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Form **990**

Department of the Treasury Internal Revenue Service

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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.

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



A	For the	e 2021 calendar year, or tax year beginning and	enaing										
B	Check if applicab	E Name of organization		D Employer identifie	cation number								
	Addre	e RONALD MCDONALD HOUSE OF NEW YORK, INC	•										
	Name Chang	pe Doing business as		**-***36	54								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number									
	Final return	405 EAST 73RD STREET		212-639-									
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,264,571.								
	Amen	NEW YORK, NY 10021		H(a) Is this a group re									
	Applic tion pendi	F Name and address of principal officer: UAN NAVAIROSKI		for subordinates	? Yes X No								
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No								
		empt status: 🚺 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🚺 4947(a)(1) c	or 527		list. See instructions								
		te: WWW.RMH-NEWYORK.ORG		H(c) Group exemption									
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1977 N	A State of legal domicile: NY								
Pa	art I	Summary											
Ð	1	Briefly describe the organization's mission or most significant activities: THE I	RMDH P	ROVIDES TEMP	PORARY								
ũ		HOUSING FOR PEDIATRIC CANCER PATIENTS AND	THEIR	FAMILIES.									
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more										
Ň	3				<u>49</u> 49								
ي م	4												
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			78								
iziti	6	6	1200										
Act	7 a			<u>7a</u>	0.								
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.								
				Prior Year	Current Year								
e	8	Contributions and grants (Part VIII, line 1h)		12,726,496.	13,941,844.								
Revenue	9	Program service revenue (Part VIII, line 2g)		134,871.	122,126.								
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		893,045.	1,698,657.								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,538.	36,826.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,785,950.	15,799,453.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		7,115,287.	7,215,524.								
es es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		96,605.	99,504.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 4,557,62	20	90,005.	99,304.								
Ä	- D			8,778,947.	10,159,035.								
	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,990,839.	17,474,063.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-2,204,889.	-1,674,610.								
		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year									
ts or	200	Total assats (Dart V. line 16)	1	39,787,663.	End of Year 148,262,298.								
Assets	20 21	Total assets (Part X, line 16)		13,330,501.	11,679,689.								
Net A	1	Total liabilities (Part X, line 26)		26,457,162.	136,582,609.								
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20	🔟 🕹	20, 437, 1020	130,302,009.								

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

Sign	Signature of officer			Date						
Here		FINANCIAL OFF	ICER							
	Type or print name and title									
	Print/Type preparer's name	Check PTIN								
Paid	aid MAGDALENA M. CZERNIAWSKI MAGDALENA M. CZERNIA 11/15/22 self-employed PO									
Preparer	Firm's name 🕒 CBIZ MARKS PANET	TH LLC		Firm's EIN **-***7	167					
Use Only	Firm's address 🖕 685 THIRD AVENUE	3								
	NEW YORK, NY 100	017		Phone no. 212-503-8	800					
May the If	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes	No					
132001 12-0	2-21 LHA For Paperwork Reduction Act Not	ice, see the separate inst	ructions.	Form	990 (2021)					

Form	P390 (2021) RONALD MCDONALD HOUSE OF NEW YORK, INC. **-***3654 Page 2
	t III Statement of Program Service Accomplishments
	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
	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? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(code:) (Expenses \$ 7,753,032. including grants of \$) (Revenue \$160,071.)
Ĩ	DESPITE A GLOBAL PANDEMIC WHICH BEGAN IN 2020 AND HAS CONTINUED
	THROUGHOUT 2021, RMHD OF NEW YORK CONTINUED TO PROVIDE MUCH OF THE SAME
	SERVICES AND PROGRAMS FOR OUR FAMILIES. THE HOUSE HAS NEVER CLOSED ITS
	DOORS OR OUTREACH TO FAMILIES IN NEED. THE HOUSE PIVOTED THEIR
	APPROACH TOWARDS THE DELIVERY OF SUCH PROGRAMS, ALWAYS KEEPING OUR
	FAMILY'S HEALTH AND SAFETY AT THE FOREFRONT. WE HAVE TAILORED OUR
	MEAL, TRANSPORTATION, WELLNESS OFFERINGS, AND ALL PROGRAMS THROUGHOUT
	THE PANDEMIC 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
4b	(code:) (Expenses \$1,113,668. including grants of \$) (Revenue \$)
40	RONALD MCDONALD HOUSE NEW YORK OFFERS A BROAD RANGE OF FORMATIVE
	ACTIVITIES AND OPPORTUNITIES FOR PEDIATRIC PATIENTS, CHILDREN,
	CAREGIVERS AND FAMILIES OF ALL OF AGES AND BACKGROUNDS. SERVICES
	INCLUDE ONGOING ENRICHMENT AND EDUCATION PROGRAMS, WELLNESS SERVICES,
	MUSIC AND ARTS, FAMILY SUPPORT SERVICES AND DOG THERAPY PROGRAMS. THE
	CORE ENRICHMENT AND EDUCATIONAL PROGRAMS, INCLUSIVE OF AFTER SCHOOL
	TUTORING FOR AS WELL AS RECURRING DROP-IN ENRICHMENT ACTIVITIES,
	PROMOTE STABILITY AND RELIABILITY IN A CHILD'S EDUCATION AND DAILY
	ROUTINE. ADDITIONALLY, RMH-NY OFFERS ENGLISH AS A SECOND LANGUAGE
	LESSONS FOR PARENTS. A COMPREHENSIVE CAREGIVER WELLNESS SUPPORT PROGRAM ADDRESSES THE OVERALL WELLBEING AND STRESS MANAGEMENT OF PARENTS AND
	CAREGIVERS STAYING AT RONALD MCDONALD HOUSE NEW YORK.
4c	(Code:) (Expenses \$1,027,063. including grants of \$) (Revenue \$)
	EVEN WITH COVID RESTRICTIONS STILL IN PLACE IN 2021, THE VOLUNTEER
	PROGRAM AT RONALD MCDONALD HOUSE NEW YORK CONTINUES TO PROVIDE SUPPORT
	TO OUR FAMILIES AND THE HOUSE. 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, EVEN WHEN IT IS DONE VIRTUALLY. OUR VOLUNTEER COMMUNITY ALLOWS VOLUNTEERS TO DEVELOP RELATIONSHIPS WITH
	ONE ANOTHER, PROVIDING THEM WITH A NETWORK THAT ENCOURAGES SHARING,
	COMMUNITY GOODWILL AND LONG-TERM ENGAGEMENT. THEY COME TOGETHER TO TAKE
	AN ACTIVE ROLE IN FUNDRAISING THROUGH OUR ANNUAL HEROES VOLUNTEER
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 958, 376 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 10,852,139.

