

MS. DIANE KOURY  
RONALD MCDONALD HOUSE CHARITIES  
105 EISENHOWER PARKWAY  
ROSELAND, NJ 07068

DEAR MS. KOURY:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS  
FOR THE PERIOD ENDED DECEMBER 31, 2010 FOR:

RONALD MCDONALD HOUSE CHARITIES  
NEW YORK TRI-STATE AREA, INC. AS FOLLOWS...

2010 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
2010 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT  
2010 SCHEDULE B - SCHEDULE OF CONTRIBUTORS  
2010 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS  
2010 SCHEDULE G - SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING  
2010 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S  
2010 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ  
2010 NEW JERSEY FORM CRI-300R - LONG FORM RENEWAL STATEMENT  
2010 NEW YORK FORM 500 - ANNUAL FINANCIAL REPORT

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH  
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

CORNICK, GARBER & SANDLER, LLP  
CERTIFIED PUBLIC ACCOUNTANTS

INSTRUCTIONS FOR FILING  
RONALD MCDONALD HOUSE CHARITIES  
NEW YORK TRI-STATE AREA, INC.  
FORM 990 - EXEMPT ORGANIZATION  
FOR THE PERIOD ENDED DECEMBER 31, 2010

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SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)  
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2011  
WITH...

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT  
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE  
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED  
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS  
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE  
DELIVERY 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 black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>RONALD MCDONALD HOUSE CHARITIES NEW YORK TRI-STATE AREA, INC.</b>	<b>D</b> Employer identification number 22-3188156
<input type="checkbox"/> Address change	Doing Business As	<b>E</b> Telephone number (973) 403-0390
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 EISENHOWER PARKWAY 3RD FL.	
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 ROSELAND, NJ 07068	
<input type="checkbox"/> Terminated	<b>F</b> Name and address of principal officer:	
<input type="checkbox"/> Amended return	<b>G</b> Gross receipts \$ 2,674,717.	
<input type="checkbox"/> Application pending	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ WWW.RMHCNEWYORKTRI-STATE.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 1993	<b>M</b> State of legal domicile: NJ
<b>H(c)</b> Group exemption number ▶ 9379		

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: FUND EDUCATIONAL AND OTHER SERVICES FOR CHILDREN			
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3		17.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4		17.
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		2.
	<b>6</b> Total number of volunteers (estimate if necessary)	6		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	2,334,357.	<b>Prior Year</b>	2,673,487.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.		0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,122.		1,230.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.		0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,335,479.		2,674,717.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,226,236.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		97,443.		33,429.
<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 413,475.				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		733,429.		849,603.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,057,108.		1,902,269.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	278,371.		772,448.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	3,327,694.	<b>Beginning of Current Year</b>	4,099,359.
	<b>21</b> Total liabilities (Part X, line 26)	27,526.		26,743.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,300,168.		4,072,616.

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MICHELE ROSENBERG	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01346138
	Firm's name ▶ CORNICK, GARBER & SANDLER, LLP	Firm's EIN ▶ 13-2620561		Phone no. 212-557-3900	
	Firm's address ▶ 825 THIRD AVENUE, 4TH FL NEW YORK, NY 10022-9524				
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**For Paperwork Reduction Act Notice, see the separate instructions.**

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
EDUCATIONAL AND OTHER SERVICES FOR CHILDREN

**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  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  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 592,237. including grants of \$ 592,237.) (Revenue \$ \_\_\_\_\_)  
DISBURSEMENT OF FUNDS TO ORGANIZATIONS ENGAGED IN  
AND PROVIDING FOR THE ESSENTIAL NEEDS OF CHILDREN

**4b** (Code: \_\_\_\_\_) (Expenses \$ 446,235. including grants of \$ 427,000.) (Revenue \$ \_\_\_\_\_)  
PROVIDING SCHOLARSHIPS TO CHILDREN

**4c** (Code: \_\_\_\_\_) (Expenses \$ 395,522. including grants of \$ 395,522.) (Revenue \$ \_\_\_\_\_)  
QUOTA SUPPORT TO NATIONAL ORGANIZATION

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e Total program service expenses** ▶ 1,433,994.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 21-38 containing various questions about grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ, NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID SINGELYN 105 EISENHOWER PARKWAY, ROSELAND, NJ 07068 (973) 403-0390

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOWARD WIENER TRUSTEE	1.00	X								
(2) PETER J. CARTON, ESQ. TRUSTEE	1.00	X								
(3) WAYNE FELLMETH, M.D. TRUSTEE	1.00	X								
(4) IRVING KLEIN TRUSTEE	1.00	X								
(5) DOROTHY KORNB�ITH TRUSTEE	1.00	X								
(6) DIANE PIRAINO KOURY TRUSTEE	1.00	X								
(7) PETER SAMAHA TRUSTEE	1.00	X								
(8) MICHAEL ANDERER TRUSTEE	1.00	X								
(9) CURTIS FARROW TRUSTEE	1.00	X								
(10) JOHN FLOEGEL TRUSTEE	1.00	X								
(11) PETER GRIMM TRUSTEE	1.00	X								
(12) JOSH KAUFMAN TRUSTEE	1.00	X								
(13) PAUL MARCIANO TRUSTEE	1.00	X								
(14) LINDA DUNHAM VICE PRESIDENT	1.00			X						
(15) GERALD A. MCCOY PRESIDENT	1.00			X						
(16) DAVID SINGELYN TREASURER	1.00			X						

