		Star Star	Part Book Antiboli	RELATING THE	A State of the state
		Part IV, line 18 8a	273,725.			1 - Charles	
	b	Less: direct expenses 8b			A STREET		
- 1		Net income or (loss) from fundraising events	>	19,427.			19,427.
	9 a	Gross income from gaming activities. See		Share Sterry			
		Part IV, line 19 9a	27,020.		States in the	AL AND A PROPERTY OF	
- 4	b	Less: direct expenses9b	18,895.				
		Net income or (loss) from gaming activities	····· •	8,125.			8,125.
	10 a	Gross sales of inventory, less returns		AND DO NO.			
1		and allowances 10a				Statistics of Sectors of	
- 2		Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory				and the second second	
ŝ			Business Code		0.140		
eou	11 a	OTHER	900099	2,149.	2,149.		1,837.
llan	b	SODA MACHINE	900099	1,837.			1,057.
Míscelfaneous Bevenue	C						
M	d	All other revenue		3,986.		and the second	States 1
	e	Total Add lines 11a-11d		13,785,950.	137,020.	0.	922,434.

Form 990 (2020) RONALD MCDONALD HOUSE OF NEW YORK, INC. Part IX Statement of Functional Expenses

12	Check if Schedule O contains a respon	ise or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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			Service states	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	and the second			
3	organizations, foreign governments, and foreign			A PARTY AND A PARTY	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			And the second	
5	trustees, and key employees	2,108,057.	730,839.	853,672.	523,546
6	Compensation not included above to disqualified	2,100,057.	130,039.	055,072.	525,540
0	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	3,655,691.	2,750,425.	202 002	602,383
7	Other salaries and wages	3,033,091.	2,750,425.	302,883.	002,30.
B	Pension plan accruals and contributions (include	257 226	100 000	D1 ECA	42 07
~	section 401(k) and 403(b) employer contributions)	257,336.		21,564.	43,073
9	Other employee benefits	653,370.		96,692.	129,632
0	Payroll taxes	440,833.	270,848.	84,199.	85,786
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С					
d					
е	Professional fundraising services. See Part IV, line 17	96,605.		Date 14 All and the set	96,605
f	Investment management fees	176,956.		176,956.	
g	Other. (If line 11g amount exceeds 10% of line 25,		1.20 Jan 10 10 10 10 10	and an annual statement	
	column (A) amount, list line 11g expenses on Sch 0.)	434,925.	294,581.	70,029.	70,315
2	Advertising and promotion	357.	242.	21.	94
1	Office expenses	526,349.	369,145.	45,775.	111,429
ŀ.	Information technology	133,568.	90,468.	21,506.	21,594
ō	Royalties				
5	Occupancy	249,716.	248,467.	1,249.	
	Travel	9,125.	5,569.	2,636.	920
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	269,008.	263,616.	5,392.	
	Payments to affiliates				
	Depreciation, depletion, and amortization	2,204,468.	2,196,407.	7,621.	440
	Insurance	252,287.	251,026.	1,261.	
	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 0.)	1,500,740.	291,936.		1,208,804
	FAMILY EXPENSE	990,042.	990,042.		1,200,004
-			390,042.		570 105
	SPECIAL EVENTS EXPENSE	578,125.	270 701	1 002	578,125
	REPAIRS AND MAINTENANCE	380,684.	378,781.	1,903.	205 400
	All other expenses	1,072,597.	554,157.	122,968.	395,472
		15,990,839.	10,306,294.	1,816,327.	3,868,218
	Joint costs. Complete this line only if the organization	6			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	6			

RONALD	MCDONALD	HOUSE	OF	NEW	YORK,	INC.	
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-*3654 Page 11

	Check if Schedule O contains a response or no	te to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,459,787.	1	1,959,135.
2				5,099,106.	2	19,306,277.
3				1,664,823.	3	1,870,129.
4				240,855.	4	28,860.
5						
	trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
	controlled entity or family member of any of the	se perso	ns		5	_
6	Loans and other receivables from other disqual	fied pers	ons (as defined	Contraction of the second	WERRAN	
	under section 4958(f)(1)), and persons describe				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	B			351,231.	9	719,282.
10:	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	71,911,983.			
1	b Less: accumulated depreciation	10b	38,946,525.	34,682,657.	10c	
11	Investments - publicly traded securities			37,819,093.	11	
12	Investments - other securities. See Part IV, line			50,927,070.	12	52,349,171.
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			696,993.	15	709,249.
16	Total assets. Add lines 1 through 15 (must equ			132,941,615.	16	139,787,663.
17	Accounts payable and accrued expenses			2,012,803.	17	2,131,150.
18	Grants payable				18	
19	Deferred revenue			791,417.	19	1,315,093.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete		19,200 (20,000/2016		21	
22	Loans and other payables to any current or form					No. of the second
1	trustee, key employee, creator or founder, subst					Bern Bern
-	controlled entity or family member of any of thes			0 100 715	22	0 770 440
23	Secured mortgages and notes payable to unrela			9,108,715.	23	8,779,448.
24	Unsecured notes and loans payable to unrelated				24	1,104,810.
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	17-24).	Complete Part X			
	of Schedule D			11,912,935.	25	13,330,501.
26	Total liabilities. Add lines 17 through 25			11,912,955.	26	13,330,301.
	Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck nere		2 A 100		
07	Net assets without donor restrictions			118,323,962.	27	123,794,656.
27 28	Net assets with donor restrictions	2,704,718.	28	2,662,506.		
20	Organizations that do not follow FASB ASC 9			2,101,1101	20	2,002,500.
1	and complete lines 29 through 33.	bo, chec				
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or eq				30	
31	Retained earnings, endowment, accumulated inc				31	
32	Total net assets or fund balances			121,028,680.	32	126,457,162.
02	Total liabilities and net assets/fund balances			132,941,615.	33	139,787,663.