<u>Form 990 (2</u>			DONALD	HOUSE	OF	NEW	YORK,	
Part IV	Checklist of Required	Sched	ules					

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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 Rev. Proc. 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	5			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		.,	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2021) RONALD MCDONALD HOUSE OF NEW YORK, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	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		
	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			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
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,			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2021) RONALD MCDONALD HOUSE OF NEW YORK, INC. **-***3	654	5	age 5
Par		034	<u> </u>	age •
			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 78			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . 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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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			
	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990	(2021)
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Own website

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132006 12-09-21

RONALD MCDONALD HOUSE OF NEW YORK, INC.

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ec	Chaoly if Schoolulo O contains a reasonance or note to any line in this Port VI			X				
	Check if Schedule O contains a response or note to any line in this Part VI							
	tion A. doverning body and Management		V.					
	Enter the number of voting members of the governing body at the end of the tax year 1a 4	۵ <u> </u>	Yes	No				
1a		획						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 4							
b		킥						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v				
	officer, director, trustee, or key employee?	2						
}	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			X				
ŀ	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X				
;	Did the organization have members or stockholders?	6		X				
а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			.,				
	more members of the governing body?	<u>7a</u>		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	<u>8a</u>	X	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?	8b	X					
)								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-					
			Yes	-				
	Did the organization have local chapters, branches, or affiliates?	10a						
b		10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10a						
а			x					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	x					
b a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	<u>10b</u> 11a						
b a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a	x					
b 2a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a 12a	X X X					
b a b c	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	10b 11a 12a 12b	X X X X					
b 2a b c	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c	X X X					
b a b c	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	10b 11a 12a 12b 12c 13	X X X X					
b a b c	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	X X X X					
b a b c	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13	X X X X					
b a b c a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Yes</i> ," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	X X X X X					
b a b c a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	X X X X X X X					
babc ab	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10b 11a 12a 12b 12c 13 14	X X X X X X X					
b a b c a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X					
babc bab bab bab bab	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	X X X X X X X					
babc bab bab bab bab	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X					
babc 3 1 5 ab	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X					
b2abc 345 ab 5a b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X					
babc Bib ab Sa b	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16a	X X X X X X	x				

X Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records

SEE SCHEDULE O FOR FULL LIST OF STATES

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

10021

___ Other *(explain on Schedule O)*

Form 990 (2021)

Another's website

statements available to the public during the tax year.

JAN NAVATKOSKI, CFO - 212-639-0100

EAST 73RD STREET, NEW YORK, NY

Form 990 (2			MCDONALD							Page 7		
Part VII	Compensation	of Officers	s, Directors, 1	rustees,	Key	Emplo	yees, Hig	jhest Coi	npensated			
	Employees, and Independent Contractors											
	Check if Schedule O contains a response or note to any line in this Part VII											
Section A.	ection 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week					1/		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	In stit	Officer	Key e	Highe	Former			
(1) RUTH BROWNE	50.00									
PRESIDENT & CEO				x				590,000.	0.	59,395.
(2) RICHARD MARTIN	50.00									
DIRECTOR OF DEVELOPMENT					x			393,686.	0.	44,668.
(3) JAN NAVATKOSKI	50.00									· · ·
CFO				x				272,479.	0.	38,814.
(4) WINIFRED CUDJOE	50.00									· · ·
DIRECTOR OF OPERATIONS					x			233,757.	0.	58,111.
(5) NELIDA BARRETO	50.00									
DIRECTOR OF PROGRAM					x			232,962.	0.	38,850.
(6) SHARON CARTER JONES	50.00									· · · ·
DIR. OFFICE OF THE PRES.					x			214,978.	0.	37,166.
(7) DENEAN PAULIK	50.00									· · ·
DIR OF MAJOR GIFTS						x		177,561.	0.	10,912.
(8) MARIAN GRYZLO	50.00									
DIR-STRATEGIC PARTNER (OUTGOING)						x		140,641.	0.	28,445.
(9) JEROME KELTON	50.00							-		
DIR. SPECIAL EVENTS						x		135,284.	0.	29,479.
(10) STEPHEN YARRI	50.00									
CONTROLLER						X		141,823.	0.	13,749.
(11) ANDREW KUNG	1.00									
DIRECTOR		Х						0.	0.	0.
(12) BENJAMIN NEEL	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BETH ANN MCQUADE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) BRUCE COLLEY	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(15) CANDACE LEEDS	1.00									
DIRECTOR		х						0.	0.	0.
(16) CHERYL GUERIN	1.00									
DIRECTOR		х						0.	0.	0.
(17) CINDY PRICE GAVIN	1.00									
DIRECTOR		Х						0.	0.	0.
										Form 990 (2021)

Part VII Se			пО	05	ΕC	ר זו	NEW	I YORK, INC.	**_**	<u>365</u>	4 P	age 8
	ction A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Highe	est C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	(do box,	l not ch unles	(C) Positi leck mi s perso)	n one oth an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimat amount	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee		Key employee Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)		other ompensa from th organiza and relat organizat	ation 1e tion ted
(18) DANIEL DIRECTOR	DUNAY	1.00	x					0.	0			0.
(19) DAVID 2	A. PREISER	1.00										
DIRECTOR		1 00	Х					0.	0	•		0.
(20) DEBORAL DIRECTOR	H FREER	1.00	x					0.	0			0.
(21) ELLEN	R. HARRIS	1.00								•		<u> </u>
DIRECTOR			х					0.	0	•		0.
(22) ERIC MA		1.00	x					0.	0			0.
	PELLEGRINO JR.	1.00	x					0.	0			0.
(24) GARY L	ABARBERA	1.00	Δ					0.	0	•		0.
DIRECTOR			х					0.	0	•		0.
(25) GEORGE		1.00	x		~			0	0			0
VICE PRESID		1.00	Δ		X			0.	0	•		0.
DIRECTOR			х					0.	0			0.
1b Subtotal								2,533,171.	0		59,5	
	m continuation sheets to Part VI							0.2,533,171.	0		59,5	$\frac{0}{89}$
	Id lines 1b and 1c) nber of individuals (including but n						ho re			•]]	55,5	09.
	sation from the organization							,				10
											Yes	No
	organization list any former officer, If "Yes," complete Schedule J for s				•		Ũ			3	2	x
4 For any i	ndividual listed on line 1a, is the su	im of reportabl	e co	mpe	nsati	on ar	d oth		ne organization			
	ed organizations greater than \$150 person listed on line 1a receive or a									4	ı X	
	to the organization? If "Yes." com									5	5	x
	dependent Contractors											
	e this table for your five highest co nization. Report compensation for	-								ation	from	
	(A) Name and business	address	NC	ONE				(B) Description of s	ervices	Com	(C) pensatio	on
						-						
	mbar of independent contractors (i	actuding but p	nt lin	nited	to th	inse l	hatei	above) who received mo	ore than			