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) ANA MADAN SECRETARY	1.00			X						
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	522,944.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	130,000.				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	2,020,543.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .			2,673,487.			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	ATTACHMENT 1		1,230.			1,230.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b> Royalties . . . . .			0.			
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . .			0.			
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .			0.			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
<b>Miscellaneous Revenue</b>							
<b>11a</b> _____	<b>Business Code</b>						
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0.				
<b>12 Total revenue.</b> See instructions . . . . .			2,674,717.			1,230.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	592,237.	592,237.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	427,000.	427,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	30,181.	11,733.	18,448.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	3,248.	1,263.	1,985.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	550.		550.	
c Accounting . . . . .	5,000.		5,000.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	6,684.		6,684.	
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	4,673.		4,673.	
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	945.		945.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	395,522.	395,522.		
22 Depreciation, depletion, and amortization . . . . .	0.			
23 Insurance . . . . .	13,570.		13,570.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CANISTER REPAIR & REPLACEMEN	12,953.			12,953.
b FUNDRAISING EXPENSES	400,522.			400,522.
c BANK FEES	1,812.		1,812.	
d TELEPHONE EXPENSES	1,133.		1,133.	
e SCHOLARSHIP EXPENSES	6,239.	6,239.		
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,902,269.	1,433,994.	54,800.	413,475.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	2,630,318.	<b>1</b>	2,845,378.
	<b>2</b> Savings and temporary cash investments . . . . .	364,498.	<b>2</b>	1,038,814.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	317,027.	<b>4</b>	213,181.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	15,851.	<b>9</b>	1,986.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .			
	<b>b</b> Less: accumulated depreciation . . . . .		<b>10c</b>	
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,327,694.	<b>16</b>	4,099,359.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	27,526.	<b>17</b>	26,743.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	27,526.	<b>26</b>	26,743.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	3,300,168.	<b>27</b>	4,072,616.
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	3,300,168.	<b>33</b>	4,072,616.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,327,694.	<b>34</b>	4,099,359.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	2,674,717.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,902,269.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	772,448.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	3,300,168.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	4,072,616.

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization** RONALD MCDONALD HOUSE CHARITIES  
NEW YORK TRI-STATE AREA, INC.

**Employer identification number**  
22-3188156

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,060,468.	2,582,893.	2,595,348.	2,334,357.	2,673,487.	12,246,553.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	2,060,468.	2,582,893.	2,595,348.	2,334,357.	2,673,487.	12,246,553.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f), . . . . .						578,568.
<b>6 Public support.</b> Subtract line 5 from line 4.						11,667,985.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	2,060,468.	2,582,893.	2,595,348.	2,334,357.	2,673,487.	12,246,553.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	36,843.	29,898.	5,952.	1,122.	1,230.	75,045.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						12,321,598.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	94.70 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.15 %
<b>16a 33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3 % support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) - 15 %; 16 Public support percentage from 2009 Schedule A, Part III, line 15 - 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) - 17 %; 18 Investment income percentage from 2009 Schedule A, Part III, line 17 - 18 %

19a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2010**

<b>Name of the organization</b> RONALD MCDONALD HOUSE CHARITIES NEW YORK TRI-STATE AREA, INC.	<b>Employer identification number</b> 22-3188156
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization **RONALD MCDONALD HOUSE CHARITIES  
NEW YORK TRI-STATE AREA, INC.**

Employer identification number  
22-3188156

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NATIONAL FUNDRAISER - MCHAPPY DAY EVENT	\$ 105,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GOLF TOURNAMENTS	\$ 299,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MCDONALD'S OWNER/OPERATOR ASSOCIATION	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	RONALD MCDONALD CANISTER RECEIPTS	\$ 1,758,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	FAMILY ACTIVITY CENTER	\$ 53,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	RONALD MCDONALD HOUSE CHARITIES, INC.	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> RONALD MCDONALD HOUSE CHARITIES NEW YORK TRI-STATE AREA, INC.	<b>Employer identification number</b> 22-3188156
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	RMHC FUND RAISING EVENTS ----- ----- -----	\$ 118,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization RONALD MCDONALD HOUSE CHARITIES NEW YORK TRI-STATE AREA, INC.