Form 990 (2020)

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Г	Int XI Reconciliation of Net Assets					-
-	Check if Schedule O contains a response or note to any line in this Part XI	T				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,7	785	5,9	50
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,9	990),8	39
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,2	204	1,8	89
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	121,0			
5	Net unrealized gains (losses) on investments	5	7,6	633	3,3	71
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
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B)) rt XII Financial Statements and Reporting	10	126,4	157	,10	62
	Check if Schedule O contains a response or note to any line in this Part XII				Yes	_
						_
٩	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_			No
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	_			No
۹ 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	_			No
۹ 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both:	0.	_			No
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	O. on a		2a	Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	O. on a		2a		No
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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	O. on a		2a	Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both:	O. on a		2a	Yes	No
b	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 compiled or reviewed separate basis, consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	O. on a e basis,		2a	Yes	No
b	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	O. on a e basis, e audit,		2a	Yes	No
ь	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	O. on a e basis, e audit,		2a 2b	Yes	No
b	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sche	O. on a e basis, e audit, edule O.		2a	Yes	No
c	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	O. on a e basis, e audit, edule O.		2a	Yes	X
b c 3a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sche	O. on a e basis, e audit, edule O. gle Audit		22a 22b 22c	Yes	X

Form 990 (2020)

16 SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

-	• • •				
	GO TO WWW IPS OF	W/Formuuli for	instructions and	the latest informati	on
	GO 10 W W W	JV/1 01111330 101	mad doctoria and	the latest informati	011.

OMB No. 1545-0047
2020
Open to Public
Inspection

1

Name	of	the	organ	ization	1
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Employer identification number
-*3654

2010/00/00		RONA	ALD MCDONAL	LD HOUSE OF N	IEW YO	RK, I	NC.	,	**-***3654	
Pa	art I	Reason for Public	Charity Status.	(All organizations must	complete t	his part.) S	See instruction	IS.		
The	organ	ization is not a private foun	STREET, NO. STREET, ST	and the second	Share and the second					
1		A church, convention of cl								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative		가지가 잘 하는 그런 것 같은 것을 잘 알려야 할 수 있다. 그렇게 많이 있지?		Contraction and the second	iii).			
4		A medical research organi					and the second state second second at)(iii). Ente	r the hospital's name,	
		city, and state:								
5		An organization operated t	for the benefit of a c	ollege or university owne	d or operat	ted by a g	overnmental u	nit describ	ed in	
		section 170(b)(1)(A)(iv). (167					
6		A federal, state, or local go	overnment or govern	mental unit described in	section 1	70(b)(1)(A)(v).			
7	X	An organization that norma						ne general	public described in	
		section 170(b)(1)(A)(vi). (0			1				•	
8		A community trust describ)(1)(A)(vi). (Complete Pa	rt II.)					
9		An agricultural research or				ed in conji	unction with a	land-gran	t college	
		or university or a non-land-								
		university:			noniverta contra			ave. cecorda		
10		An organization that norma	ally receives (1) more	e than 33 1/3% of its sup	port from c	ontributio	ns, membersh	ip fees, ar	d gross receipts from	
		activities related to its exer	npt functions, subje	ect to certain exceptions;	and (2) no	more than	n 33 1/3% of its	s support	from gross investment	
		income and unrelated busi	ness taxable incom	e (less section 511 tax) fr	om busines	sses acqui	ired by the org	anization	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)							
11		An organization organized	and operated exclu	sively to test for public sa	afety. See	section 5	09(a)(4).			
12		An organization organized	and operated exclu	sively for the benefit of, t	o perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describ	ed in section 509(a)(1)	or section	509(a)(2).	See section 5	509(a)(3).	Check the box in	
		lines 12a through 12d that	describes the type	of supporting organizatio	n and com	plete lines	12e, 12f, and	12g.		
a	_	Type I. A supporting orga	anization operated,	supervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization			a majority o	of the direc	ctors or trustee	es of the s	upporting	
	-	organization. You must								
b		Type II. A supporting org	anization supervise	d or controlled in connec	tion with its	s supporte	ed organizatior	n(s), by har	ving	
		control or management of	of the supporting org	ganization vested in the s	ame perso	ns that co	ntrol or manag	je the sup	ported	
		organization(s). You mus	and a second as a second second second second							
C		Type III functionally inte		· · ·				y integrate	ed with,	
	_	its supported organizatio		(A)						
d		Type III non-functionally								
		that is not functionally int						an attenti	veness	
		requirement (see instruct								
e		Check this box if the orga					Type I, Type I	I, Type III		
	Fata	functionally integrated, or		* * *	-					
		r the number of supported o de the following information								
g		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	in your governin Yes	No No	support (see in:	structions)	support (see instructions)	
	-			above (see instructions))	100					
	100									
					[]					
	042-00									
_		and the second second second								
2			accession and the second		Sector Sector					