	CDONALD	HC	US	E	OF	' N	ΈW	YORK, INC.	**_**	3654 [°]
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ai	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all :	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				ed em		(W-2/1099-MISC)		organization
	related	tee or	ustee			ensate		(and related
	organizations	ul trus	nal tr		loyee	dmoc				organizations
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(05) WODER DELIVOR	line)	pul	lls	0ff	, K	Ĩ	For			
(27) HARRIS DIAMOND CHAIRMAN EMERITUS	1.00	x		x				0.	0.	0.
(28) JAMES A. JACOBSON	1.00	Δ							0.	U •
DIRECTOR	1.00	x						0.	0.	0.
(29) JAMES E. FITZGERALD JR	1.00									0
DIRECTOR		х						0.	0.	0.
(30) JAMES FLANAGAN	1.00									
TREASURER		х		x				0.	0.	0.
(31) JASON A. RABIN	1.00									
DIRECTOR		х						0.	0.	0.
(32) JEFFREY A. KANTOR	1.00									
DIRECTOR		Х						0.	0.	0.
(33) JESSE COLE	1.00									
DIRECTOR		Х						0.	0.	0.
(34) JOSEPH GROMEK	1.00									
DIRECTOR		х						0.	0.	0.
(35) JUDY GILBERT	1.00									
DIRECTOR	1 0 0	Х						0.	0.	0.
(36) KATHRYN KAMINSKY DIRECTOR	1.00	x						0.	0.	0.
(37) KATHY B. PRESTO	1.00	Δ						U •	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(38) LEE H. PERLMAN	1.00	Λ							0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(39) MARCOS A QUESADA	1.00							Ŭ .		
DIRECTOR		х						0.	0.	0.
(40) MARIA GINZBURG	1.00							-		
DIRECTOR		х						0.	0.	0.
(41) MICHAEL E ROEMER	1.00									
DIRECTOR		Х						0.	0.	0.
(42) MILTON BERLINSKI	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(43) MORRIS GOLDFARB	1.00									
DIRECTOR		Х						0.	0.	0.
(44) MYRON P. SHEVELL	1.00							_	_	
DIRECTOR (OUTGOING)	1 00	Х			<u> </u>			0.	0.	0.
(45) NANCY CUTLER	1.00	v								
DIRECTOR (46) PAUL GOOMAN	1 00	Х			-			0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
DIABCION	1	Δ						U.	0.	U.
Total to Part VII, Section A, line 1c										
101a110 Fait VII, Section A, III e 10								1	1	l

Part VII Section A. Officers, Directors	<u>s, Trustees, Key En</u>	nplo	yee	s, ai	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours			((Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) PJ FONSECA DIRECTOR	1.00	х						0.	0.	0
(48) RALPH MONTE	1.00	Δ						0.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(49) RAYMOND TIERNEY	1.00									
DIRECTOR		х						0.	0.	0
(50) RICHARD J. O'REILLY	1.00									
VICE PRESIDENT		х		Х				0.	0.	0
(51) RICHARD WURTZBURGER	1.00									
DIRECTOR		Х						0.	0.	0
(52) ROBERT GRUBERT	1.00								•	
CHAIRMAN OF THE BOARD	1 0 0	X		X				0.	0.	0
(53) ROBERT HOWE	1.00	x						0.	0.	0
DIRECTOR (54) SARA FURBER	1.00	Λ						0.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(55) SCOTT PANZER	1.00	- 23							••	
DIRECTOR		х						0.	0.	0
(56) SHELLY S. FRIEDMAN, ESQ.	1.00									
SECRETARY		Х		х				0.	0.	0
(57) STANLEY SHOPKORN	1.00									
CHAIRMAN EMERITUS		Х		Х				0.	0.	0
(58) STEVEN J. BENSINGER	1.00									
CHAIRMAN EMERITUS	1.00	Х		X				0.	0.	0
(59) STEVEN SHIFFMAN	1.00	37						0	0	0
DIRECTOR (OUTGOING) (60) TERRY BOVIN	1.00	Х						0.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(61) TINA LUNDGREN	1.00									0
CHAIRWOMAN EMERITUS		х		x				0.	0.	0
(62) WILL PLATT-HIGGINS	1.00									
DIRECTOR		х						0.	0.	0
(63) DENEAN PULIK	50.00									
DIR. OF MAJOR GIFTS				X				0.	0.	0

		(2021) RONALD MCDONAL	D HOUSE	OF NEW YOP	RK, INC.	**_***3	11 654 Page 9
Pa	rt VI						
		Check if Schedule O contains a response or	note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns 1a					
ran	b						
S, G	с	Fundraising events 1c	928,910.				
Sifts Iar ∕	d	Related organizations 1d					
imil	е	e Government grants (contributions)					
itior er S	f	All other contributions, gifts, grants, and					
Dthe			13,012,934.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	496,892.	12 041 044			
<u>n C</u>	n	Total. Add lines 1a-1f	Business Code	13,941,844.			
-	2 a		532000	122,126.	122,126.		
vice	z a b	· · _		,	,		
Ser	c						
am	d						
Program Service Revenue	е						
Ъ	f	All other program service revenue					
	g			122,126.			
	3	Investment income (including dividends, interest					
	_	other similar amounts)		770,069.			770,069.
	4	Income from investment of tax-exempt bond pro	· F				
	5	Royalties	(ii) Personal				
	6 9	Gross rents					
	b						
	c						
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,982,013.					
	b	Less: cost or other basis					
οnι		and sales expenses 7b 1,053,425.					
evel	C	Gain or (loss) 7c 928,588.		000 500			000 500
r R	d	Net gain or (loss)	····· 🕨	928,588.			928,588.
Other Revenue	8 a	Gross income from fundraising events (not including \$ 928,910. of					
0		including \$ 928,910. of contributions reported on line 1c). See					
		Part IV, line 18	408,700.				
	b	Less: direct expenses 8b	411,693.				
		Net income or (loss) from fundraising events		-2,993.			-2,993.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
			Business Code				
snc	11 a		900099	37,945.	37,945.		
anec	b		900099	1,256.			1,256.
sells eve	с	RMCH RECEPTION DESK	900099	618.	618.		
Miscellaneous Revenue	d	All other revenue					
~	е	Total. Add lines 11a-11d	►	39,819.			
	12	Total revenue. See instructions	🕨	15,799,453.	160,689.	0.	1696920.