Employer identification number 22-3188156

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advised funds.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the tax year (2a-2d), and several questions about monitoring and expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

Schedule D (Form 990) 2010

JSA OE1268 1.000

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XI V.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance)

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (2,674,717); Line 2: Total expenses (1,902,269); Line 3: Excess or (deficit) for the year (772,448); Lines 4-9: Adjustments; Line 10: Excess or (deficit) per audited financial statements (772,448).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (2,689,717); Line 2: Amounts included on line 1 but not on Form 990 (15,000); Line 3: Subtract line 2e from line 1 (2,674,717); Line 4: Amounts included on Form 990 but not on line 1; Line 5: Total revenue (2,674,717).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (1,917,269); Line 2: Amounts included on line 1 but not on Form 990 (15,000); Line 3: Subtract line 2e from line 1 (1,902,269); Line 4: Amounts included on Form 990 but not on line 1; Line 5: Total expenses (1,902,269).

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dashed lines provided for entering supplemental information.

**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES**  
**NEW YORK TRI-STATE AREA, INC.**

Employer identification number  
**22-3188156**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF OUTING (event type)	(event type)	0. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	299,075.			299,075.
	<b>2</b> Less: Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	299,075.			299,075.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	158,530.			158,530.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 158,530.)
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . .				140,545.

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES  
NEW YORK TRI-STATE AREA, INC.**

Employer identification number  
**22-3188156**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ABILITIES 201 I.U. WILLETS ROAD ALBERTSON, NY 11507	30-0194642	501(C)(3)	7,250.				AID TO DISABLED
(2)	CAMP AMERIKIDS 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1431690	501(C)(3)	6,250.				HUMANITARIAN AID AND DISASTER RELIEF
(3)	ACADEMY OF MOUNT URSULA 330 BEDFORD PARK BLVD BRONX, NY 10458	13-1740443	501(C)(3)	6,000.				AID TO CHILDREN WITH AUTISM
(4)	ANN'S PLACE 39 OLD RIDGEBURY ROAD DANBURY, CT 06810	22-3181832	501(C)(3)	6,000.				HEALTH CARE INITIATIVE INITIATIVES
(5)	BERGEN PERFORMING ARTS CENTER 30 VAN BRUNT STREET ENGLEWOOD, NJ 07631	30-0194642	501(C)(3)	13,500.				CENTER FOR PERFORMING ARTS
(6)	ARTS GUILD NEW JERSEY 1670 IRVING STREET RAHWAY, NJ 07065	22-3577491	501(C)(3)	6,700.				AID TO CHILDREN WITH DEVELOPMENTAL DEL
(7)	CARE FOR THE HOMELESS 12 WEST 21 STREET NEW YORK, NY 10010	20-1377483	501(C)(3)	10,000.				AID TO DISADVANTAGED CHILDREN
(8)	CHILD ABUSE PREVENTION SERVICES P.O. BOX 176 ROSLYN, NY 11576	11-2623651	501(C)(3)	7,500.				PREVENTION OF BULLYING CHILD ABUSE
(9)	CHILDREN'S AID & FAMILY SERVICES 200 ROBIN ROAD PARAMUS, NJ 07652	22-1487147	501(C)(3)	12,500.				PROVIDES SOCIAL SERVICES TO CHILDREN
(10)	ELWOOD UNION FREE SCHOOL DISTRICT 100 KENNETH AVE GREENLAWN, NY 11740	14-1338468	501(C)(3)	13,000.				SOCIAL SERVICES
(11)	FOUNDATION FOR EDUCATING CHILDREN WITH AUTISM PO BOX 813 MT. KISCO, NY 10549	13-3792348	501(C)(3)	5,500.				YOUTH PROGRAMS
(12)	HARLEM ACADEMY 1350 FIFTH AVENUE NEW YORK, NY 10026	56-2454573	501(C)(3)	10,000.				SERVICES TO CHILDREN WITH AUTISM

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

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Name of the organization **RONALD MCDONALD HOUSE CHARITIES  
NEW YORK TRI-STATE AREA, INC.**