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Schedule A	(Form 990 or 990-EZ) 2020	RONALD	MCDONALD	HOUSE	OF	NEW	YORK,	INC.	**-**3654	Page 2
Part II	Support Schedule for	or Organiza	ations Describ	ed in Sec	tion	s 170(b	o)(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

00	ction A. Public Support	1		1		-	1
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and		8				
	membership fees received. (Do not					and a second second	the state ends to
	include any "unusual grants.")	13365691.	14867315.	14186203.	15441008.	12726496.	70586713.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	12265601	14067215	11106202	15111000	12726406	70586713.
4	Total. Add lines 1 through 3 The portion of total contributions	13303091.	1400/313.	14100203.	15441008.	<u>µ2/20490.</u>	/0500/15.
э			all second the				
	by each person (other than a governmental unit or publicly				Det Barris	A Bringson II S	
	supported organization) included	HAR - HAR	T STANDARD	Assessed as		The second second	
	on line 1 that exceeds 2% of the		ALL STREET, ST	all the same		日本10月20日	
	amount shown on line 11,						
	column (f)				A REPORT OF		
6	Public support. Subtract line 5 from line 4.		A STATE OF STATE	188 SPACE AND ADD ADD	1997 - 100 - 102 - 104 - 170 -	Massaulter Beer	70586713.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		13365691.	14867315.	14186203.	15441008.	12726496.	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						1
	and income from similar sources	476,573.	686,980.	743,412.	1099758.	523,879.	3530602.
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	1 - 0 0 0	1 = 1 0 6 0 0	4 5 6 6 5 4 4	1000000	204 724	6000000
	assets (Explain in Part VI.)	1502075.	1510698.	1783511.	1206734.		6307749.
	Total support. Add lines 7 through 10			and the second second			80425064.
	Gross receipts from related activities,						,203,383.
13	First 5 years. If the Form 990 is for the organization, check this box and stop				ear as a section 5		
Sec	tion C. Computation of Public						
-	Public support percentage for 2020 (li			olumn (fi)		14	87.77 %
	Public support percentage from 2019					15	83.97 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a	and the second					States and states
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pu	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	mstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	h did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b		the fit Martindard Section	
					Sche	dule A (Form 990	or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 R					**-***3654	Page 3			
Part III Support Schedule for C	Drganizations Descri	bed 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									

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
	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						
Ċ	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) tion B. Total Support	London Service					
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
00000	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	-		-			n,
<u>C</u>	check this box and stop here	Commont Day					
	tion C. Computation of Public						
	Public support percentage for 2020 (lir					15	%
	Public support percentage from 2019 st tion D. Computation of Invest					16	%
				a 12 column (A)		17	%
	Investment income percentage for 202 Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the c						
	more than 33 1/3%, check this box and						
	33 1/3% support tests - 2019. If the c						nd
	ine 18 is not more than 33 1/3%, check						
	Private foundation. If the organization						
	and the second						

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 RONALD MCDONALD HOUSE OF NEW YORK, INC. **-**3654 Page 4 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 RONALD MCDONALD HOUSE OF NEW YORK, INC. **-**3654 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	2.215	165	NO
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
100	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	110		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
٦	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	13.75%		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		2.20	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		Many .	The second
-	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	and the second		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
120		Constant State	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	SY &	C all	
	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	1.00		CALC:
100	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		Sau	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1630168	NOT HORE
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	The second	
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
The second				_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> . The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	atruction		
2	Activities Test. Answer lines 2a and 2b below.	silucion	1	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		105	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	6		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		(
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		No.	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		100	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		12.1	15,000
	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2020

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1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			art VI). See instructio
Sect	tion 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		8	
	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		A LONG A ALC ALC ALC A	
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

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	edule A (Form 990 or 990-EZ) 2020 RONALD MCDONA rt V Type III Non-Functionally Integrated 509				-***3654 Page 7
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exercise	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	1	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			-Villeser	
2	Underdistributions, if any, for years prior to 2020 (reason-			100	A Contraction of the second
	able cause required - explain in Part VI). See instructions.	A BERNAR			
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				LEVIE A BRANCH
d	From 2018			12.5	
e	From 2019	and the second second	Norther Statistics and	fer Martin	
f	Total of lines 3a through 3e		AND TRACK	THE REAL	
g	Applied to underdistributions of prior years			12	
h	Applied to 2020 distributable amount		ALL PROPERTY AND IN	Alert	
	Carryover from 2015 not applied (see instructions)		1991年の日本語ので		等 等于教育委员会公司
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			25.0	
4	Distributions for 2020 from Section D, line 7: \$				
2	Applied to underdistributions of prior years			1	ANT PARTY AND
	Applied to 2020 distributable amount		State and state of the		
_	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.	and the second second		1	
6	Remaining underdistributions for 2020. Subtract lines 3h			Sales I	
0	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
1	Excess from 2018				
	Excess from 2019				
1.1.1.1.1.1.1	Excess from 2020	C Contraction of the			