70, 0	50, 50, and 100 of 1 art vill.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,214,864.	768,099.	900,210.	546,555.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,718,632.	2,532,397.	325,197.	861,038.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	187,132.	134,352.	8,769.	44,011.
9	Other employee benefits	658,744.	386,171.	105,460.	<u>44,011.</u> 167,113.
10	Payroll taxes	436,152.	245,826.	86,186.	104,140.
11	Fees for services (nonemployees):		-		-
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	99,504.			99,504.
f	Investment management fees	213,777.		213,777.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	695,316.	365,183.	229,695.	100,438.
12	Advertising and promotion				
13	Office expenses	518,551.	345,565.	63,824.	109,162.
14	Information technology	95,654.	43,949.	27,643.	24,062.
15	Royalties				
16	Occupancy	275,428.	274,051.	1,377.	
17	Travel	3,490.	3,189.	157.	144.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	272,682.	271,317.	1,365.	
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	2,127,549.	2,116,911.	10,638.	
23	Insurance	324,275.	322,654.	1,621.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FAMILY EXPENSE	2,041,862.	2,041,862.		
b	DIRECT MAIL CAMPAIGN	1,680,317.	212,986.		1,467,331.
с	SPECIAL EVENTS EXPENSE	632,743.			632,743.
d	MISCELLANEOUS	431,130.	135,806.	7,806.	287,518.
е	All other expenses	846,261.	651,821.	80,571.	113,869.
-		17 17 062	10 050 100	2 064 206	1 557 600

17,474,063.

1,246,449.

10,852,139.

212,986.

2,064,296.

0.

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

Form 990 (2021)

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

INC.

(B) Program service expenses

(C) Management and general expenses

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

(A) Total expenses

132010 12-09-21

25

26

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Joint costs. Complete this line only if the organization

4,557,628.

12

(D) Fundraising expenses

Form 990 (MCDONALD	HOUSE	OF	NE
Part X	Balance Sheet					
	Check if Schedule	O contains a r	esponse or note to	o any line in	this Pa	art X

		Check if Schedule O contains a response of hote	to any				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,959,135.	1	1,330,542.
	2	Savings and temporary cash investments			19,306,277.	2	2,297,325.
	3	Pledges and grants receivable, net			1,870,129.	3	1,204,924.
	4	Accounts receivable, net			28,860.	4	100,047.
	5	Loans and other receivables from any current or			,	-	
	•	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifi					
	-	under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				719,282.	9	662,474.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	72,479,042.			
	b	Less: accumulated depreciation	10b	41,074,074.	32,965,458.	10c	31,404,968.
	11	Investments - publicly traded securities			29,880,102.		
	12	Investments - other securities. See Part IV, line 1			52,349,171.	12	63,861,739.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			709,249.	15	858,382.
	16	Total assets. Add lines 1 through 15 (must equa			139,787,663.	16	148,262,298.
	17	Accounts payable and accrued expenses			2,131,150.	17	2,594,408.
	18	Grants payable				18	
	19	Deferred revenue			1,315,093.	19	634,815.
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete P	Part IV o	f Schedule D		21	
s	22	Loans and other payables to any current or forme	er office	r, director,			
litie		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of these	e persor	าร		22	
	23	Secured mortgages and notes payable to unrelat	ted third	parties	8,779,448.	23	8,450,466.
	24	Unsecured notes and loans payable to unrelated	third pa	arties	1,104,810.	24	
	25	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			10 000 501	25	11 680 600
	26	Total liabilities. Add lines 17 through 25			13,330,501.	26	11,679,689.
s		Organizations that follow FASB ASC 958, chec	ck here				
JCe	~	and complete lines 27, 28, 32, and 33.			102 704 656		124 000 040
alaı	27				123,794,656. 2,662,506.	27	134,090,940. 2,491,669.
d B	28	Net assets with donor restrictions			2,002,000.	28	2,491,009.
'n		Organizations that do not follow FASB ASC 95	oo, cnec	ck nere ▶ 🛄			
orF	00	and complete lines 29 through 33.				200	
ets	29 20	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ		fund		29 30	
Ass	30 31	Retained earnings, endowment, accumulated inc				30 31	
Net Assets or Fund Balances	32	Total net assets or fund balances			126,457,162.	32	136,582,609.
Ź	32 33	Total liabilities and net assets/fund balances			139,787,663.	33	148,262,298.
	00					00	Form 990 (2021)
							1 0111 0 0 (2021)

Page 11

Form	RONALD MCDONALD HOUSE OF NEW YORK, INC.	**_	***36		4 Dec	_{ge} 12
	rt XI Reconciliation of Net Assets		50	<u>J</u> =	Pa	je 🔽
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,	799	9,4	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,			
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	674	1,6	10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	126,	45	7,1	62.
5	Net unrealized gains (losses) on investments	5	11,	800),0	57.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u>136,</u>	582	2,6	09.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
				_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		— I			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		-	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		····· –	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit	:			37
_	Act and OMB Circular A-133?		F	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	

Form **990** (2021)