Employer identification number  
**22-3188156**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HUMMINGBIRDS INSTITUTE 131 THOMPSON STREET 7A NEW YORK, NY 10012	20-0397561	501(C)(3)	5,335.				TREATMENT AND FAMILY SERVICES FOR ADDICTS
(2)	MUSCULAR DYSTROPHY ASSOCIATION 7 SKYLINE DRIVE 2ND FLOOR	13-1665552	501(C)(3)	12,500.				YOUTH EMPLOYMENT SERVICES
(3)	SCHOOL FOR CHILDREN WITH HIDDEN INTELLIGENC 1001 AVENUE OF AMERICAS NEW YORK, NY 10018	22-3301312	501(C)(3)	12,500.				CHILD ABUSE PREVENTI PREVENTION
(4)	ST. ALOYSIUS EDUCATION CLINIC 219 WEST 132ND STREET NEW YORK, NY 10027	13-4008018	501(C)(3)	7,500.				FAMILY SERVICES
(5)	GREATER BRIDGEPORT SYMPHONY YOUTH ORCHESTRA PO BOX 645 FAIRFIELD, CT 06824	06-1325895	501(C)(3)	7,500.				STUDENT EDUCATION AN AND DEVELOPMENT
(6)	HOPE COMMUNITY SERVICES PO BOX 645 FAIRFIELD, CT 10801	13-3477015	501(C)(3)	8,280.				SUPPORT OF ILL CHILD CHILDREN & FAMILIES
(7)	NASSAU COUNTY PAL 200 SECOND AVE MASSAPEQUA, NY 11762	11-6002869	501(C)(3)	12,000.				SOCIAL SERVICES
(8)	THE LONG ISLAND HOME DBA SOUTH OAKS HOSPITA 400 SUNRISE HIGHWAY AMITYVILLE, NY 11701	11-2837244	501(C)(3)	13,716.				HEALTH AND SOCIAL SE SERVICES
(9)	THE UNCOMMON THREAD 1071 VALLEY ROAD STIRLING, NJ 07980	20-5534878	501(C)(3)	10,000.				ENVIRONMENTAL AND CON CONSERVATION PROGRAM
(10)	YOUNG KOREAN AMERICAN SERVICE AND EDUCATION 136-19 41ST AVE FLUSHING, NY 11355	11-2710506	501(C)(3)	10,000.				CHILD EDUCATION SERV SERVICES
(11)	THE CHILD AND FAMILY INSTITUTE OF FAIRFIELD 33 JUNCTION ROAD BROOKFIELD, CT 06804	06-1525490	501(C)(3)	7,150.				SOCIAL SERVICES
(12)	JOSE LIMON DANCE FOUNDATION, INC 307 38TH STREET NEW YORK, NY 11018	23-7012069	501(C)(3)	8,750.				FOOD PANTRY

- 2 Enter total number of section 501(c)(3) and government organizations ▶ -----
- 3 Enter total number of other organizations ▶ -----

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES  
NEW YORK TRI-STATE AREA, INC.**

Employer identification number  
**22-3188156**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JERSEY BATTERED WOMEN'S SERVICE P.O. BOX 1437 MORRISTOWN, NJ 07962	22-2170048	501(C)(3)	10,000.				DOMESTIC ABUSE PREVE
(2)	WESTCO PRODUCTION INC, 9 ROMAR AVENUE WHITE PLAINS, NY 10605	13-3177360	501(C)(3)	8,000.				THEATRE PROGRAMS
(3)	POLICE ATHLETIC LEAGUE NY 34 1/2 EAST 12TH STREET NEW YORK, NY 10003	13-5596811	501(C)(3)	17,850.				EDUCATIONAL SERVICES
(4)	A BETTER CHANGE 240 WEST 35TH STREET 9TH FLOOR	23-7173492	501(C)(3)	15,827.				FAMILY SERVICES
(5)	PARAMOUNT CENTER FOR THE ARTS 1008 BROWN STREET PEEKSKILL, NY 10566	13-2947398	501(C)(3)	10,000.				CULTURAL PROGRAMS
(6)	AMERICAL HEART ASSOCIATION 3020 WESTCHESTER AVENUE PURCHASE, NY 10577	22-66082735	501(C)(3)	15,000.				AID TO PEOPLE WITH A AUTISM
(7)	DAYTOP VILLAGE OF NJ INC 80 WEST MAIN STREET MENDHAM, NJ 07945	13-3949518	501(C)(3)	12,300.				YOUTH SERVICES
(8)	NORTH AMERICAN FAMILY INSTITUTE, INC 26 HOWLEY STREET PEABODY, MA 01960	04-2921507	501(C)(3)	15,000.				EDUCATIONAL PROGRAMS
(9)	GROUNDWORK INC 595 SUTTER AVENUE BROOKLYN, NY 11207	73-1625176	501(C)(3)	13,364.				CHILD SERVICES
(10)	PAL-O-MINE 829 OLD NICHOLS ROAD ISLANDIA, NY 11749	11-3302338	501(C)(3)	12,000.				PROGRAM FOR PERSONS WITH DISABILITIES
(11)	BROOKLYN KINDERGARDEN SOCIETY 57 WILLOUGHBY STREET 4TH FLOOR	11-1631820	501(C)(3)	10,000.				SOCIAL PROGRAMS AND SERVICES
(12)	WESTCHESTER ARE'S CHILDREN'S SCHOOL FOR EAR 265 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	13-4223851	501(C)(3)	10,000.				MUSIC PROGRAMS

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES  
NEW YORK TRI-STATE AREA, INC.**