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplementa Part IV, Section A line 1; Part IV, Sec	Z) 2020 RONALD MCDONALD HOUSE OF NEW YORK, INC. **-**3654 Page 8 Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; , 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, ction 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, , 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER REVENUE	
2016 AMOUNT: \$	16,035.
2017 AMOUNT: \$	2,800.
2018 AMOUNT: \$	539,008.
2019 AMOUNT: \$	40,214.
2020 AMOUNT: \$	2,149.
. <u></u>	
GROSS INCOME FRO	M FUND. EVENTS NOT INCLUDING CONTRIBUTIONS
2016 AMOUNT: \$	1,368,499.
2017 AMOUNT: \$	1,390,827.
2018 AMOUNT: \$	1,147,888.
<u>2019 AMOUNT: \$</u>	1,068,228.
2020 AMOUNT: \$	273,725.
·····	
GAMING INCOME	
2016 AMOUNT: \$	117,541.
2017 AMOUNT: \$	117,071.
2018 AMOUNT: \$	96,615.
2019 AMOUNT: \$	94,517.
2020 AMOUNT: \$	27,020.
SODA MACHINE	
2019 AMOUNT: \$	3,775.
2020 AMOUNT: \$	1,837.

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Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

2020

Employer identification number

Name of the organizat	on	Employer identificat
	RONALD MCDONALD HOUSE OF NEW YORK, INC.	**-***3654
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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.

1990 - Seiter Marine, 1993 - San Andrea Marine, Andréa (1993 - 1997) - San Andréa (1996 - 1997)

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

- X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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

Name of a	veelettee
Schedule	B (Form 990, 990-EZ, or 990-PF) (2020
	25

Name of organization

Employer identification number

Page 2

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RONALD MCDONALD HOUSE OF NEW YORK, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	1 <u></u>	- \$ <u>450,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI <u>P +</u> 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from		FMV (or estimate)	Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
B			
		\$	
(a) No.	(b)	(c)	(d)
om art I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
-			
		\$	
(a) No.	96.1	(c)	(d)
om	(b) Description of noncash property given	FMV (or estimate)	Date received
art I	Description of noncash property given	(See instructions.)	Bate received
-			
		\$	

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RONALD MCDONALD HOUSE OF NEW YORK, INC.

Name of organization

-*3654

Employer identification number

27 Schedule B	7 (Form 990, 990-EZ, or 990-PF) (2020)		Page 4
Name of org			Employer identification number
RONALD	MCDONALD HOUSE OF NEW Exclusively religious, charitable, etc., contributi		* * - * * 3654 cction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	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
	Transferee's name, address, an	(e) Transfer of gift	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, an	d 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
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee

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SC	HEDULE D	Supplementa	al Financial Statement	ts		OMB No. 1545-0047
(For	m 990)	Complete if the org	anization answered "Yes" on Form 99	0,		2020
		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	12b.		Open to Public
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the latest infor	mation.		Inspection
Nan	ne of the organizati				Emr	loyer identification number
	•		USE OF NEW YORK, INC			**-***3654
Pa	rt I Organiza	ations Maintaining Donor Advise			coun	
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	1 (1) Fun	ds and other accounts
1	Total number at er	nd of year		-		
2	Aggregate value o	f contributions to (during year)				
3		f grants from (during year)		-	-	
4		t end of year				
5		on inform all donors and donor advisors in v		icod funde	~	
-	The state of the second s	on's property, subject to the organization's	na na sida 🕳 talan walita wa si ta u na na na na sina Afrika na una na na ana manana na manana na ma			Yes N
6		on inform all grantees, donors, and donor a				
		oses and not for the benefit of the donor o	and the second se			
	승규는 이상이 가지 않는 것이 같이 많이 많이 많이 많다. 것이 많이	ate benefit?				Yes N
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, I	ine 7.	
1		ervation easements held by the organization				
		of land for public use (for example, recrea		of a histor	rically	important land area
		f natural habitat				toric structure
	Preservation	of open space				
2	A CONTRACTOR OF A CONTRACTOR O	through 2d if the organization held a qualif	ied conservation contribution in the form	n of a con	servat	ion easement on the last
11000	day of the tax year			1		Held at the End of the Tax Yes
а	and a specific constraint and a second				2a	
b					2b	
с	 Manuscrift Souscille States of Lange Control 	vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a				
100		al Register	같은 것은 것 같은 것 같은 것은 것은 것은 것은 것 같은 것 같은 것		2d	
3		vation easements modified, transferred, rele				during the tax
	year 🕨					
4	Number of states v	where property subject to conservation eas	ement is located			
5	Does the organizat	ion have a written policy regarding the peri	odic monitoring, inspection, handling of			
	violations, and enfo	prcement of the conservation easements it	holds?			Yes N
6	Staff and volunteer	hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cor	servation	easer	ments during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	ation ease	ement	s during the year
	▶\$					
8	Does each conserv	ation easement reported on line 2(d) above	e satisfy the requirements of section 170)(h)(4)(B)(i)		
	and section 170(h)((4)(B)(ii)?				Yes N
9	In Part XIII, describ	e how the organization reports conservatio	n easements in its revenue and expense	e stateme	nt and	ł
		include, if applicable, the text of the footne	ote to the organization's financial statem	nents that	descr	ibes the
-	organization's acco	ounting for conservation easements.				
Par		tions Maintaining Collections of		ther Sir	milar	Assets.
_	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	Contract Contract (1975) in the second second	elected, as permitted under FASB ASC 958				
		asures, or other similar assets held for pub			e of p	ublic
		Part XIII the text of the footnote to its finan				
b		elected, as permitted under FASB ASC 958				
		ires, or other similar assets held for public	exhibition, education, or research in furt	herance of	of pub	lic service,
	(*)	g amounts relating to these items:				
		ed on Form 990, Part VIII, line 1			▶ \$	
					▶ \$	
2	750	eceived or held works of art, historical trea		al gain, pr	ovide	
		nts required to be reported under FASB AS			ę	
		on Form 990, Part VIII, line 1			▶ \$	
b	Assets included in F	Form 990, Part X			▶ \$	