SCHEDULE A	CHEDULE A Public Charity Status and Public Support							
(Form 990)		nization is a section 501					2021	
		47(a)(1) nonexempt cha					Open to Public	
Department of the Treasury Internal Revenue Service		Attach to Form 990 or F v/Form990 for instructio			nformation.		Inspection	
Name of the organizatio						Employer	identification number	
	RONALD MCDONAL						*-**3654	
Part I Reason for	or Public Charity Status.	(All organizations must c	omplete th	is part.) S	ee instructior	IS.		
The organization is not a	private foundation because it is: (For lines 1 through 12, cl	neck only o	one box.)				
1 A church, con	vention of churches, or association	on of churches described	in section	n 170(b)(1	I)(A)(i).			
2 A school desc	ribed in section 170(b)(1)(A)(ii).	(Attach Schedule E (Form	ı 990).)					
	cooperative hospital service org				•		41 1 ¹ 4 - 11	
	earch organization operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(III). Enter	the hospital's name,	
city, and state 5 An organizatio	n operated for the benefit of a co	llege or university owned	or operate	ad by a do	vernmental u	nit describe	ad in	
	b)(1)(A)(iv). (Complete Part II.)		or operate	u by a go				
`	e, or local government or governr	nental unit described in	section 17	0(b)(1)(A)	(v).			
(•••)	n that normally receives a substa				• •	ne general p	oublic described in	
	(1)(A)(vi). (Complete Part II.)		U			0 1		
8 A community t	rust described in section 170(b)	(1)(A)(vi). (Complete Part	: II.)					
9 An agricultural	research organization described	in section 170(b)(1)(A)(i	x) operate	d in conju	inction with a	land-grant	college	
or university of	r a non-land-grant college of agric	culture (see instructions).	Enter the n	name, city	, and state of	the college	or	
university:								
	n that normally receives (1) more				,	· ,	0	
	ed to its exempt functions, subject	-					-	
	nrelated business taxable income 09(a)(2). (Complete Part III.)	(less section 511 tax) iro	m busines:	ses acqui	rea by the org	Janization a	iller June 30, 1975.	
	n organized and operated exclus	ively to test for public saf	etv See s	ection 50)9(a)(4)			
	n organized and operated exclus					rrv out the	purposes of one or	
	supported organizations describe	-	-			•		
	igh 12d that describes the type c							
a 📃 Type I. A su	pporting organization operated, s	supervised, or controlled l	oy its supp	orted org	anization(s), t	ypically by	giving	
the supporte	ed organization(s) the power to re	gularly appoint or elect a	majority of	f the direc	tors or truste	es of the su	ipporting	
	. You must complete Part IV, So							
	pporting organization supervised							
	anagement of the supporting org		ime person	ns that co	ntrol or mana	ge the supp	oorted	
<u> </u>	(s). You must complete Part IV, ctionally integrated. A supportin		n connocti	ion with	and functions	lly intograto	d with	
	d organization(s) (see instructions					ily integrate	a with,	
	-functionally integrated. A supp	· ·	-			rted organiz	zation(s)	
	inctionally integrated. The organiz					•		
requirement	(see instructions). You must con	mplete Part IV, Sections	A and D, a	and Part	v.			
e 🗌 Check this b	ox if the organization received a	written determination from	n the IRS t	that it is a	Туре I, Туре	II, Type III		
functionally	integrated, or Type III non-functio	nally integrated supportir	ng organiza	ation.				
g Provide the followin (i) Name of support	ig information about the supporte ted (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the organ	nization listed	(v) Amount o	fmonetany	(vi) Amount of other	
organization		(described on lines 1-10	in your governin Yes	ng document? No	support (see ii		support (see instructions)	
-		above (see instructions))	165	NU				

Total

Schedule A (Form 990) 202	21 RONALD	MCDONALD	HOUSE	OF	NEW	YORK,	INC.	**-***3654	Page 2
Part II Support S	chedule for Organiza	ations Describ	ed in Sec	tions	s 170(k	o)(1)(A)(iv)) and 17	0(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.)

Calendar year (of fical year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 offits, grants, contributions, and membership fees received. (Do not include any "unusual grants") 14867315.14186203.15441008.12726496.13941844.71162866. 2 Tax revenues levide for the organization without charge 14867315.14186203.15441008.12726496.13941844.71162866. 3 The value of services or facilities 14867315.14186203.15441008.12726496.13941844.71162866. 5 The portion of total contributions by each person (other than a growermental unit or publicly supported organization) include on ine 1 that exceeds 2% of the amount shown on line 11. (a) 2017 (b) 2018 (c) 2020 (c) 2021 (f) Total 6 Public support. Received to store that a grower from that as concess and the store of the amount shown on line 11. (a) 2017 (b) 2018 (c) 2019 (d) 2020 (c) 2021 (f) Total 7 A mounts from line 4 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (c) 2021 (f) Total 8 Cost in como from line 4. (a) 2017 (b) 2018 (c) 2019 (d) 2020 (c) 2021 (f) Total 7 A mounts from line 4 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (c) 2021 (f) Total 1 asset (E) Fight (s) asset (e) as	Sec	ction A. Public Support									
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and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization test organization test organization qualifies as a publicly supported organization test organization test organization test organization test organization test organiz		stop here. The organization qualifies	as a publicly supp	orted organization				X			
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and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets organization test.		and stop here. The organization qualifies as a publicly supported organization									
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 b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 		meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization					
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization	b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line						
		more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s t	t op here. Explain i	n Part VI how the				
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation				
	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►			

Schedule A (Form 990) 2021

							INC.	**-***3654	Page 3
Part III Support Schedule fo	r Organiza	tions Describe	ed in Secti	ion 5	i09(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			-			
	ction B. Total Support					L	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	Lorganization's fi	I rst second third f	ourth or fifth tax	Vear as a section 5	L 01(c)(3) organizati	0n
17	•	0		,	,	()() U	
Se	check this box and stop here	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020	, (),	,	()/		16	%
	ction D. Computation of Inves						/0
				no 13 column (f))		17	04
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					· · · ·	% Z is not
198	a 33 1/3% support tests - 2021. If the						
	more than 33 $1/3\%$, check this box ar						
k	33 1/3% support tests - 2020. If the	-					
<u></u>	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in ala not check a	box on line 14, 19a	a, or 19D, Check th	his box and see ins	STRUCTIONS	🟲 📖

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Schedule A (Form 990) 2021

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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Yes

No

	dule A (Form 990) 2021 RONALD MCDONALD HOUSE OF NEW YORK, INC. **-**	*365	4 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	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			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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			

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

				(
1	Check the box next to the method that the organ	ization used to satisfy the Integral I	Part Test during the year	(see instructions).

a The organization satisfied the Activities Test. Complete line 2 below.

b	The organization is the	parent of each of its sup	oported organizations.	Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	orted a governmental entity (see instructions)
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- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

3

2a

2b

3a

Yes No

	dule A (Form 990) 2021 RONALD MCDONALD HOUSE			**-***3654 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Sect	ion 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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2021

RONALD	MCDONALD	HOUSE	OF	NEW	YORK,	INC.	**_*
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Sche		LD HOUSE OF NEW		*	*-***3654 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	S	Distributable Amount for 2021
			Fie-2021		
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 RONALD
 MCDONALD
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 OF
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 YORK,
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 ** - ** * 3654
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 Part VI
 Supplemental Information.
 Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OTHER REVENUE	
2017 AMOUNT: \$	2,800.
2018 AMOUNT: \$	539,008.
2019 AMOUNT: \$	40,214.
2020 AMOUNT: \$	2,149.
2021 AMOUNT: \$	37,945.
GROSS INCOME FRO	M FUND. EVENTS NOT INCLUDING CONTRIBUTIONS
2017 AMOUNT: \$	1,390,827.
2018 AMOUNT: \$	1,147,888.
2019 AMOUNT: \$	1,068,228.
2020 AMOUNT: \$	273,725.
2021 AMOUNT: \$	408,700.
GAMING INCOME	
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.
2021 AMOUNT: \$	1,256.