Employer identification number  
**22-3188156**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PUTMAN ARC 31 INTERNATIONAL BLVD BREWSTER, NY 10509	14-1426729	501(C)(3)	8,700.				SOCIAL PROGRAMS AND SERVICES
(2)	DE LA SALLE ACADEMY 202 WEST 97TH STREET NEW YORK, NY 10025	13-3228140	501(C)(3)	15,000.				DOMESTIC ABUSE PREVENTION PROGRAMS
(3)	SOUTH BRONX EDUCATIONAL FOUNDATION 843 CROTONA PARK NORTH BRONX, NY 10460	13-3503819	501(C)(3)	12,500.				EDUCATIONAL PROGRAMS
(4)	STEPPING STONES MUSEUM FOR CHILDREN MATHEWS PARK 303 WEST AVE NORWALK, CT 06850	22-3299269	501(C)(3)	10,000.				HELP TO VICTIMS OF DOMESTIC ABUSE
(5)	SHARING VILLAGE CANCER SURVIVOR GROUPS P.O. BOX 682 FAR HILLS, NJ 07931	04-3636036	501(C)(3)	15,000.				PROGRAM FOR CHILDREN WITH ILLNESS
(6)	SOUTH ASIAN YOUTH ACTION 54-05 SEABURY STREET ELMHURST, NY 11373	13-3943630	501(C)(3)	11,750.				YOUTH PROGRAMS
(7)	FORESTDALE INC 67-35 112 STREET FOREST HILLS, NY 11375	20-0738248	501(C)(3)	16,200.				SPORTS TRAINING FOR DISABLED PEOPLE
(8)	THE ELIZABETH PRESBYTERIAN CENTER INC 223-225 FIRST STREET ELIZABETH, NJ 07206	22-1807800	501(C)(3)	6,000.				EDUCATIONAL AND RECREATIONAL ACTVTY
(9)	ST. VINCENTS SERVICES, INC 55 BOERUM PLACE BROOKLYN, NY 11201	11-1631823	501(C)(3)	14,665.				HELPING CHILDREN WITH CANCER
(10)	TRINITAS HEALTH FOUNDATION 225 WILLIAMSON STREET ELIZABETH, NJ 07207	22-2353773	501(C)(3)	12,000.				HEALTH SERVICES
(11)	WENDY HILLARD FOUNDATION 409 EDGECOMB AVENUE NEW YORK, NY 10032	13-3879321	501(C)(3)	12,500.				GYMNASTIC PROGRAMS
(12)								

2 Enter total number of section 501(c)(3) and government organizations ▶ ----- 67.

3 Enter total number of other organizations ▶ -----

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

Schedule I (Form 990) (2010)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 HACER SCHOLARSHIPS	31.	130,000.			
2 AAFA SCHOLARSHIPS	39.	171,000.			
3 ASIA SCHOLARSHIPS	16.	69,000.			
4 GENERAL SCHOLARSHIPS	13.	57,000.			
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I

PART I - GENERAL INFORMATION ON GRANTS AND ASSISTANCE, ITEM 2

RECIPIENTS OF GRANTS MADE BY RONALD MCDONALD HOUSE CHARITIES - NEW YORK

TRI-STYTE AREA, INC. ARE REQUIRED TO BE ORGANIZATIONS INVOLVED IN

EDUCATING CHILDREN, PROVIDING FOR THE ESSENTIAL NEEDS OF CHILDREN, OR

ENGAGED IN RESEARCH AS TO PHYSICAL OR MENTAL DISEASES OR OTHER DISORDERS

OF CHILDREN. IN ORDER TO RECEIVE A GRANT THEY ARE REQUIRED TO FURNISH:

(1) A COPY OF THEIR SEC. 501(C)(3) DETERMINATION LETTER

(2) LETTER BRIEFLY OUTLINING THEIR PROPOSAL

(3) LIST OF DONORS EVIDENCING SUPPORT FOR THE LAST 12 MONTHS

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

- (4) DETAILED BUDGET OUTLINING THE DISPOSITION OF FUNDS REQUESTED
- (5) COPY OF THEIR MOST RECENT FINANCIAL STATEMENTS

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **RONALD MCDONALD HOUSE CHARITIES**  
**NEW YORK TRI-STATE AREA, INC.**

Employer identification number  
**22-3188156**

PART VI - PAGE 6 - POLICIES

PART VI, SECTION B - POLICIES - ITEM 11

FORM 990 IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW  
PRIOR TO FILING. EACH BOARD MEMBER IS REQUIRED TO REVIEW THE FORM AND  
GIVE THEIR APPROVAL.

PART VI - PAGE 6 - POLICIES

PART VI, SECTION B - POLICIES - ITEM 19

THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND  
CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

PART VI - PAGE 6 - POLICIES

PART VI - SECTION B - QUESTION 12 A - B - C.

WRITTEN AND VERBAL COMMUNICATION IS REQUESTED DURING THE YEAR TO VERIFY  
COMPLIANCE WITH THE SPECIFIED PROCEDURES.

PART VI - PAGE 6 - DISCLOSURES

PART VI - SECTION B - QUESTION 15 A

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED AND APPROVED  
BY THE BOARD OF DIRECTORS.

