

Return of Organization Exempt From Income Tax

DW No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> 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 country, and ZIP + 4 PHILADELPHIA, PA 19104	D Employer identification number 23-7377505
	F Name and address of principal officer: MIKE MCALEER C/O 3925 CHESTNUT STREET PHILADELPHIA, PA 19104	E Telephone number (215) 387-8406
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 5,044,640
J Website: WWW.PHILARMH.ORG		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: <u>STATEMENT OF PRIMARY EXEMPT PURPOSE: THE PHILADELPHIA RONALD MCDONALD HOUSE PROVIDES, AS ITS CORNERSTONE PROGRAM, TEMPORARY LODGING, COMFORT AND SUPPORT FOR FAMILIES OF SERIOUSLY ILL CHILDREN.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of employees (Part V, line 2a)	5	63
	6 Total number of volunteers (estimate if necessary)	6	250
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
7b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,991,813.	3,100,039.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	108,707.	117,711.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	369,483.	55,989.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,871,998.	3,420,110.
	Expenses	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)		1,022,440.	1,328,783.
16a Professional fundraising fees (Part IX, column (A), line 11e)			33,915.
b Total fundraising expenses, Part IX, column (D), line 25		290,668.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,449,898.	2,319,692.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,472,338.	3,682,390.	
19 Revenue less expenses. Subtract line 18 from line 12	2,399,660.	-262,280.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	18,227,724.	16,301,238.
	22 Net assets or fund balances. Subtract line 21 from line 20.	2,398,614.	1,738,735.
		15,829,110.	14,562,503.

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: *Michael J. McAleer* Date: **11-10-09**
 Type or print name and title: **MICHAEL J. MCALEER TREASURER**

Preparer's signature *[Signature]* Date: **11-10-09** Check if self-employed Preparer's identifying number (see instructions): **200359135**
Firm's name (or yours if self-employed), address, and ZIP + 4: **HILGER FLICK & CO. P.O. BOX 524 VALLEY FORGE, PA 19481-0524** EIN: **23-2153393** Phone no.: **610-783-5772**

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No