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Schedule A	(Form 990) 2021		RONALD	MCDONAL	D HOUSE	OF NI	EW YO	DRK,	INC.	**_**	*3654	Page 8
Part VI	Supplementa	al Inforr	mation. Pro	vide the explar	nations required	d by Part II,	, line 10;	Part II, li	ne 17a or	17b; Part I	I, line 12;	
	Part IV, Section A line 1; Part IV, Se	A, lines 1,	2, 3b, 3c, 4b	, 4c, 5a, 6, 9a, 9	9b, 9c, 11a, 11	b, and 11c	; Part IV,	Section	B, lines 1	and 2; Par	t IV, Sectior	n C,
	Section D, lines 5	5. 6. and 8	3: and Part V.	Section E. lines	1 E, lines 10, 22 s 2. 5. and 6. A	a, ∠D, Sa, ai Iso comple	ete this p	art v, ine	e i, Part v iv additio	nal informat	, inte re, Pa ion.	urt V,
	(See instructions	5.)	-,,	,					.,			
2021 A	MOUNT: \$	618										

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

RONALL

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 24 OMB No. 1545-0047

2021

Employer identification number

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.

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), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Total contributions

\$

No.

Schedule I	B (Form 990) (2021)		Pag
Name of o	rganization		Employer identification numbe
RONAL	D MCDONALD HOUSE OF NEW YORK, INC.		**-**3654
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$360,00	0. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$860,11 	9. Person X Payroll Image: 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 Payroll (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)	(b)	(c)	(d)

Name, address, and ZIP + 4

Page **2**

Type of contribution

25

Employer identification number

Name of organization

Schedule B (Form 990) (2021)

RONALD MCDONALD HOUSE OF NEW YORK, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

-*3654

Schedule B	(Form 990) (2021)		Page 4
Name of org	ganization		Employer identification number
RONALD	MCDONALD HOUSE OF NEW	YORK, INC.	**-***3654
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in sec) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(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, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) Na		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	1
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number * * ***3651

		USE OF NEW YORK, INC.	**-***3654
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🛛 🗌 Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	e
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization during the tax
	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
~	▶ \$		
8	Does each conservation easement reported on line 2(d) above and exerting 170(b)(4)(D)(ii)2		
•			
9	In Part XIII, describe how the organization reports conservati balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.	note to the organization's infancial statement	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
14	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final		•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre		······ F · · ·
	the following amounts required to be reported under FASB A		- · ·
а	Revenue included on Form 990, Part VIII, line 1	c	▶ \$
	Assets included in Form 990 Part X		► \$

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

Schedule D (Form 990) 2021

		MCDONALD HC					* _ * *				_{age} 2
Par	organizatione maintaining o								(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that	make s	ignifica	int use of	ts			
	collection items (check all that apply):										
а	Public exhibition	d		hange progra							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's co							art XI	II.		
5	During the year, did the organization solicit o										٦
Dor	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the organizatio	n answered '	'Yes" on	Form	990, Part	IV, lin	e 9, or		
18	Is the organization an agent, trustee, custodi								V	_	7
	on Form 990, Part X?								Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						Amoun	+	
-	Designing hologoo						-		Amoun		
	Beginning balance						<u>с</u>				
	Additions during the year						d				
f	Distributions during the year						e If				
	Ending balance Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.								103		1
Par						10.					<u></u>
		(a) Current year	(b) Prior year	(c) Two year			ree years ba	ack ((e) Four	r years	back
1a	Beginning of year balance	2,746,780.	2,745,589.	2,743	3,171.		2,896,46	3.	20	,940,	003.
	Contributions	39,057,135.	· ·								
	Net investment earnings, gains, and losses	2,812,556.	82,162.	75	5,496.		6,26	8.		41,	945.
	Grants or scholarships	· · ·	•								
	Other expenditures for facilities										
	and programs	2,830,633.	80,971.	73	3,078.		159,56	0.	18	,085,	485.
f	Administrative expenses		· · · · · ·								
	End of year balance	41,785,838.	2,746,780.	2,745	5,589.	:	2,743,17	1.	2	,896,	463.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	97.4010	%								
b	Permanent endowment > 2.5990	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administer	ed for th	ne orga	nization				
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment funds.								
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990							
	Description of property	(a) Cost or of basis (investm	• • •	t or other (other)	• • •	ccumu preciat		(d) Boo	k valu	е
1a	Land			8,784.					,03		
	Buildings		48,18	3,575.			704.		,11		
	Leasehold improvements		14,12	1,982.	13,	318,	932.			3,0	
	Equipment										
	Other		4,13	4,701.	3,	691,	438.			3,2	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, column (B), line 1	0c.)			🕨	31	,40	4,9	68.
							- ·				

Schedule D (Form 990) 2021

			30
Schedule D (Form 990) 2021 RONALD MCDON Part VII Investments - Other Securities.	NALD HOUSE OF	NEW YORK, INC.	**-**3654 Page 3
Complete if the organization answered "Yes" of	on Form 990 Part IV line -	11b See Form 990 Part X line *	12
(a) Description of security or Category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A) HEDGE FUNDS	6,486,749.	END-OF-YEAR MA	RKET VALUE
(B) LIMITED PARTNERSHIPS	52,383,425.	END-OF-YEAR MA	
(C) STRUCTURED INVESTMENTS	4,991,565.	END-OF-YEAR MA	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	63,861,739.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line ⁻	11d. See Form 990, Part X, line ⁻	15.
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		🕨
Complete if the organization answered "Yes" of	on Form 000 Dart IV/ line :	110 or 11f Soo Form 000 Dart V	(line 25
	on Form 990, Fart IV, line	The of THE See Form 990, Part A	(b) Book value
(1) Federal income taxes			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		•

