

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

PHILADELPHIA RONALD MCDONALD HOUSE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

3925 CHESTNUT STREET

City or town, state or province, country, and ZIP or foreign postal code

PHILADELPHIA, PA 19104

F Name and address of principal officer

MICHAEL MCALEER
C/O ORGANIZATION
PHILADELPHIA, PA 19104

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW PHILARMH ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1974

M State of legal domicile

PA

Part I		Summary	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE PHILADELPHIA RONALD MCDONALD HOUSE SUPPORTS FAMILIES OF SERIOUSLY ILL CHILDREN BY CREATING A COMMUNITY OF COMFORT AND HOPE	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
Revenue	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
	b	Net unrelated business taxable income from Form 990-T, line 34	
	8	Contributions and grants (Part VIII, line 1h)	
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25)	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	
	19	Revenue less expenses Subtract line 18 from line 12	
	20	Total assets (Part X, line 16)	
	21	Total liabilities (Part X, line 26)	
	22	Net assets or fund balances Subtract line 21 from line 20	

Part II

Signature Block

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

Sign Here

Signature of officer

2014-04-23

Date

SUSAN CAMPBELL EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

DANIEL J RUOTOLO CPA MS

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

RUOTOLO SPEWAK & CO

Firm's EIN

Firm's address

101 CHESTNUT AVE
MOUNT LAUREL, NJ 080549405

Phone no

(856) 273-1282

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III









Statement of Program Service Accomplishments

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

☐

1	Briefly describe the organization's mission			
THE PHILADELPHIA RONALD MCDONALD HOUSE SUPPORTS FAMILIES OF				
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a	(Code)	(Expenses \$ 2,600,882	including grants of \$)	(Revenue \$)
HOUSE PROGRAM - OUR TWO RONALD MCDONALD HOUSES, TOGETHER SERVING UP TO 65 FAMILIES EACH NIGHT, OFFER HOLISTIC SUPPORT AND LODGING TO FAMILIES TRAVELING 25 MILES OR FURTHER TO PHILADELPHIA TO RECEIVE MEDICAL CARE FOR THEIR SERIOUSLY ILL CHILDREN. FOUNDED AS THE FIRST RONALD MCDONALD HOUSE IN THE WORLD, WE ARE THE MODEL FOR MORE THAN 338 HOUSES IN 35 COUNTRIES AROUND THE GLOBE AND HAVE SUPPORTED THOUSANDS OF FAMILIES IN OUR 40 YEARS OF OPERATION. SINCE OPENING, OUR FIRST HOUSE, LOCATED AT 3925 CHESTNUT STREET, HAS GROWN TO 72,000 SQUARE FEET TO ACCOMMODATE A TOTAL OF 45 FAMILIES EACH NIGHT. IN 2008, WE OPENED A SECOND 27,000 SQUARE-FOOT, THREE-STORY HOME WITH 20 BEDROOMS LOCATED AT 100 E. ERIE AVENUE TO MEET THE EXPANDING NEED FOR OUR SERVICES THROUGHOUT THE CITY OF PHILADELPHIA. OUR HOUSES OFFER FAMILIES A COMFORTABLE AND SECURE ROOM, DAILY HOME-COOKED MEALS, A 24-HOUR FOOD PANTRY, COMPLIMENTARY VANS TO THE HOSPITAL, FREE PARKING, AND LAUNDRY FACILITIES-ALL JUST MINUTES FROM THE HOSPITAL. THEY ALSO OFFER TV LOUNGES, INDOOR AND OUTDOOR PLAY SPACES, EXERCISE ROOMS, FAMILY ACTIVITIES, AND LOANER LAPTOP COMPUTERS AND WIFI. ADDITIONALLY, OUR HOUSES OFFER SOCIAL WORKER ASSISTANCE AND THE SUPPORT OF OTHER FAMILIES WHO UNDERSTAND WHAT IT IS LIKE TO HAVE A SERIOUSLY ILL CHILD. WHILE IT COSTS THE PHILADELPHIA RONALD MCDONALD HOUSE MORE THAN \$89 PER NIGHT TO PROVIDE THESE SERVICES, FAMILIES ARE ASKED TO PAY \$15 PER NIGHT. HOWEVER, MORE THAN HALF OF THE FAMILIES WE SERVE ARE SO FINANCIALLY DEVASTATED BY THEIR CHILD'S ILLNESS (AS A RESULT OF TREATMENT COSTS, JOB LOSS OR LEAVE, TRAVELING, AND PAYING EXPENSES AT HOME) THAT THEIR FEE IS WAIVED OR REDUCED, NO ONE IS EVER TURNED AWAY DUE TO INABILITY TO PAY. FAMILIES TRAVELING FROM 25 MILES AWAY OR FURTHER FOR MEDICAL CARE AT PHILADELPHIA HOSPITALS ARE ELIGIBLE TO STAY AT OUR HOUSES, AND CHILDREN MUST BE UNDER THE AGE OF 22 AND IN ACTIVE TREATMENT. IN 2013, OUR TWO HOUSES COMBINED HAD 2,379 FAMILY STAYS WITH FAMILIES