Name of the organization RONALD MCDONALD HOUSE CHARITIES NEW YORK TRI-STATE AREA, INC.	Employer identification number 22-3188156
--	--

ATTACHMENT 1FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
JP MORGAN CHASE MM	1,230.			1,230.
TOTALS	<u>1,230.</u>			<u>1,230.</u>

ATTACHMENT 2FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING</u> <u>BOOK VALUE</u>	<u>ENDING</u> <u>BOOK VALUE</u>
PREPAID EXPENSES	15,851.	1,986.
TOTALS	<u>15,851.</u>	<u>1,986.</u>

INSTRUCTIONS FOR FILING  
RONALD MCDONALD HOUSE CHARITIES  
NEW YORK TRI-STATE AREA, INC.  
NJ CRI-300R  
NEW JERSEY CRI-300R - LONG FORM RENEWAL STATEMENT  
FOR THE PERIOD ENDED DECEMBER 31, 2010

\*\*\*\*\*

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY TWO AUTHORIZED OFFICERS OF THE ORGANIZATION, INCLUDING THE CHIEF FISCAL OFFICER.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2011 WITH...

NJ DIV. OF CONSUMER AFFAIRS  
OFFICE OF CONSUMER PROTECTION  
CHARITIES REGISTRATION SECTION  
P.O. BOX 45021  
NEWARK, NEW JERSEY 07101

A FILING FEE OF \$250. WAS PREVIOUSLY SUBMITTED WITH THE APPLICATION FOR EXTENSION. NO AMOUNTS ARE DUE WITH THE RETURN.

\*\*\*\*\*

THE RETURN SHOULD BE SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
 Office of Consumer Protection  
 Charities Registration Section  
 124 Halsey Street, 7<sup>th</sup> Floor, P.O. Box 45021  
 Newark, NJ 07101  
 (973) 504-6215

**Form CRI-300R**  
**Long-Form Renewal Registration/Verification Statement**  
 (Revised April 2008)

**All questions must be answered.**

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 *et seq.*), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1.	This statement contains the facts and financial information for the fiscal year ending:	<u>12</u> / <u>31</u> / <u>2010</u>
		<small>month      day      year</small>
2.	Federal ID Number (EIN) <u>22-3188156</u>	2a. N.J. Charities Registration Number: CH- <u>0595300</u>
3.	<b>Full legal name of the registering organization:</b> <u>RONALD MCDONALD HOUSE CHARITIES - NY TRI-STATE AREA,</u> In care of: (if necessary, otherwise leave this line blank) _____	
4.	<b>Mailing Address:</b> <u>105 EISENHOWER PARKWAY</u> <u>ROSELAND, NJ 07068</u>	<input type="checkbox"/> <b>Change of Address</b>
	<small>Street Address      City      State      ZIP Code</small>	
<b>NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.</b>		
5.	The principal street address of the registering organization _____	<small>Street Address      City      State      ZIP Code</small>
	<input checked="" type="checkbox"/> <b>Same as Mailing Address</b>	

6. Does the organization have any offices in New Jersey in addition to the one listed above?  Yes  No  
 If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

<u>DAVID SINGELYN</u>	<u>105 EISENHOWER PARKWAY</u>	<u>ROSELAND</u>	<u>NJ</u>	<u>07068</u>
<small>Contact person</small>	<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
<u>973 403 0390</u>	<u>973 403 8462</u>			
<small>Telephone number (include area code)</small>	<small>Fax number (include area code)</small>			

7. Organization's contact information:

<u>(973) 403-0390</u>	<u>(973) 403-8462</u>
<small>Telephone number (include area code)</small>	<small>Fax number (include area code)</small>
<u>N/A</u>	<u>WWW.RMHCNEWYORKTRI-STATE.OR</u>
<small>E-mail address</small>	<small>Web site</small>

8. Type of organization (check one):

Nonprofit corporation       Foundation       Individual       Association       Society  
 Partnership       Trust       Other (Specify) \_\_\_\_\_

9. Where and when was the organization legally established? Date: 02/12/1993 State: NEW JERSEY  
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.
10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_
11. Does the organization intend to solicit contributions from the general public?  Yes  No
12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.  
\_\_\_\_\_  
\_\_\_\_\_
13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.  
ATTACHMENT 1
14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
TO PROVIDE EDUCATIONAL, HEALTH AND OTHER SERVICES FOR CHILDREN  
\_\_\_\_\_  
\_\_\_\_\_
- 14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
ATTACHMENT 2  
\_\_\_\_\_
15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.
- 15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  N/A  Yes  No  
If "Yes," please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_
16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No  
If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_
17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No
- a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  N/A  Yes  No
- b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: \_\_\_\_\_
- c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

- 18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?  Yes  No  
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
  
- 19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer?  Yes  No  
 If "Yes," please attach to this registration the relevant document.
  