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	29						
		MCDONALD HO					***3654 Page 2
Pa	rt III Organizations Maintaining C						
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following the	at make s	ignificant use of	fits
	collection items (check all that apply):		F				
a	Public exhibition	Ċ		change prog			
b		e	Other				
c					8		
4	Provide a description of the organization's co						Part XIII.
5	During the year, did the organization solicit o						
De	to be sold to raise funds rather than to be ma						Yes No
Pa	rt IV Escrow and Custodial Arrang		ete if the organization	on answered	"Yes" on	Form 990, Parl	t IV, line 9, or
-	reported an amount on Form 990, Par						
1a	Is the organization an agent, trustee, custodi						
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			<u> </u>	
							Amount
c	Beginning balance	**********				10	
d	Additions during the year	******	••••••••			. 1d	
e	Distributions during the year	***********************					
f	Ending balance					. [1f]	
2a	5					ty?	Yes No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete in	Check here if the ex	planation has been	provided on	Part XIII	0	
1 4	Lindowinent Funds. Complete I		100000000000000000000000000000000000000			Second and the second sec	
	Designing at your belongs	(a) Current year 2,745,589.	(b) Prior year	(c) Two yes	6,463.	(d) Three years b 20,940,0	
1a	Beginning of year balance	2,145,505.	2,743,171.	2,05	0,405.	20,940,0	05. 25,502,110.
b	Contributions	00 160	75 406		6 250	41 0	45 75 764
c	Net investment earnings, gains, and losses	82,162.	75,496.		6,268.	41,9	45. 75,764.
d	Grants or scholarships						
е	Other expenditures for facilities	P0 071	70 070		0 5 5 0	10 005 4	0. 107.071
	and programs	80,971.	73,078.	15	9,560.	18,085,4	85. 8,497,871.
T	Administrative expenses	2 746 700	2 745 500	0.74	2 1 7 1	2 805 4	C2 00 040 002
g	End of year balance	2,746,780.	2,745,589.		3,171.	2,896,4	63. 20,940,003.
2	Provide the estimated percentage of the curre		(line 1g, column (a)) held as:			
a	Board designated or quasi-endowment		_%				
	Permanent endowment 40.1890	%					
С		6					
	The percentages on lines 2a, 2b, and 2c should						
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administe	red for th	e organization	No. N
	by:						Yes No
	(i) Unrelated organizations						
162	(ii) Related organizations	and Rate of an and the					
	If "Yes" on line 3a(ii), are the related organizat						<u>3b</u>
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipme		ment tunas.				
Liui	Complete if the organization answered		Part IV line 112 S	oo Form OOr	Part V	ino 10	
-				or other			(d) Book value
	Description of property	(a) Cost or ot basis (investm		(other)		cumulated preciation	(a) book value
					det	reciation	6,038,784.
	Land			8,784. 3,575.	22 5	45,759.	25,637,816.
	Buildings			<u>9,607.</u>		77,367.	712,240.
	Leasehold improvements		13,70	9,007.	13,0	11,307.	114,440.
	Equipment		- 2 00	0,017.	2 2	23,399.	576,618.
	Other						32,965,458.
Total.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	. column (B). line 10)c.)		🕨	52,505,450.

Schedule D (Form 990) 2020

30			
Schedule D (Form 990) 2020 RONALD MCDON Part VIII Investments - Other Securities.	NALD HOUSE OF	NEW YORK, INC. **	-***365 <u>4</u> Page
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1b. 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) HEDGE FUNDS	4,414,789.	END-OF-YEAR MARKET	VALUE
(B) LIMITED PARTNERSHIPS	44,125,942.	END-OF-YEAR MARKET	VALUE
(C) STRUCTURED INVESTMENTS	3,808,440.	END-OF-YEAR MARKET	VALUE
(D) ••			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	52,349,171.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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" o		1d. See Form 990, Part X, line 15.	(h) Dealeurius
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. <u>(Column (b) must equal Form 990, Part X, col. (B) line</u> Part X Other Liabilities.	15.)	•	
	Form 000 Doct IV line 14	a or 11f See Form DOG Bart V line OF	
Complete if the organization answered "Yes" or (a) Description of liability	n Form 990, Part IV, line 11	te of 111. See Form 990, Part X, line 25	(b) Book value
			(b) DOOR Value
(1) Federal income taxes			
(2)		and the second se	
(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 X