TRAVELING FROM 46 STATES AND 20 COUNTRIES, 34% OF FAMILIES TRAVELED FROM WITHIN PENNSYLVANIA. THE AVERAGE LENGTH OF STAY WAS 8.8 DAYS, WITH THE LONGEST LENGTH OF STAY FOR ONE FAMILY TOTALING 365 CONSECUTIVE DAYS. OUR AVERAGE OCCUPANCY RATE WAS 93%. WHILE WE SERVE FAMILIES WHOSE CHILDREN ARE BEING TREATED FOR AN ARRAY OF ILLNESSES, THE TOP SERVICE DEPARTMENTS IN 2013 WERE ONCOLOGY, ORTHOPEDICS, CARDIOLOGY, AND NEONATOLOGY. EACH YEAR, OUR HOSPITAL PARTNERS INCLUDE THE CHILDREN'S HOSPITAL OF PHILADELPHIA, ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN, SHRINERS HOSPITAL, WILLS EYE HOSPITAL, THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, JEFFERSON HOSPITAL, PENNSYLVANIA HOSPITAL, HAHNEMANN UNIVERSITY HOSPITAL, AND TEMPLE UNIVERSITY HOSPITAL. VOLUNTEERS ARE TRULY THE HEART OF OUR HOUSES AND WE RELY ON THE DEDICATED SERVICE OF OUR MORE THAN 330 VOLUNTEERS TO CREATE A HOME FOR THE FAMILIES WE SERVE. VOLUNTEERS STAFF OUR FRONT DESK, CHECK IN FAMILIES, DRIVE OUR SHUTTLE VANS, AND SUPPORT OUR OPERATIONS IN A VARIETY OF OTHER CAPACITIES. IN 2013, VOLUNTEERS CONTRIBUTED MORE THAN 27,000 HOURS OF THEIR TIME, REPRESENTING THE EQUIVALENT OF 13 FULL-TIME STAFF POSITIONS.				
4b	(Code)	(Expenses \$ 228,798	including grants of \$)	(Revenue \$ 8,925)
CAMP PROGRAM - EVERY AUGUST, OUR ONE-WEEK RONALD MCDONALD CAMP ENABLES CHILDREN WITH CANCER AND THEIR SIBLINGS TO EXPERIENCE THE JOYS OF SUMMER CAMP. CREATED BY PHILADELPHIA RONALD MCDONALD HOUSE CO-FOUNDER DR. AUDREY E. EVANS IN 1986, OUR CAMP WAS ONE OF THE VERY FIRST OF ITS KIND TO OFFER A CAMP EXPERIENCE SPECIFICALLY DESIGNED FOR CHILDREN WITH CANCER AND THEIR SIBLINGS. RONALD MCDONALD CAMP, LOCATED IN THE POCONO MOUNTAINS OF PENNSYLVANIA, INCLUDES ALL OF THE ACTIVITIES FOUND AT A TRADITIONA				
4c	(Code)	(Expenses \$ 109,122	including grants of \$)	(Revenue \$ 1,315)
FAMILY ROOM PROGRAM - OUR TWO RONALD MCDONALD FAMILY ROOMS EXTEND THE COMFORT AND SUPPORT OF OUR HOUSES INTO THE HOSPITAL BY OFFERING QUIET RESPIRE SPACES AWAY FROM THE BEDSIDE FOR FAMILIES WHOSE CHILDREN ARE RECEIVING TREATMENT ON THE CARDIOLOGY AND ONCOLOGY FLOORS AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA. OUR FIRST FAMILY ROOM ON THE ONCOLOGY UNIT OPENED IN 2006 AND WAS FOLLOWED BY THE FAMILY ROOM ON THE CARDIAC UNIT IN 2008. BOTH ROOMS ARE OPEN 24 HOURS A DAY, SEVEN DAYS A WEEK, INCLUDING HO				
4d	Other program services (Describe in Schedule O)			
	(Expenses \$	including grants of \$	(Revenue \$)	
4e	Total program service expenses ▶		2,938,802	

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	12	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	58
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	No
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	No
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	No
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	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?	2	No
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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed PA , NJ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization SALLY COURANT C/O ORGANIZATION PHILADELPHIA, PA 19104 (215) 387-8406

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN CAMPBELL EXECUTIVE DIRECTOR	40 00			X				119,904	0	9,119
(2) AUDREY E EVANS MD CHAIRMAN EMENTUS	1 00	X		X				0	0	0
(3) MARLENE WEINBERG PRESIDENT	1 00	X		X				0	0	0
(4) PETER DEGNAN VICE PRESIDENT	1 00	X		X				0	0	0
(5) CHRISTOPHER ROAK VICE PRESIDENT	1 00	X		X				0	0	0
(6) CONNIE WILSON SECRETARY	1 00	X		X				0	0	0
(7) MICHAEL MCALEER TREASURER	1 00	X		X				0	0	0
(8) MADLYN ABRAMSON HONORARY LIFE MEMBER	1 00	X						0	0	0
(9) JIMMY MURRAY HONORARY LIFE MEMBER	1 00	X						0	0	0
(10) LEONARD BERNSTEIN DIRECTOR	1 00	X						0	0	0
(11) CHRIS CHONG DIRECTOR	1 00	X						0	0	0
(12) MARIAN CONICELLA DIRECTOR	1 00	X						0	0	0
(13) J DREW COYLE DIRECTOR	1 00	X						0	0	0
(14) JON HITCHOCK DIRECTOR	1 00	X						0	0	0
(15) CYNTHIA KEAVENEY DIRECTOR	1	X								
(16) STEVE KERLEY DIRECTOR	1	X								
(17) TOM MANN DIRECTOR	1	X								