- 20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction?  Yes  No  
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
  
- 21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.  Yes  No
  
- 22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.  Yes  No  
 If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

\_\_\_\_\_

\_\_\_\_\_

- 23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
<u>ATTACHMENT 3</u>				

# CRI-300R Long-Form Registration Renewal Financial Statement

**Note: If the financial value of a line item = 0, place a zero in the space provided.  
Please report all figures as GROSS, not NET.**

<b>Full legal name and street address of the organization</b>				
Full legal name: <u>RONALD MCDONALD HOUSE CHARITIES - NY TRI-STATE AREA,</u>				
Fiscal year-end being reported: <u>12 / 31 / 2010</u>		Federal ID Number (EIN) <u>22-3188156</u>		
<small>month      day      year</small>				
Mailing address:				
<u>105 EISENHOWER PARKWAY</u>		<u>ROSELAND, NJ 07068</u>		
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP code</small>
Street address of the registering organization: _____				
<small>Street Address</small>		<small>City</small>	<small>State</small>	<small>ZIP Code</small>
New Jersey Charities Registration number: <u>CH 0595300</u>		Telephone number: <u>(973) 403-0390</u>		
		<small>(include area code)</small>		

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. **Note:** If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail . . . . .	_____
(2)	Telephone solicitation . . . . .	_____
(3)	Commercial co-venture . . . . .	_____
(4)	Gross receipts from fund-raising events . . . . .	<u>522,944.</u>
(5)	Canisters, counter cards, door to door etc . . . . .	<u>2,012,471.</u>
(6)	Corporations and other businesses . . . . .	<u>8,072.</u>
(7)	Foundations and trusts . . . . .	_____
(8)	Donated land, buildings, property, equipment and materials . . . . .	_____
(9)	Legacies and bequests . . . . .	_____
(10)	Membership dues solely resulting from solicitations . . . . .	_____
(11)	Other support (specify) . . . . .	_____

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) . . . . . 2,543,487.

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization . . . . .	_____
(2)	From an affiliated organization . . . . .	<u>130,000.</u>
(3)	From another fund-raising organization . . . . .	_____

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) . . . . . 130,000.

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) . . . . . 2,673,487.

Line A2.	Government grants including purchase of service contracts (specify agency)	
	a. ....	_____
	b. ....	_____
	c. ....	_____
	d. ....	_____
Line A2e.	Total Government Grants (add lines 2a thru 2d) . . . . .	_____
Line A3.	Other Support	
	a. Bona fide membership . . . . .	_____
	b. Program service revenue . . . . .	_____
	c. Professional services rendered by volunteers . . . . .	_____
	d. Miscellaneous income (specify) . . . . ATTACHMENT, 4 . . . . .	1,230.
Line A3e.	Total Other Support (add the total of lines A3a thru A3d) . . . . .	1,230.
Line A4.	<b>Total Gross Revenue</b> (add lines A1e, A2e, and A3e) . . . . .	2,674,717.

**B. Expenses**

Line B1.	Program expenses . . . . .	1,038,472.
Line B2.	Management and general expenses . . . . .	54,800.
Line B3.	Fund-raising expenses . . . . .	413,475.
Line B4.	Payments to state/national affiliates (if applicable) . . . . .	395,522.
Line B5.	<b>Total Expenses</b> (add the totals of line B1 thru B4) . . . . .	1,902,269.

**C. Excess or Deficit**

	For the fiscal year-end (subtract line B5 from line A4) . . . . .	772,448.
--	---	----------

**D. Fund Balance**

Line D1.	Net assets or fund balances at beginning of the year . . . . .	3,300,168.
Line D2.	Other changes in net assets or fund balances (attach explanation) . . . . .	_____
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2) . . . . .	4,072,616.

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement**  
**Form CRI-300RC**  
**Confidential Information**

Organization's Name: <u>RONALD MCDONALD HOUSE CHARITIES - NY TRI-STATE AREA,</u>		
N.J. Charities Registration Number: <u>CH 0595300</u> -00	Federal ID Number (EIN) <u>22-3188156</u>	
Fiscal Year-End being reported: <u>12</u> / <u>31</u> / <u>2010</u> <small>month      day      year</small>		

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- each other?  Yes  No
  - any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
  - any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
  - If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No  
If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

---

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

---

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

---

**Note: Form CRI-300RC must be filed with Form CRI-300R.**

RONALD MCDONALD HOUSE CHARITIES

22-3188156

FORM CRI-300R- AFFILIATE WHICH SHARES IN THE CONTRIBUTIONS OF REVENUE

ATTACHMENT 1

NAME AND ADDRESS

TELEPHONE

RONALD MCDONALD HOUSE CHARITIES INC  
ONE KROC DRIVE  
OAK BROOK IL 60523

(630) 623-7048

FORM CRI-300R - SPECIFIC PROGRAMS AND CHARITABLE PURPOSES

- 1) DISBURSEMENT OF FUNDS TO ORGANIZATIONS ENGAGED IN AND PROVIDING FOR THE ESSENTIAL NEEDS OF CHILDREN.
- 2) PROVIDE SCHOLARSHIPS TO CHILDREN.

CRI-300R OFFICERS, DIRECTORS, TRUSTEES, FIVE HIGHEST PAID EMPLOYEESATTACHMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>TELEPHONE</u>	<u>COMPENSATION</u>
MICHAEL ANDERER 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	TRUSTEE		0.
PETER CARTON 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	TRUSTEE		0.
LINDA DUNHAM 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	VICE PRESIDENT		0.
CURTIS FARROW 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	TRUSTEE		0.
WAYNE FELLMETH 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	TRUSTEE		0.
JOHN FLOEGEL 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	TRUSTEE		0.
PETER GRIMM 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	TRUSTEE		0.
JOSH KAUFMAN 105 EISENHOWER PARKWAY	TRUSTEE		0.