	31		
Sch	edule D (Form 990) 2020 RONALD MCDONALD HOUSE OF NEW YORK, INC.	**_	***3654 Page 4
Pa	rt 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	22,465,809.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	1.	
b	Donated services and use of facilities 2b 1,298,44	4.	
c			
d		0.	
е	Add lines 2a through 2d		8,856,815.
3	Subtract line 2e from line 1	3	13,608,994.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Nush	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 176, 95	6.	
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	176,956.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,785,950.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	17,037,327.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 1,298,44	4.	
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII.) 2d	10.557	
е	Add lines 2a through 2d	2e	1,298,444.
3	Subtract line 2e from line 1	3	15,738,883.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Texanity and	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 176, 95	6.	
b	Other (Describe in Part XIII.) 4b 75,00	0.	
С	Add lines 4a and 4b	4c	251,956.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,990,839.
Par	t 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

32 Schedule D (Form 990) 2020 RONALD MCDONALD HOUSE OF NEW YORK, INC. * Part XIII Supplemental Information (continued)	*-***3654 Page 5
31, 2020 AND 2019 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODI	FICATION
("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:	75 000
INDIRECT FUNDRAISING EXPENSES	-75,000.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INDIRECT FUNDRAISING EXPENSES	75, <u>00</u> 0.

SCHEDULE G						ing or Gaming	H	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Internal Revenue Service	► G	tion.	Open to Public Inspection						
Name of the organization							Employer i	dentification numbe	
		MCDONALD					**_***	A REAL PROPERTY AND A REAL	
Part I Fundraisi required to d	complete this par	 Complete if the t. 	organization a	inswered "Y	'es" oi	n Form 990, Part IV,	line 17. Form 990-	EZ filers are not	
1 Indicate whether the		sed funds through							
a X Mail solicitati						overnment grants			
	email solicitation	5	and a state of the second		-	mment grants			
c Phone solicit d X In-person soli			g 🖪 Sp	ecial fundra	aising	events			
2 a Did the organization		or oral agreement	with any indiv	idual (inclue	lina of	ficers directors tru	stees or		
key employees liste								es No	
b If "Yes," list the 10								be	
compensated at lea	st \$5,000 by the	organization.							
273 kl				(iii)	Did aiser		(v) Amount paid	(vi) Amount paid	
(i) Name and address or entity (fundr		(ii) Activity		have c	ustody	(iv) Gross receipts from activity	to (or retained by fundraiser	to (or retained by	
or oneity (randi	4,661)			or con contrib		I I I I I I I I I I I I I I I I I I I	listed in col. (i)	organization	
UE SENSE MARKETING	3 - 155			Yes	No				
MMERCE DR., FREEDO	DM, PA	DIRECT MAIL			x	2,287,286.	96,60	5. 2,190,683	
			_					-	
								1	
					-				
					_				
						_			
tal						2,287,286.	96,605		
List all states in which	the organization	n is registered or I	icensed to sol	icit contribu	tions	or has been notified	it is exempt from	egistration	
or licensing.		י איז דר גי	ZV TA MI	Z MD M	7 10	T MNI MC MO	, NH , NJ , NM	NY NC OF	

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Schedule G (Form 990 or 990-EZ) 2020 RONALD MCDONALD HOUSE OF NEW YORK, INC. **-***3654 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II 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 SKATE WITH HUDSON GOLF (add col. (a) through 3 GREATS TOURNAMENT col. (c)) (event type) (event type) (total number) Revenue 760,435. 294,655. 219,555. 1,274,645. 1 Gross receipts 621,685. 199,615. 179,620. 1,000,920. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 138,750. 95,040. 39,935. 273,725. 4 Cash prizes 5 Noncash prizes **Direct Expenses** 118,596. 86,340. 204,936. 6 Rent/facility costs Food and beverages 9,517. 9,517. 8 Entertainment 9 Other direct expenses 39,845. 39,845. 254,298. 10 Direct expense summary. Add lines 4 through 9 in column (d) 19,427. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 27,020. 27,020. 1 Gross revenue 12,700. 12,700. 2 Cash prizes Direct Expenses Noncash prizes 3 6.195. 6,195. Rent/facility costs Other direct expenses Yes % Yes % Yes % X No 6 Volunteer labor No No 18,895. 7 Direct expense summary. Add lines 2 through 5 in column (d) 8,125. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: NY X Yes a Is the organization licensed to conduct gaming activities in each of these states? No b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes X No b If "Yes," explain:

	35
	edule G (Form 990 or 990-EZ) 2020 RONALD MCDONALD HOUSE OF NEW YORK, INC. **-**3654 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
	The organization's facility13a%
	An outside facility
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
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
ъ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party \$
¢	If "Yes," enter name and address of the third party:
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation 🕨 \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
	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 > \$
Par	
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
SCH	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
1-1	
<u>(I)</u>	NAME OF FUNDRAISER: TRUE SENSE MARKETING
<u>(I)</u>	ADDRESS OF FUNDRAISER: 155 COMMERCE DR., FREEDOM, PA 15086