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN M MARIS MD DIRECTOR	1	X								
(19) PETER MARUCA DIRECTOR	1	X								
(20) SALLI MICKELBERG DIRECTOR	1	X								
(21) JILL MILLER DIRECTOR	1	X								
(22) CHARLES MONTUFAR DIRECTOR	1	X								
(23) WILLIAM PARKES DIRECTOR	1	X								
(24) JAN PECARSKY DIRECTOR	1	X								
(25) ELIZABETH L REEVES DIRECTOR	1	X								
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								119,904		9,119

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1
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3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4		No
5	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>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED BARTON PO BOX 828854 PHILADELPHIA PA 19182	SECURITY GUARD	130,108
PINE FOREST 151 WASHINGTON LN JENKINTOWN PA 19046	CAMP TUITION	111,738
AETNA 151 FARMINGTON AVENUE HARTFORD CT 06156	HEALTH INSURANCE	100,616
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶3		

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	72,303				
	b	Membership dues	1b					
	c	Fundraising events	1c	120,957				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,731,599				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			12,924,859			
Program Service Revenue	2a	CAMP SIBLING INCOME	Business Code					
			900099	8,925				
	b	GUEST FEES	900099	1,315				
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			10,240			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		63,465			63,465	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		63,496						
		38,676						
		24,820						
	d	Net gain or (loss)		24,820			24,820	
	8a	Gross income from fundraising events (not including \$ 120,957 of contributions reported on line 1c) See Part IV, line 18						
	a	294,477						
	b	Less direct expenses		190,829				
	c	Net income or (loss) from fundraising events		103,648			103,648	
	9a	Gross income from gaming activities See Part IV, line 19						
	a	24,126						
	b	Less direct expenses						
	c	Net income or (loss) from gaming activities		24,126			24,126	
10a	Gross sales of inventory, less returns and allowances							
a	52,165							
b	Less cost of goods sold		42,382					
c	Net income or (loss) from sales of inventory		9,783	9,783				
Miscellaneous Revenue			Business Code					
11a	BAD DEBT RECOVERY		900099	-5,661	-5,661			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			-5,661				
12	Total revenue. See Instructions			13,155,280	14,362		216,059	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	119,904	71,942	47,962	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).	1,377,866	1,017,367	183,563	176,936
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	142,186	94,056	24,928	23,202
10	Payroll taxes.	114,391	83,640	17,298	13,453
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	5,095	2,228	2,867	0
c	Accounting.	20,000	0	20,000	0
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	22,343	0	22,343	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.				
13	Office expenses.	120,212	62,420	13,405	44,387
14	Information technology.				
15	Royalties.				
16	Occupancy.	104,749	104,749	0	0
17	Travel.	6,338	2,332	1,025	2,981
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	180	180	0	0
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	567,896	567,896	0	0
23	Insurance.	106,302	106,302	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PROGRAM EXPENSES	233,423	214,082	0	19,341
b	MAINTENANCE AND REPAIR	200,886	200,886	0	0
c	SECURITY	161,789	159,865	1,924	0
d	MISCELLANEOUS EXPENSES	90,631	16,643	8,796	65,192
e	All other expenses	375,804	234,214	34,345	107,245
25	Total functional expenses. Add lines 1 through 24e.	3,769,995	2,938,802	378,456	452,737
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		390,008	1	336,944
	2	Savings and temporary cash investments		1,089	2	1,055,074
	3	Pledges and grants receivable, net		5,686	3	9,002,000
	4	Accounts receivable, net		218,000	4	122,495
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		18,430	8	19,593
	9	Prepaid expenses and deferred charges		67,422	9	82,261
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a16,977,091			
	b	Less accumulated depreciation	10b7,170,112	10,270,067	10c	9,806,979
	11	Investments—publicly traded securities		3,435,743	11	3,863,474
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		123,548	15	177,616
	16	Total assets. Add lines 1 through 15 (must equal line 34)		14,529,993	16	24,466,436
Liabilities	17	Accounts payable and accrued expenses		97,126	17	130,923
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		97,126	26	130,923
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		13,540,508	27	13,565,504
	28	Temporarily restricted net assets		394,859	28	10,272,509
	29	Permanently restricted net assets		497,500	29	497,500
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		14,432,867	33	24,335,513
	34	Total liabilities and net assets/fund balances		14,529,993	34	24,466,436