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

_	edule D (Form 990) 2021 RONALD MCDONALD HOUSE OF			**_	***3654 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	27,521,497.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a 1	1,800,057.		
b	Donated services and use of facilities	2b	135,764.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	11,935,821.
3	Subtract line 2e from line 1			3	15,585,676.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	213,777.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	213,777.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	15,799,453.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With	Expenses per F	Retur	
Pa 1		ements With 12a.		Retur	n. 17,396,050.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With 12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With 12a. 2a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ements With 12a. 2a 2b			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c			
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	135,764.		
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	135,764.	1	17,396,050.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	135,764.	1 2e	17,396,050.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	135,764.	1 2e	17,396,050.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	135,764.	1 2e	17,396,050.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	135,764. 213,777.	1 2e	17,396,050.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	135,764. 213,777.	1 2e 3	17,396,050. 135,764. 17,260,286.

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 SINCE AND MODOWALD HOUSE OF NEW YORK INC. ** ***2654
Schedule D (Form 990) 2021 RONALD MCDONALD HOUSE OF NEW YORK, INC. **-***3654 Page 5 Part XIII Supplemental Information (continued) (continininininininininininininininininini
31, 2021 AND 2020 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION
("ASC") TOPIC 740 "INCOME TAXES", WHICH PROVIDES STANDARDS FOR
ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX
POSITIONS.

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	33 OMB No. 1545-0047
(Form 990)	2021						
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.		Open to Public
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Inspection
Name of the organization							r identification number
		MCDONALD HOUSE OF					**3654
	complete this par	 Complete if the organization answe t. 	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 99	0-EZ filers are not
 a X Mail solicitat b X Internet and c Phone solici d X In-person so 	tions email solicitations tations licitations		tion of tion of fundra	non-g gover aising (overnment grants nment grants events	tees or	
key employees list	ed in Form 990, P) highest paid indiv	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessi	onal fi	undraising services?	X	Yes No to be
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) fundi have c or cor contrib	ustody ntrol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraiser listed in col.	by) to (or retained by)
TRUE SENSE MARKETIN	NG - 155		Yes	No			
COMMERCE DR., FREED	DOM, PA	DIRECT MAIL		X	2,373,972.	99,5	504. 2,274,468.
Total				•	2,373,972.	99,5	504. 2,274,468.
3 List all states in whi	ich the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fro	m registration

or licensing.

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 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				HAPPY FACES		(add col. (a) through
			TOURNAMENT	GOLF TOURNAM	2	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	449,578.	436,748.	451,284.	1,337,610.
	2	Less: Contributions	277,978.	261,248.	389,684.	928,910.
	3	Gross income (line 1 minus line 2)	171,600.	175,500.	61,600.	408,700.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	172,487.	177,992.	61,214.	411,693.
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	411,693.
		Net income summary. Subtract line 10 from I				-2,993.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
anc		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ŝ	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	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

a Is the organization licensed to conduct gaming activities in each of these states?	A Yes	L No
b If "No," explain:		

132082 10-21-21

Sch	edule G (Form 990) 2021 RONALD MCDONALD HOUSE OF NEW YORK, INC. **-*	35 ***3654	
	Does the organization conduct gaming activities with nonmembers?		X No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	%
	An outside facility	13ь 1100	•00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name JAN NAVATKOSKI		
	Address > 405 EAST 73RD STREET - NEW YORK, NY 10021		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
D.	of gaming revenue retained by the third party \triangleright \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Ves	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year s supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III 103 0, 1	55, 105,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
(I) NAME OF FUNDRAISER: TRUE SENSE MARKETING		
<u>\</u>			
<u>(</u>]) ADDRESS OF FUNDRAISER: 155 COMMERCE DR., FREEDOM, PA 15086		

				~-				36	
Schedule G (Form 990) Part IV Supplemental Inform	RONALD	MCDONALD	HOUSE	OF	NEW	YORK,	INC.	**-**3654	Page 4
	(con	tinued)							

SCHEDULE J	HEDULE J Compensation Information					
(Form 990)	,					
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20		_		
Department of the Treasury	Attach to Form 990.					
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe		nhor		
Name of the organizatio		ridentificatio		inder		
Part I Question	s Regarding Compensation		-			
			Yes	No		
1a Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form 990,		163			
	line 1a. Complete Part III to provide any relevant information regarding these items.					
First-class or o						
Travel for com						
	ation and gross-up payments X Health or social club dues or initiation fees					
	spending account Personal services (such as maid, chauffeur, chef)					
b If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain	1b	Х			
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х			
3 Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's					
CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization to					
establish compens	ation of the CEO/Executive Director, but explain in Part III.					
X Compensatior						
X Independent o	compensation consultant <u>X</u> Compensation survey or study					
Form 990 of o	ther organizations					
4 During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organization or a re	lated organization:					
	e payment or change-of-control payment?	4a		<u>X</u>		
•	eive payment from a supplemental nonqualified retirement plan?		Х			
	eive payment from an equity-based compensation arrangement?	4c		X		
If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
• · · · • • • • • • • • • • • • • • • •						
	(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
contingent on the r		5.		v		
a The organization? b Appropriate temperature	ation?	<u>5a</u>		X X		
	ation?	<u>5b</u>		Λ		
	or 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
6 For persons listed of contingent on the r						
e e		6a		Х		
	ation?			X		
	or 6b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	the s 5 and 6? If "Yes," describe in Part III	7	х			
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х		
	id the organization also follow the rebuttable presumption procedure described in	····· j				
	a 53.4958-6(c)?	9				
		edule J (Forr	n 990)	2021		