-		
-	Þ	c
-)	c
		1

30	6								
Schedule G	(Form 990 or 990-E	Z) RONALD Information (con	MCDONALD	HOUSE C	F NEW	YORK,	INC.	**-***3654	Page 4
Part IV	Supplemental	Information (con	tinued)						
*									
					manasion				
×									
- <u> </u>									
-									
047									
						_			
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•		2							
				_					
•									
			-			_			

sc	37 HEDULE J	Compensation Information	OMB No	. 1545-00	147	
	orm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	00	2020		
556		Compensated Employees		JZU		
Dep	artment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Open	to Pub	lic	
Inter	nal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		ection	Province O AND IS	
Na	ne of the organizatior		nployer identificat		mber	
D	art I Question	RONALD MCDONALD HOUSE OF NEW YORK, INC.	**-***365	04		
	arti Questiona			Tw-	T No.	
to	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form 990	1	Yes	No	
Id		line 1a. Complete Part III to provide any relevant information regarding these items.			Sec.	
	First-class or c		use	a star	5	
	Travel for com	<u> </u>	Second street			
		cation and gross-up payments X Health or social club dues or initiation fees			2	
		spending account Personal services (such as maid, chauffeur, cl	hef)			
	•			1		
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or	193			
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain	1b	X		
2						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?					
				Sec.		
3		ny, of the following the organization used to establish the compensation of the organization's	ST.			
		ector. Check all that apply. Do not check any boxes for methods used by a related organization to	D I			
		ation of the CEO/Executive Director, but explain in Part III.	100			
	X Compensation				N.	
		ompensation consultant				
	Form 990 of ot	ther organizations X Approval by the board or compensation comr	nittee	35		
A	During the uper did	any parson listed on Form 000, Part VII, Section A, lise to with respect to the filing			a Viel	
4	organization or a rel	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
3	and the second	e payment or change-of-control payment?	4a	a la cara posició	x	
b		eive payment from a supplemental nonqualified retirement plan?	4	X	<u> </u>	
c		she sources the second s			X	
1000	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.	211			
5	For persons listed or	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 Miles			
	contingent on the re	venues of:		Nº 19		
a	The organization?		<u>5a</u>		X	
b	Any related organiza	ation?	5b		X	
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the ne		1.00			
					X	
b		ation?		Contraction of the	X	
		r 6b, describe in Part III.	A STATE			
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		v		
		es 5 and 6? If "Yes," describe in Part III		X	Dependence	
8		eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	and the second	ALL SAL	x	
~		otion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		0.41539	A	
9		d the organization also follow the rebuttable presumption procedure described in		STREET, ST	100,000	
	Regulations section :	53.4958-6(c)?	9	1	L	

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Schedule J (Form 990) 2020

Multimated Tide (B) Prediction of W2 and/or T03-MISC compensation compensation (B) Reduction of W2 and/or T03-MISC compensation (B) Reduction of W3 and/or T03-MISC compensation (B) Reduction (B) Reduction (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.	orm 9 ed inc	990, Part VII. Iividual must equal th	he total amount of Fo	orm 990, Part VII, Se	ial amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual,	able column (D) and (E) amounts for that indi	vidual,
M Nume and Title (0 Real free free free free free free free fre			(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
RUTH RADIE (1) $441, 643$ $70, 000$ $23, 838$ $40, 064$ $28, 073$ $603, 518$ 0 DENNE ACC (1) $307, 75$ $55, 000$ $27, 52$ $20, 01$ 0 <t< th=""><th>(A) Name and Title</th><th></th><th>(i) Base compensation</th><th>(ii) Bonus & incentive compensation</th><th>(iii) Other reportable compensation</th><th>other deferred compensation</th><th>benefits</th><th>(B)(i)-(D)</th><th>in column (B) reported as deferred on prior Form 990</th></t<>	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Rithman (1) $309, 752'$ $55,000'$ $20,00'$ $20,23'$ $20,24'$ $43,2518'$ 0 Cons or prevaluentstr (1) $24,108'$ 0 $2,00'$ $21,23'$ $21,23'$ $315,73'$ 0 0 0 0 0 $315,73'$ 0 $315,73'$ 0	(1) RUTH BROWNE PRESTDENT & CEO	8	441,643.	70,000.	83	06	-	1 -	0.
CCOR DE DEVELOCMENT (ii) 0 0 247,001 2,47,001 2,47,001 3,47,01 3,5,73 0 <th0< th=""> 0 <th0< th=""> <</th0<></th0<>	(2) RICHARD MARTIN	<u> </u>			00,	.52	20.244.	32 518	
JAR INVATIONAL () $247,081.$ $25,000.$ $2,412.$ $22,237.$ $19,007.$ $315,737.$ $0.$ WINTERD CUDOR () $182,997.$ $25,000.$ $17,501.$ $17,574.$ $0.$	DIRECTOR OF DEVELOPMENT	: (1)	4 1	.0	4	-	0.	0	.0
MINTERD CUDOR (1) (12, 297) (17, 574) (17, 574) (17, 574) (17, 574) (17, 574) (17, 574) (17, 574) (17, 574) (17, 574) (17, 574) (17, 574) (17, 574) (17, 574) (17, 517) (10, 0) (10, 0) (10, 0) (11, 17, 17, 17, 17, 17, 17, 17, 17, 17,		(i)	247,081.	25,000.		, 23	N 1	,737	.0
MALTAN DARRET (1) 182, 397, 100 17, 501, 17, 614, 13, 187, 286, 359, 100 COR OF DERATIONS (1) 184, 878, 27, 500, 15, 838, 16, 639, 19, 862, 264, 717, 00 00, 00, 00 00, 00, 00, 00 00, 00, 00 00, 00, 00 00, 00, 00 00, 00, 00 00, 00, 00 00, 00, 00 00, 00, 00 00, 00, 00, 00, 00, 00, 00, 00, 00 00, 00, 00, 00, 00, 00, 00, 00, 00, 00 00, 00, 00, 00, 00, 00, 00, 00, 00, 00,		(0				0		0.
CTOR OF RECORMENT (i) 184, 878 27, 500 15, 838 16, 659 264, 717 0 0 0 CTOR OF RECORMENT (i) 184, 878 27, 500 15, 838 16, 659 19, 862 264, 717 0 <t< td=""><td>(4) WINIFRED CUDJOE</td><td>Ξ</td><td>, 99</td><td>-</td><td>7,50</td><td>-</td><td>3,187</td><td>359</td><td>0.</td></t<>	(4) WINIFRED CUDJOE	Ξ	, 99	-	7,50	-	3,187	359	0.
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	DIRECTOR OF OPERATIONS	(i) (i	- 1	0.	- 1-			i	0.
NAME Interface Int		Ξ (-	• NNC / 7	-	, 63	, 86	LLL,	.0
OFFICE OF THE FRES. (1) $$ $$ $$ $$ $$ $$ $$ $$ $$	(6) SHARON CARTER JONES	(i) (i)	4		11	L C	00 0	100	.00
			1	-	1		0017	-	
CTOR-STRATEGIC PARTNER (i) 0.	1000	9	1.5	6,000.	1 .	1.683		1.0	
JERNOR SECTAL EVENTS (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		(ii)	0.	0.					0
SPECIAL EVENTS (i) 0		Ξ	27,7	-	, 59	1,58	,989	, 89	0.
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		(II)	0	0.	.0	.0	0	•	0.
	(9) STEPHEN YARRI	Ξ	33,	7,000.	-	- ·	,091	-	.0
	CONTROLLER	(ii)		0.	.0	.0		0	.0
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		(1)							
		(ii)							