ATTACHMENT 3

CRI-300R OFFICERS, DIRECTORS, TRUSTEES, FIVE HIGHEST PAID EMPLOYEESATTACHMENT 3 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>TELEPHONE</u>	<u>COMPENSATION</u>
ROSELAND, NJ 07068			
DIANE PIRAINO KOURY 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	TRUSTEE		0.
PAUL MARCIANO 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	TRUSTEE		0.
GERALD MCCOY 105 EISENHOWER PARKWAY ROSELAND, NJ 07068	PRESIDENT		0.
PETER SAMAHA 105 EISENHOWER PARKWAY ROSELAND NJ 07068	TRUSTEE		0.
DAVID SINGELYN 105 EISENHOWER PARKWAY ROSELAND NJ 07068	TREASURER		0.
HOWARD WIENER 105 EISENHOWER PARKWAY ROSELAND NJ 07068	TRUSTEE		0.
ANA MADAN 105 EISENHOWER PARKWAY ROSELAND NJ 07068	SECRETARY		0.

CRI-300R OFFICERS, DIRECTORS, TRUSTEES, FIVE HIGHEST PAID EMPLOYEESATTACHMENT 3 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>TELEPHONE</u>	<u>COMPENSATION</u>
IRVING KLEIN 105 EISENHOWER PARKWAY ROSELAND NJ 07068	TRUSTEE		0.
DOROTHY KORNBLITH 105 EISENHOWER PARKWAY ROSELAND NJ 07068	TRUSTEE		0.

RONALD MCDONALD HOUSE CHARITIES

22-3188156

CRI-300R MISCELLANEOUS INCOME

ATTACHMENT 4

DESCRIPTION

AMOUNT

INVESTMENT INCOME

1,230.

TOTAL

1,230.

INSTRUCTIONS FOR FILING  
RONALD MCDONALD HOUSE CHARITIES  
NEW YORK TRI-STATE AREA, INC.  
NY FORM 500  
NEW YORK 500 - ANNUAL FILING FOR CHARITABLE ORG.  
FOR THE PERIOD ENDED DECEMBER 31, 2010

\*\*\*\*\*

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY TWO OFFICERS  
OF ORGANIZATION. THE ATTACHED COPY OF FORM 990 MUST ALSO BE SIGNED.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2011  
WITH...

NYS DEPARTMENT OF LAW  
(OFFICE OF THE ATTORNEY GENERAL)  
CHARITIES BUREAU - REGISTRATION SECTION  
120 BROADWAY  
NEW YORK, NEW YORK 10271

A FILING FEE OF \$275. MUST BE SUBMITTED WITH THE REPORT PAYABLE  
TO THE NYS DEPARTMENT OF LAW.

\*\*\*\*\*

THE RETURN SHOULD BE SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

Form <b>CHAR500</b>  <small>This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)</small>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2010</b>  <b>Open to Public Inspection</b>
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<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) <u>01/01 / 2010</u> and ending (mm/dd/yyyy) <u>12/31/2010</u>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization RONALD MCDONALD HOUSE CHARITIES NEW YORK TRI-STATE AREA, INC.		d. Fed. employer ID no. (EIN) (##-####-####) 22-3188156
	Number and street (or P.O. box if mail not delivered to street address) Room/suite 105 EISENHOWER PARKWAY 3RD F		e. NY State registration no. (##-###-###) 05-10-97
	City or town, state or country and zip + 4 ROSELAND, NJ 07068		f. Telephone number (973) 403-0390
			g. Email N/A

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name	Title
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title
			Date

<b>3. Annual Report Exemption Information</b>	
a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants)	Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <b>and</b> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from all other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.
b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <b>and</b> the assets (market value) did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <i><b>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</b></i>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	. . . <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	. . . <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee . . . . . \$ <u>25.</u>	<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>
b. EPTL filing fee . . . . . \$ <u>250.</u>	
c. <b>Total fee</b> . . . . . \$ <u>275.</u>	

<b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments. → → →
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## 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
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- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

## 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

<b>For All Filers</b>		
<u>Filing Fee</u>		
<input checked="" type="checkbox"/> Single check or money order payable to "NYS Department of Law"		
<u>Copies of Internal Revenue Service Forms</u>		
<input checked="" type="checkbox"/> <b>IRS Form 990</b>	<input type="checkbox"/> <b>IRS Form 990-EZ</b>	<input type="checkbox"/> <b>IRS Form 990-PF</b>
<input checked="" type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T

<b>Additional Article 7-A Document Attachment Requirement</b>
<u>Independent Accountant's Report</u>
<input checked="" type="checkbox"/> Audit Report (total support & revenue more than \$250,000)
<input type="checkbox"/> Review Report (total support & revenue \$100,001 to \$250,000)
<input type="checkbox"/> No Accountant's Report Required (total support & revenue not more than \$100,000)