990) 2021 RONALD MCDONALD HOUSE OF NEW YORK, INC. **-***3654

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RUTH BROWNE	(i)	446,299.	90,000.	53,701.	33,972.	25,423.	649,395.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD MARTIN	(i)	304,634.	65,000.	24,052.	25,931.	18,737.	438,354.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAN NAVATKOSKI	(i)	245,067.	25,000.	2,412.	21,268.	17,546.	311,293.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WINIFRED CUDJOE	(i)	181,345.	35,000.	17,412.	16,958.	41,153.	291,868.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NELIDA BARRETO	(i)	184,261.	30,000.	18,701.	16,177.	22,673.	271,812.	0.
DIRECTOR OF PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHARON CARTER JONES	(i)	187,566.	20,000.	7,412.	16,477.	20,689.	252,144.	0.
DIR. OFFICE OF THE PRES.	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DENEAN PAULIK	(i)	175,000.	2,000.	561.	2,019.	8,893.	188,473.	0.
DIR OF MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARIAN GRYZLO	(i)	131,615.	6,250.	2,776.	11,535.	16,910.	169,086.	0.
DIR-STRATEGIC PARTNER (OUTGOING)	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JEROME KELTON	(i)	128,500.	5,000.	1,784.	11,485.	17,994.	164,763.	0.
DIR. SPECIAL EVENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEPHEN YARRI	(i)	131,993.	7,000.	2,830.	11,815.	1,934.	155,572.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

THE ORGANIZATION PARTICIPATES IN SUPPLEMENTAL NON QUALIFIED RETIREMENT

PLAN, HOWEVER, THERE WERE NO CONTRIBUTIONS TO THE PLAN DURING THE YEAR.

PART I, LINE 7:

THE AMOUNTS REPORTED ON PART II, COLUMN B (II) REPRESENT BONUSES AND

INCENTIVES APPROVED BY THE BOARD.

PART II, LINE B (III)

THE AMOUNTS IN COLUMN B(III) INCLUDES CONTRIBUTIONS TO A 457(B)

RETIREMENT PLAN FOR CERTAIN PEOPLE.

PART II, LINE B (III)

RUTH BROWNE AND RICHARD MARTIN RECEIVED AUTO ALLOWANCE AND IT IS

REPORTED IN PART II, COLUMN B(III).

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Schedule J (Form 990) 2021

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

40 OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

Attach to Form 990.



Employer identification number **-***3654

Name of the organization

RONALD MCDONALD	HOUSE (OF NEW	YORK, INC	•
-----------------	---------	--------	-----------	---

Pa	rt I Types of Property			,	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other $_{\dots}$				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	256	356,445.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other \blacktriangleright (SUPPLIES, FUR)	X	52	94,425.	
26	Other (TOYS/PROGRAMS)	X	43	28,677.	
27	Other (GAME TICKETS)	X	17	15,345.	
28	Other (TRAVEL TICKET)	X	1	2,000.	FMV
29	Number of Forms 8283 received by the organized	zation during	g the tax year for co	ontributions	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29	
					Yes No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	ph 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?		Х	
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.			
цпи	For Department Reduction Act Nation and the Instructions for Form 000	odulo M (Eo		1 0004

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 RONALD MCDONALD HOUSE OF NEW YORK, INC. **-***3654 Page 2 Part II Supplemental Information. Provide the information required by Part L lines 30b, 32b, and 33, and whether the organization

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 ITEMS CONTRIBUTED.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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

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, AND

PLAYROOM. THE HOUSE ALSO PROVIDES DAILY NUTRITIOUS MEALS AND ROUNDTRIP

TRANSPORTATION SERVICES TO FAMILIES FOR HOSPITAL APPOINTMENTS.

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

AS A NEW YORK CITY CHARITY WHICH PROVIDES SERVICES FOR FAMILIES FROM

AROUND THE UNITED STATES AND VARIOUS PARTS OF THE GLOBE, THE

ORGANIZATION PROVIDES A RANGE OF PROGRAMS AND SERVICES NOT ONLY FOR OUR

GUESTS BUT ALSO FOR LOCAL FAMILIES NOT STAYING AT THE HOUSE FACING

SIMILAR MEDICAL CHALLENGES. FAMILY ROOMS WITHIN HOSPITALS SERVE AS

RESPITE AND RESOURCE CENTERS FOR CAREGIVERS. OUR HOSPITALITY PROGRAM

SERVES CAREGIVERS, PATIENTS AND FAMILIES IN-PERSON AND BY DELIVERY AT

HOSPITAL PARTNERS IN ALL FIVE BOROUGHS, ALONGSIDE HANDS-ON ENRICHMENT

PROGAMS FOR CHILDREN IN A WIDE RANGE OF AGES. ONGOING DIGITAL WELLNESS

PROGRAMS AND FOR CAREGIVERS ARE AVAILABLE. PERFORMANCE AND PRACTITIONER

Schedule O (Form 990) 2021	Page 2
Name of the organization RONALD MCDONALD HOUSE OF NEW YORK, INC.	Employer identification number * * - * * * 3654
AND RESPITE TO OUR FAMILY ROOMS AND HOSPITAL PARTNER LOCATIONS. SPECIAL	
EVENTS AND CELEBRATIONS THROUGHOUT THE YEAR GIVE FAMILIES THE	
OPPORTUNITY TO SHARE EXPERIENCES, MAKE NEW FRIENDS, AND CREATE A	
SUPPORT GROUP WHILE BUILDING A FRIENDLY CARING, SUPPORTING AND FUN	
COMMUNITY.	

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: EVENT, WHICH BUILDS CAMARADERIE AMONG THE VOLUNTEER COMMUNITY AND PROVIDES THEM WITH A DEEPER SENSE OF CONNECTION TO THE ACTIVITIES THEY DO DAILY. 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. OUR CORPORATE VOLUNTEERS HAVE FOUND A WAY TO STILL STAY ENGAGED WITH THE HOUSE DESPITE THE COVID RESTRICTIONS BY PURCHASING AND PACKAGING GOODS FOR THE FAMILIES OFF-SITE AND DELIVERING THEM TO THE HOUSE TO SERVE EACH WEEK OR BY HOSTING NIGHTLY VIRTUAL ACTIVITIES WITH THE FAMILIES SUCH AS BINGO AND NAME THAT TUNE.

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

Employer identification number

RONALD MCDONALD HOUSE OF NEW YORK, INC.

EXPENSES \$ 958,376. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990) 2021

Name of the organization

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. TF. AFTER ONE WEEK, THERE ARE NO ADDITIONAL COMMENTS TO ADDRESS FROM THE FULL BOARD, THE FORM 990 IS FILED AS APPROVED.

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

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

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

THE CEO'S AND OTHER SENIOR PERSONNEL'S SALARY ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE WHO SUBMITS IT TO THE ENTIRE BOARD FOR APPROVAL. A COMPENSATION SURVEY OR STUDY IS UTILIZED IN THIS PROCESS.

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

-*3654

Page 2

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.