032112 12-07-20

Page 2

-3654

38 Schedule J (Form 990) 2020

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

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Schedule J (Form 990) 2020 RONALD MCDONALD HOUSE OF NEW YORK, INC.	**_**3654	Page 3
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 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 J (Form 990) 2020	990) 2020

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032113 12-07-20

40	
SCHEDULE	M
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

20

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

TOTAL D TIOTA OT NEW WORK TNO RONA

Employer identification number **-***3654

Part I Types of Property

IALD	MCDUNALD	HOUSE	OF	NEW	YORK,	INC.	
tu							

		(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		And the second		
5	Clothing and household goods		and a start of the		
6	Cars and other vehicles				
7	Boats and planes	1			
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				
94	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	Х	56	379,269.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (SUPPLIES, FUR)	Х	164	119,109.	FMV
26	Other (OTHER DONATED)	Х	8	90,259.	
27	Other (GAME TICKETS)	Х	145	67,220.	FMV
28	Other (TOYS/PROGRAMS)	X	116	48,009.	FMV

for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

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?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.	1		
1.000				

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

Schedule M (Form 990) 2020

Yes No

Schedule M (Form 990) 2020 RONALD MCDONALD HOUSE OF NEW YORK, INC. Part II Supplemental Information. Provide the information required by Part L lines 30h 32h and **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2020

42 SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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.

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Employer identification number **-**3654

OMB No. 1545-0047

Open to Public

Inspection

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

ACTIVITIES INCLUDE PET THERAPY, MUSIC & EXERCISE PROGRAMS, TUTORING,

COMPUTER TRAINING, SCIENCE, STRESS RELIEF, DAILY PLAYROOM ACTIVITIES

AND TEAM ACTIVITIES WHERE POSSIBLE. THE PROGRAMS GIVE FAMILIES THE

CHANCE TO SHARE EXPERIENCES, BECOME FRIENDS, AND CREATE A SUPPORT GROUP

WHILE BUILDING A FRIENDLY, CARING, SUPPORTING AND FUN COMMUNITY.

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

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 DAILY NUTRITIOUS

MEALS AND 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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization RONALD MCD	ONALD HOUSE OF NEW YORK, INC.	Employer identification number
EXPERIENCES. THE OUTREAC	H PROGRAM IS THE FIRST STEP IN DI	EVELOPING A
LONG-TERM GROWTH STRATEG	Y FOR THE ORGANIZATION. THE PROGR	AMS GIVE
FAMILIES THE OPPORTUNITY	TO SHARE EXPERIENCES, MAKE NEW 1	RIENDS, AND
CREATE A SUPPORT GROUP W	HILE BUILDING A FRIENDLY CARING,	SUPPORTING AND
FUN COMMUNITY.		

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

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Schedule O (Form 990 or 990-EZ) 2020
Page 2
Name of the organization
Employer identification number

RONALD MCDONALD HOUSE OF NEW YORK, INC.

-*3654

EXPENSES \$ 355,233. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

-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.

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Schedule O (Form 990 or 1	990-EZ) 2020						Page 2
Name of the organization							Employer identification number
	RONALD	MCDONALD.	HOUSE	OF NEW	YORK	TNC.	**_***3654

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

FORM 990, PART VI, SECTION C, LINE 18:

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 VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

CARRYOVER DATA TO 2021

Name RONALD MCDONALD HOUSE OF NEW YORK, INC.	Employer Identification Number **-**3654
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT INCO	ME FRO 15,31
NY NET OPERATING LOSS	19,20
3	